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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College

Gentlemen,—We now come to the consideration of cerebral and nervous diseases, which are a very important class. They comprise pleuritis, meningitis, apoplexy, paralysis, paraplegia, and hemiplegia; arachnitis, hydrocephalus, cerebritis, and various other affections connected with them. When we consider the close connexion which subsists between the different parts of the body, and the functions exercised by the nerves, it is no wonder that several parts are simultaneously affected. Thus, we may have diseases affecting the sensorial and motor functions, both voluntary and involuntary, either separately or simultaneously. But, what are the pathological causes which interfere with the functions of the nervous system? They may be classed under several heads. First, mechanical causes—of two kinds—affecting the function of the brain, and the nervous system generally. A mechanical cause, such as the impaction of a spicula of bone, or a needle, in any part of the nervous system, has the effect of irritating and producing increased nervous action, indirectly or directly; the motor function may be affected, and motion will be the result; or the sentient function, with pain as the result. Pressure upon a nerve may produce irritation, and, by destruction, cause a cessation of the nervous function.

Paralysis leads to the suspension of the functions of the nervous system, and to a loss of consciousness, and stupor. Another class of mechanical causes, which operate in another way, are those arising from pressure, which are productive of great distress. By pressure, I mean a stoppage of the circulation. The third class of causes are those by which the functions of the brain are affected, through the medium of the circulation. These are susceptible of two divisions: first, those which cause an increase of the circulation through the brain, or the nervous system generally, causing excitement of the functions of the nervous system. This effect is allied to some kinds of determination of blood to the head. On the contrary, a diminution of the circulation causes the opposite state, a diminution of the functions of the various parts of the nervous organism. This may arise from extreme pressure on any part of the skull, such as may be caused by fracture, with depression of the bony covering of the brain. The effect of such injury is to cause a diminution of the cerebral circulation, and a consequent impairment or total suspension of the functions of the brain. The same cause may lead to a suspension of the functions of the spinal marrow. Effusion of serum within the cerebral membranes will also cause pressure on the brain; which, however, chiefly affects the blood-vessels of the part. Hæmorrhage within the skull has a similar effect. Now, the excitement arising from increased, and the oppression caused by diminished circulation, may affect the whole system, or certain parts only; sometimes, there arise a remarkable combination of symptoms produced by both these causes; take the case of sanguineous or serous effusion of the brain, or any other cause that may interrupt the sensorial power. What is the result? Consciousness is suspended; and it sometimes happens that the spinal functional power is increased extraordinarily by some other means, not at all connected with the sensorial function. But, the excito-motory system is exalted by some means, and how? Why, in various ways. If the blood cannot get to the upper part of the brain, pressure will be exercised by the impetus necessarily communicated by this cause to the circulating fluid in that portion of brain through which it passes, that pressure on the upper part of the skull stops the circulation, and, at the same time, produces a counter-pressure on the various parts at the base of the skull; the effect of which, is mechanical congestion, causing convulsions. During a general suspension of consciousness, you may have convulsive action, or increased functional power of the excito-motory system. If pressure is exercised on the upper and lower portions of the brain, the effect will be not only to suspend the circulation in, but to help to squeeze the parts which pass through, the foramina further out of the skull. A good deal of nonsensical discussion has lately taken place about the compressibility or non-compressibility of the brain. It is not compressible, though it may be said to be squeezable; it may be displaced by pressure from one part to another. The third class of causes, interrupting the function of the brain, and the spinal marrow, are those which exhaust their power, such as undue excitement, however produced; and you always find after undue, or long-continued, excitement, an unnatural increase of power. Some parts of the brain require more rest than others, and, generally speaking, the portions of brain that require the most rest are those most liable to be exhausted by excitement. Such parts are those that are connected with the sensorial, and animal functions; on the other hand, those that require least rest, are the seat of the involuntary and excito-motory functions. The fourth class of influences which injure or disturb the nervous system, are poisons and drugs, some of which are exciting, and some depressing, while others, as opium, produce both effects. We have next to speak of inflammation of the brain and its membranes. This inflammation, and its symptoms, will vary, according to the part affected, the extent of structure implicated, and the predominance of the peculiar elements of the inflammation, whether congestive, or determinative, and the products, the result of inflammatory action. Meningitis is an inflammation of the pia mater, and arachnitis of the arachnoid membrane. The term "meningitis," however, is loosely and generally applied to inflammation of any of the membranes of the brain. In the most perfect forms of this disease, the following are the symptoms observed: There may be some excitement from the beginning, wakefulness, and an exaggerated sensibility to light and sound; the eyes cannot bear so much light as usual; there is more or less pain in the head; and an increase of the sensorial function; there is an increased flow of ideas, and these become more and more rapid; thoughts obtrude themselves on one another in such a hurry, that at length they become confused, and the mind cannot exert controul over them. In this manner occurs the transition of the function of thought from health to disease—from reflection and consciousness to delirium. This is called phrenitic delirium or phrenzy. As this goes on, there are the common symptoms of inflammation: headache, flushed face, red and ferrety eyes, the carotids beating, and a hard, strong pulse; with these there is more or less of inflammatory fever. These symptoms may continue in a greater or less degree, until they are followed by those which arise from the effects of inflammation. If the effect is very great excitement of the cerebral functions without any considerable effusion, the patient may die in a state of syncope; but more generally the symptoms, if not subdued, pass into those of depression, stupor, paralysis, strabismus, and coma. Symptoms like these are to be referred to an increased rapidity of the circulation. In another case with symptoms of insanity and excitement, there will be more or less lethargy, sluggishness, stupor, and heaviness: the pupils, instead of being contracted are dilated, and there is general dulness of the senses, with some headache, and sickness, from the sympathetic effect on the stomach and its nerves. Frequently with this there is an irregular or unequal pulse, with it may be, partial paralysis of the limbs, and sometimes suppression or retention of urine. These symptoms may pass at once into coma, and total suspension of the functions of the brain; there will be laboured pulsation of the carotids, hard full pulse, and heat of head, which symptoms, however, are chiefly those of congestion, not inflammation. In many cases, congestion is the first stage of inflammation, but very frequently it does not go on and pass into coma without the more marked symptoms of excitement, and it often happens after the symptoms of heaviness and lethargy have continued for some hours or days, that there shall suddenly arise in the midst of that excitement more or less of delirium, accompanied by contracted pupils, high fever, hard strong pulse, convulsions, exhaustion, or coma, and other symptoms of acute hydrocephalus. The appearances after death will be much the same in both cases; increased membranous vascularity; effusion of serum under the arachnoid, or slight purulent effusion beneath all the membranes, and also into the cortical structure of the brain. The cortical structure is sometimes discoloured, being redder, or of a slight brownish tint, and in some parts softened; this state of softening is easily perceived where the structure in question is scraped by the scalpel.

There are some more obscure cases even than those which have been mentioned, in which there are symptoms of arachnitis, great headache, heaviness, and great giddiness. A case is mentioned by Cruvelhier, of a patient who was supposed to be pretending to be idle; the pulse appeared quite natural, and in appearance there was nothing wrong about him; he was ordered to get up and would not do so; he was very easily frightened, and he died soon after, in a state of coma. On examination, there was found an effusion of serum under the arachnoid.

There is another class of cases of a still more chronic kind, where the mischief chiefly attacks the dura mater, causing obstinate headaches, accompanied by a full and bounding pulse, whose action is increased when the patient lies down. These cases may arise from external causes, such as shocks given to the head, or from rheumatic affections of the dura mater. In such cases there is external soreness widely extending over the head. It is most probable that these affections are not really inflammatory, but rather congestive affections, for if they are inflammatory, the inflammation must be confined to the dura mater, and must necessarily involve other membranes, or the substance of the brain itself.

Inflammation attacking various portions of the brain will necessarily produce varying symptoms. It is said to cause pain and delirium, stupor, paralysis, and convulsions, or infiltration when it attacks the base of the brain. This is far from being constantly the case. The pressure and counter-pressure are here to be considered. The effusion which arises is accompanied by stupor, and in some cases by convulsions, in the way I have described, by the pressure of the external parts dividing the force of the circulation to the lower—or the counter-pressure to the upper parts. Chronic meningitis* is of an inflammatory character, accompanied by headache, heaviness, general torpor, considerable irritability of the mind, confusion of ideas, loss of memory, and convulsive motions, and terminates in paralysis or dementia, or else it may prove fatal by coma. Inflammation of the substance of the brain, or cerebritis, varies greatly in its symptoms from meningitis, or arachnitis. It differs from meningitis not only in the amount and nature of the product of the inflammation, but it alters the symptoms of meningitis when co-existing with the latter. In some cases it is rapidly fatal, and these, like meningitis, in its highest degree, are accompanied by the various symptoms I have mentioned as characteristic of the latter disease. When the pia-mater is inflamed, and the substance of the brain is extensively affected, the pulse is weak from the commencement, but it is often hard when the membranes alone are affected. In inflammation of the pia-mater, the pain is less and of shorter duration; the tendency to end either in paralysis, or partial or complete coma or convulsions, or both together, is greater than in inflammation of the dura-mater. Partial cerebritis may vary in the first symptoms, according as it is preceded by congestion or irritation. If it be preceded by congestion, there may be a dull pain in some part of the head, chiefly felt in stooping, with giddiness, not relieved by lying down, and there may also exist loss of memory of words, with nervousness, and a deficiency of energy and quickness of mind, a disposition to be excited by trifling causes, a trembling and tottering gait, afterwards followed by a state of spasmodic rigidity; phantasms, specks before the eyes, and spectral illusions. These symptoms may terminate in weakness of the organs and paralysis of the various parts connected with the portion of brain affected. In the more advanced form there is a more complete perversion of the cerebral functions, and there will be excitement or depression, according as vascular action or effusion and disorganisation prevail. Disorganisation will have an opposite effect to irritation—that of suspending the cerebral function.

This partial cerebritis, which is by far the commonest, may terminate in the chronic form, and this may be accompanied by greater or lesser continuance of its symptoms, or followed by effusion of serum or blood into the substance or upon the surface of the brain; the result of which will be palsy, more or less complete, apoplexy, and a general interference with the functions of the brain. On examination after death, in such cases, *ramollissement* is often discovered. This is of two kinds, red and yellow softening; red softening is characterised by sanguineous congestion; this occurs in the earliest stage of the inflammation. Yellow softening arises from an infiltration of purulent matter into the substance of the brain, which is broken up; in some cases a portion of the brain is absorbed, and an abscess formed. *Ramollissement* exhibits other shades of colour, such as brown or green. In some cases the softening goes on to sphacelus or gangrene. There is still much doubt as to the exact relation of the seat of the lesion to the disease, and it seems to be the opinion of some writers that those diseases affecting the medullary portion of the brain are accompanied by paralysis; and those affecting the cortical part are followed by delirium, a disease of the sensorium ending in coma. It certainly is very remarkable, that where you have softening, involving the roots of the nerves, it does interrupt their function in a distinct manner; and it is a common result with regard to the two hemispheres, that disease of one affects sensation and motion on the opposite side of the body.

The causes of encephalitis, phrenitis, and meningitis, may be mechanical injuries to the head, excessive mental excitement,—both circumstances producing determination of blood to the head—anxiety, excessive indulgence in intoxicating liquors, or exposure to the sun's rays, causing what is called in hot countries the blood stroke, will produce the same results. Another species of inflammation is ostitis,* which derives any claim to danger it may possess from its tending to run into cerebritis. There is also erysipelatous inflammation of the scalp, an affection highly dangerous; and syphilitic cranial periostitis is a disease to be dreaded, as occasionally productive of injury to the cerebral functions. Inflammations of the brain often arise as complications of fever, or they may supervene from the various causes of cerebral congestion. Asphyxia, irritation of the intestinal canal, and a peculiar excitability of the nervous plexus, which exists in many individuals, are often exciting causes of this inflammation in its violent form.

ON BRIGHT'S DISEASE OF THE KIDNEYS.

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwicke, and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

This is the disease which has been described by Blackhall under the name of inflammatory dropsy. It is found to occur sometimes after scarlatina, as well as after exposure to cold. In such cases anasarca sets in suddenly, the pulse is high, the skin is hot, the urine high coloured, of a high specific gravity 1.020, and contains albumen, the tongue is white, and there is vomiting and pain across the loins. What it is that produces the anasarca here we do not know; we know that such a thing is there, but that is the whole amount of our knowledge. Of the nephritis itself the anasarca can be neither cause nor effect; it is merely an accompaniment of the disease, just in the same way as we find œdema of the side in pericarditic or pleuritic effusion, in which no vascular connection can be traced between the serous membranes affected and the œdematous parts. We also observe this latter symptom in renal or lumbar abscess, where there is a thickness of parts to the extent of some inches between the seat of the collection of matter and that of the œdema. Neither can it proceed from vascular congestion, for *post-mortem* investigations do not discover the least trace of congestion in the parts. As I have said already, we know it is there, but *how* it came there we cannot tell. In treating this form of dropsy you would err greatly were you to confine your remedial measures solely to the removal of the dropsy, without directing your attention to the state of the kidneys.

Bleeding from the arm in a full stream, as directed by Blackhall, the application of leeches, or cupping glasses to the loins, followed by vesication, aided by the internal exhibition of antim. tart. or James's powder in suitable doses, may be prescribed at first. As soon as the pulse is lowered, and the skin has become cool, you may direct the administration of mercury to excite salivation to a very moderate extent. Under this treatment the anasarca will be removed, and the disease disappear for the present, and not a few cases are thus permanently cured. The attack for the present is removed; in some time after your patient comes to you, again seeking relief, having, as he says, caught a relapse from cold. This is removed again and again, until the disease has attained to that pitch of intensity which constitutes the immediate subject of this evening's lecture. Up to this time neither the ascites nor the anasarca will have become considerable, and the collection of water in the abdomen—depending neither on heart disease, such as contraction of the auriculo-ventricular opening, nor on actual disease of the peritoneum, but on some peculiar cause at present inexplicable to us—does not reach beyond a somewhat definite amount. The disease has now acquired an intensity which previously it did not possess. What is that produces this mischief? Of the disease under examination called "Bright's Disease of the Kidney," from having been first elucidated by that gentleman, there would appear to be two varieties. In one of these the kidney becomes larger than natural, of a mottled yellow colour, which gradually spreads over the whole gland, and the tubuli uriniferi extend far towards the cortical part of the kidney. In the other variety the kidney becomes smaller than in health, the tubuli uriniferi traverse a much greater space through the kidney than in the former, running in this variety almost to the capsular covering; its surface becomes studded with minute tuberosities, which project above the capsule, as if numerous grains of small shot were irregularly distributed through, and sunken into, the cortical portion of the kidney. I regret very much that I forgot to bring with me a specimen of kidney affected with this variety of disease, which was taken from a young boy who died of it. The *post-mortem* was made this morning. This preparation (handing one round), although it has lost its peculiar colour, will, however, serve to give you some idea of the diminution in size which the organ undergoes, and it preserves pretty well the appearance of these granular bodies of which I have already spoken as projecting above the capsule of the kidney. In that variety where the kidney has become enlarged, the urine continues of nearly the natural specific gravity, ranging from 1·015 to 1·025 and is still secreted abundantly as in health, nay, sometimes more so, for we often find the patient obliged to get out of bed four or five times of a night to make water, while the quantity he passes far exceeds that of the natural secretion; even under this profuse diuresis, we find the accompanying anasarca not at all lessened, plainly proving that both are independent of each other. Albumen is still secreted in the urine, and the colouring matter of the blood is often deposited in that excretion. In other words, blood is passed with the water. In the other variety the urine becomes of a specific gravity, far below the natural standard,—1·005 to 1·010,—it loses its peculiar colour, and, in proportion as the disease advances in malignancy albumen diminishes, until in its highest stage it disappears altogether, and the "tubuli uriniferi" allow nothing to pass through them but water almost quite pure. The circumstance of albumen being wanting altogether in the worst forms of the disease, has led persons to criticize the remarks of Bright, and to speak of them as being destitute of accuracy; but, had they examined his writings carefully, they would have found that Bright himself states that fact. We have next to enquire how it is that this disease proves fatal. We find from the experiments of Christison, that in persons labouring under this variety of disease, the urine is deprived altogether, or almost, of its salts, and loses it peculiar principle, urea. That from the loss of its salts, this fluid has become of a less sp. gr. than natural, as indicated by the hydrometer, but the same ingenious observer has extended his remarks further, and has found, that the blood, when submitted to proper chemical manipulation, has yielded urea in quantity. Being aware of these facts, it is not unnatural for us to suppose, that the mass of circulating fluid becomes poisoned by the retention in it of these peculiar saline particles, which it is the

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* By the indefinite term "Ostitis," Professor Williams means to express a definite osseous inflammation, that of some portion of the cranium.

proper office of the kidney to eliminate. The fatal event is brought on by effusion into the cavity of the pleura, or by a combination of gastric with head symptoms; these latter set in at first with vomiting, and are quickly succeeded by fatal coma or convulsions. Of the termination by effusion into the pleura we have at present an instance at the Hardwicke in Mrs. Scully. About eighteen months since she was first attacked with the primary nephritis: she had been frequently relieved before this last attack, but now effusion within the chest has set in, and she is hurrying rapidly along "the way of all flesh." With regard to the following observations which I am about to make on this subject (having thus sketched at length for you the disease as it exists), I beg to apprize you that I do not put them forward as possessing any claim to credit further than what their own correctness shall entitle them to. I place them before you as the result of conviction, forced upon me by years of careful observation of this disease; and, believe me, that to make an observation correctly, which will enable us to bring our knowledge of the pathology of an organ to bear properly on its means of cure, is often the work of years. The observations I have to make consist in the assertion and proof that both these varieties of "Bright's disease" are identical in origin and progress with the two diseases which I have spoken of some evenings since, under the names of hypertrephy and cirrhosis of the liver. My reasons for this opinion are drawn from the similarity of appearance which the kidney, in both varieties of Bright's disease, presents to the liver affected with the before mentioned diseases. They are drawn, also, from the relative effects which both these renal affections produce on the duration of life, corresponding exactly to those produced by the liver in either states of hypertrephy and contraction. When a section of the kidney, affected with the first variety of renal disease of which I have spoken is made, you perceive the same yellow colour running all through its cortical tissue, just in the same manner as it pervades the liver when in a state of hypertrephy. Here you have plates (exhibiting them) which, taken from Nature, clearly demonstrate the identity of mottled appearance, which pervades both kidney and liver in their first stage of hypertrephy. The enlargement in both organs arises from an extraordinary effusion of lymph within the body of each gland, and which lymph, becoming organized, increases both to their present size. In the contracted and less-ened variety, which I shall venture to call cirrhosis of the kidney, we find the same effects caused as had previously taken place in the liver. In both organs this arises from the contractility of the effused lymph. In this last variety of "Bright's disease," the substance of the gland, or, as it is termed, the "acini," does not become the seat of effusion. This is confined solely to the cellular tissue, the matrix of the gland; and the lymph effused here, afterward, on its contraction, exerts such pressure upon the acini as to produce these irregular elevations which we find studding the surface of the kidney in this affection. This contraction also exerts such pressure upon the secreting vessels of the organ, as to prevent the passage through them of any fluid denser than water. After death has taken place, on dissection we find the tubuli uriniferi extending to within a very short distance of the capsule, and but a very little of the cortical structure remaining.

It remains for us to see, if this view which I have taken of the disease can be of any use in rendering our treatment of it more successful, or if there are any signs recognisable during life, which point out to us which state of disease our patient is labouring under. With regard to the successful event of the treatment, others must decide, but I am confident that there are signs which, during life, plainly tell us under what variety of "Bright's" disease it is that our patients labour. I have found the the following symptoms invariably pathognomonic of each variety. In these cases, where the kidney has arrived at the state analogous to that of the large hypertrephied liver, we find the urine secreted abundantly, as in health, or even more so, sometimes tinged with blood, albuminous, of a specific gravity, not much below the natural standard, averaging from 1·015 to 1·025; along with these the skin is dry and hot, and there is pain across the loins: while in cases where, in addition to the two latter symptoms, you have the urine decreased in quantity, though albuminous, and of a very low specific gravity—1·005 to 1·010—*there* you may confidently say, that cirrhosis has fairly set in. It is easy to understand why one should be a disease of comparative obedience to medical treatment, and why its fellow should be so productive of effects, certainly fatal. We can naturally suppose, that in a case where the urine continues to be secreted natural in quantity, and containing nearly the average ratio of its saline ingredients, nothing can be going forward (as far as the kidneys are concerned) which can be productive of much constitutional injury. It may be said, that the presence of albumen in the urine would, in the foregoing case, bring this fluid up to the natural standard of weight, independent of the natural quantity of uric salts. This hypothesis is untenable, for although albumen does exist here in large quantity, still this foreign ingredient cannot have the effect of appreciably increasing its weight. It must contain nearly its usual proportion of saline matter, or the urine will fall far short indeed of its healthy weight. On the other hand, we can as reasonably conjecture, that the amount of derangement or disorganisation under which the kidney labours, must be of importance enough to produce fatal constitutional effects, when the kidney allows only a fluid to pass through, resembling pure water in its properties, and this, too, but scantily secreted, while the salts which should be thrown out of the system in the urine, are retained in the blood, there to act by their presence as a poison to the whole constitution, and produce death in the various ways before mentioned. Having thus given you my reasons for the belief I entertain of the identity of pathology and cause between these several diseases of the kidney, and the diseases of the liver after which I have named them, let us try if, on examination, we can trace any analogy between the secreting system of the kidney in its hypertrephied state, and the secreting system of any other organ in the body during the continuance of any disease which may affect the latter; or if this analogy will give us any clue to our treatment of this variety of Bright's disease? (Here he again recapitulated all the symptoms of the hypertrephied kidney, as detailed before, and concluded by stating that these symptoms had at some past time been preceded by an attack of nephritis.) He then proceeded as follows: this attack of nephritis has subsided and has given rise, in my opinion, to an atonic state of the kidney, in which its function of secretion continues to be performed almost naturally,—a fact proved by the quantity of urine eliminated, containing nearly its healthy ratio of saline matter, and at the same time its vascular system becomes so relaxed, as to allow the serum of the blood to pass through. In fact it is in a state similar to what it would be were it the subject of passive hæmorrhagy, and just in the same condition as the intestines when labouring under cholera or diarrhœa. In my opinion, this disease is nothing more than a *diarrhœa of the kidneys*. Of the varieties of Bright's disease, this is by far the most manageable, and is one, as I think—when properly treated—not productive of serious detriment to health. If one might pursue still, the analogy which I have proved to exist between it and its kindred disease of the liver, I see no reason why life should not be prolonged to as great a duration in the former as in the latter. The treatment here should resemble that for the hypertrephied liver, in which you cannot do better than improve the patient's health by tonics, and never mind interfering directly with the liver. If you meddle with it you will probably have reason to repent it, *you cannot reduce its bulk, and by your efforts to do so you may shatter the constitution irretrievably*. In this variety of kidney disease act likewise, direct your remedies, *not* to improve directly the state of the gland, the subject of disease, but to improve as much as possible your patient's state of health.

A curious circumstance frequently takes place in this disease: the anasarca disappears for a few days, when the patient fancies himself cured, but in a very short times it returns again, and this although the patient has been over and over again mercurialised. I shall relate to you an instance which occurred in my own practice a very short time since, illustrating the utility of the line of treatment which I have been recommending to you. Many others have fallen under my notice from time to time, but the case I am about to recite is the latest. In April or May last I was consulted by a gentleman labouring under the symptoms which I have detailed as characteristic of this affection. He had been attacked the previous summer; had been confined to his room all the winter, when he was bled, cupped, leeched, blistered, and put under repeated mercurial courses, without having derived any benefit from them. Reasoning from the analogy which I conceived to exist between this disease and that of the liver, which I have so often mentioned, and being aware of the inutility of the measures which had been previously adopted, I determined to try tonics with him. Of these I considered iron best, and the preparation which I selected was the persesquinitrate, in doses of fifteen or twenty minims thr e times a day in water. Under this plan of treatment, aided by a judicious regimen, he improved quickly; and no later than last week I have had a letter from him, stating that the dropsy is gone, and that his general health is excellent. I cannot say if in this case the urine is still albuminous, as I have not lately had an opportunity of determining. With regard to the power of the persesquinitrate of iron in this disease, I am not aware that it possesses any greater than other chalybeates. A more extended experience than mine is necessary to determine that. This case will shew you the inefficacy in this disease of any mode of treatment which goes on the plan of reducing acute or sub-acute inflammation of the kidney. Your best plan of treatment I conceive to be that, which by improving the constitution generally, will serve to increase the tonicity of the relaxed vessels of the kidney.

The treatment of the primary nephritis I have already mentioned. For the removal of the anasarca, which may set in after its subsidence, you may, *for once*, have recourse to small charges of mercury, assisted by diuretics; but when once the deposit of lymph has taken place within the kidney, characterised by the signs I have already detailed, lay aside all other remedies and have immediate recourse to tonics.

Cirrhosis of the kidney, when once established, I look upon as a disease wholly incurable, and quite beyond the present extent of the remedial art, as its progress is surely, though sometimes slowly, fatal. It is true, indeed, that though we cannot remove the cause of the disease, yet we can palliate some of its most distressing symptoms and complications. The anasarca we may temporarily remove by crem. tartar., digitalis, and other diuretics; the ascites by tapping, followed up by diuretics. When the head is threatened—as very often happens—we may combat the mischief by appropriate remedies; or if the chest become affected, we may give temporary relief by adopting the line of treatment proper in pleuritic effusion, or bronchitis, as the case may demand. Beyond these lines of demarcation, our treatment in this variety of kidney disease cannot travel; it is beyond our control; while in its fellow-affection, if we adopt the line of practise which has been of service in the cases and under the circumstances already referred to, I am confident, that—humble instruments of a far more mighty physician—our efforts will often be crowned with success in restoring the blessings of health, and perhaps of longevity to our sickness-stricken brethren.

Royal College of Surgeons. — Gentlemen admitted members on Friday, March 28th, 1845. —A. J. Vandenburgh, R. Bryden, P. Hudson, E. C. de Crespigney, T. C. L. Marsh, H. T. Lomax, J. E. Taylor, J. Foster, J. Moore, J. H. Gandy, and J. Atterbury.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine,

Formerly Physician to the Bicetre and Salpetriere Asylums, Author of the "Traité Medico-Philosophique sur l'Alienation mentale," "Medicine Clinique," "Nosographie Philosophique," &c., &c., Translated with Notes illustrative of some important doctrines in Physiology, Phrenology, and Moral Education.

By Dr. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopædia of Practical Surgery, &c.

In another case, a young man, aged 24, of an irritable character, ready to exaggerate, either for good or evil, quits his father's house, with a little money, comes to Paris, and after indulgence in liquor, betakes himself to pass the night in a house of ill fame. During the night, he has hallucinations of hearing, which made him hear girls and men under the bed, threatening to assassinate him. He examines under the bed several times, and although he can see nothing, his false perceptions continue; he opens the window, and cries out for help; he is taken to the prefecture, and from thence sent to the Bicêtre. Three days after, tranquillity returns suddenly; he feels that he had been out of his senses, that all he had felt was a dream, illusions produced by a day's debauch, and the grief of having left his home.

In both these cases, there was a double and a simultaneous action of the encephalon, a sort of conflict between the spontaneous hallucinations of the brain, and the recollection of them which subdues them. Nothing can be more singular than this species of insanity; had it persisted, the patient would at last have believed in the reality of their false perceptions, and of this, we subjoin a few examples.

We may at first remark, that it is always the brain that perceives; it is it that sees and hears in persons labouring under hallucination, even when blind, or deaf; that perceives the pain of a leg, long since amputated; that hears, sees, smells, tastes, and feels in dreams, when all the senses are closed, or asleep, and external agents are absent.

A gentleman, aged 45, imagines that a plot is formed against him; that he is the butt of certain masonic machinations, the object of which, is to injure, and thwart him, in all his undertakings. He forms an acquaintance with a female, and imagines that she sets him to sleep by means of narcotics, for the purpose of shewing him that his dreams are realities. He flies into a passion, and commits acts of violence. His irascibility and suspicions augment against all persons, even against strangers. Here we have clearly a case of morbid susceptibility, of firm belief in false perceptions, veritable hallucinations, which henceforth form a part of this disturbed disposition. He has remained in this state for some years past.

A man, aged 65, returning home of an evening, in the month of August, 1827, hears a noise and voices that threaten him with misfortunes; he is so alarmed as to call in a neighbour, with whom he makes search of the whole house, in vain of course. During the night, he hears them again, and this continues day and night, for four months; at the end of this time he not only *hears*, but he also *sees*, the persons who continue their threats.

These persons are as light as pasteboard, inflated with air, and he can put them aside with hand or foot; they put on the clothes of the patients that sleep in the same dormitory with him. To these hallucinations of the hearing and sight, are soon superadded those of the taste, smell, and touch. He *feels* his persecutors touch and push him; he smells their bad breath, which infects his nostrils and mouth, and he takes the utmost pains, in consequence, to rinse out his mouth every morning.

During the day, the hallucinations of hearing predominate; they had persisted at the time the case was reported, for 14 months, without the slightest amendment; the mental alienation being the more incurable, as no effort could convince him of the falseness of perceptions, the contradictions of which, he evinced great ingenuity in explaining.

In this point of view, mental alienation would seem, in fact, to be in the majority of cases, but a series of hallucinations, from which it derived its most characteristic features. Let us once more recur to facts on this point.

A gentleman, of cultivated mind, but of hasty disposition, becomes convinced that his brother died from poison; he thinks that his own food is poisoned, and that, during the night, he is pricked with poisoned instruments, and that he is made to smell unhealthy odours; he hears conversations relative to the plots formed against him. His hallucinations are so strong, that he makes his physician smell the food; even his bed, and his clothes, he says, are impregnated with poison. These false sensations are unaccompanied by any other delirium; he is rational on every thing else, but completely insane on this point of his hallucinations. A year after this, he flies out into a passion when any one contradicts his ideas, he loses his sleep, quarrels with every body, and becomes violent, his hallucinations continuing as before. This state has lasted 14 years.

In another case, a man of middle stature, strongly built, experiences suddenly, at 18 years of age, the following symptoms: his intellect seems to be enlarged, the whole world seems to be unfolded to his view, he beholds the whole creation. He is pursued by ideas of religious mysticism, he goes to confession, and communion, he believes that God has designs upon him, that he gives him a mission, he hears in his stomach, words that form themselves into parables and prophecies. One night, he saw a luminous disc in the midst of a light cloud, a voice comes forth from it, saying, "The children I shall bless, shall be blessed, and those I shall curse, shall be cursed." He acknowledges the voice to be from God, and a long conversation follows. This hallucination decides his fate. He is the Messiah who will come at the end of time, and, in this quality, he endeavours to gain access to the Archbishop of Paris. He attempts to scale the walls of the Palace, and is sent to the Bicêtre. During a year, his state of monomania has not varied, but he has had no exacerbation.

Another patient, age 56, presents the aspect of a terrified person; he hears voices incessantly speaking from the edge of his bed, reproaching him with having stolen 15 francs; at first, he thinks it is a dream, but the force and persistance of the accusation augmenting, he is at last convinced that it is a reality. He changes his lodgings, but the first night in his new domicile, the same voice is heard in the chimney, at the window, and at the door. Towards morning, he says, the tumult is general, the gens d'armes are in the street, the neighbours are looking on from their windows crying out against the jesuits that have come to take him. He is removed to an asylum; his hallucinations continue for a year, when he dies in a state of general marasmus: on the very morning of his death, he attributes his difficulty of breathing to the pressure of his enemies upon his chest.

In these cases of chronic mania, we see the hallucinations play the most important part, in fact, the only one that constitutes the real delirium; we shall, hereafter, have occasion to observe their influence in suicide, &c., as well as in other cases of perversion.

Mr. M., aged 33, had, in 1826-27-28, three different attacks of periodical mania each year, which yielded easily each time. His mother died insane; his father committed suicide. He had, himself, been always remarkable for his susceptibility, thinking that others were making game of him, or amusing themselves at his expense. This original disposition grows stronger with age. Married 12 years ago, he has been separated from his wife for the last 11 years; he hears the police saying that he is a great criminal—he reads it on the countenances of the passers by—he is quite certain the newspapers say the same thing—he considers himself a lost man—he jumps out of the window, and breaks his right thigh; he is cured at the Hotel Dieu, and goes to Nantes; the calumnies precede him there. He *sees* it written on the countenances of the persons he meets, that he is a great criminal. He is so much cast down by it, that he returns to Paris. He is admitted into the Bicêtre, and dies after remaining several months in a state of chronic mania.

The following case bears a close analogy to this one, in regard to the influence of false sensation in the production of suicide.

A retired officer, aged 38, fractures both his legs in an attempt to make his escape from the fortress of Besançon; they are both amputated successfully, but he becomes gloomy, and an attack of mania follows; he hears voices abusing him incessantly, persecuting him, and threatening to shoot him; he replies to them. This state of hallucination and anxiety, lasts ten months, in spite of every effort of treatment; he is more and more concentrated in his false sensations. In order to save himself from the punishment they inflict on him, he obstinately refuses to eat anything; the *voices* tell him he must not eat. He is made to eat forcibly, by means of the tube; this operation is a great punishment to the patient. The hallucinations appear to gain strength in proportion as the powers of life are failing, and he dies after a month of almost complete inanition.

Thus, in the beginning of mania, in the prelude of other forms of insanity, in chronic, or melancholic delirium, in hypochondriasis, and the various kinds of suicide, cerebral hallucinations are, in fact, the constituent and premature elements of all the irrational acts and words of the patients; and this is as much as to say they form the very body itself of insanity.

In hypochondriasis, we observe the combined phenomena of cerebral hallucinations on the one part; and on the other, the most extraordinary illusions of the senses, and of the other organs of splanchnic cavities.

This affection, so frequent, and so variable in all its forms, and which, definitively, must be regarded as a perversion or exaltation of the instinct of self-preservation, and the love of life, in consequence of which, a man exaggerates, or imagines real or imaginary diseases, springs from two fundamental sources, which are the brain itself, in some cases: in others, the other viscera, more especially those of the abdomen.

When the hypochondriasis arises from a premature affection of the brain, the hallucinations are perfectly characterized; the brain, in such a case, perceives impressions more fine and delicate; the patient has the consciousness of circulation, digestion, and respiration, the sensibility of the skin is so keen that it feels impressions of heat and cold of which no one else can be sensible. From this cerebral super-excitation flows a series of hallucinations which might be termed physiological, seeing that they are simply the exaggeration of sensations, more or less severe.

The scene is different when the hypochondriasis arises from suffering in an organ more or less remote from the brain. Broussais, and Louyer Villermay affirm, that there can be no hypochondriasis without chronic gastritis. This statement is too absolute to be correct; it has been fully refuted by M. Fabret, who has stated most satisfactorily that in this disease, the brain is always affected, either primarily, or secondarily; he observes, however, that such patients suffer from flatulence, dyspepsia, eructations, nausea, vomiting, lancinating pains in the sides, perspirations, turbid urine, small and painful evacuations; phenomena unimportant of themselves, no doubt, but which, from the susceptibility of the patients, become a source of sensations, as false, as they are void.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

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Inflammation of the Os and Cervix Uteri.

This disease may commence either in the acute, subacute or chronic form. The acute is necessarily the most marked in its symptoms, while the latter, whether from the frequency of its occurrence, the insidious mode of its commencement, or the dangerous alterations of structure to which it frequently leads is deserving of the closest attention.

Acute inflammation of the cervix uteri is rather a rare disease, and when it does occur, is either

usually in connection with acute suppression of the menses, or from acute inflammation having spread to the cervix from some neighbouring part, or where it has been the result of mechanical injury and irritation. I refer of course to the unimpregnated state, not referring to any inflammatory affection of the part which may occur during pregnancy, labour, or childbed.

It is to the chronic or subacute form to which I now allude. It is an affection of such frequent occurrence that it is scarcely possible for a medical man, even in a small and recently commenced practice, not to have met with cases of it, and it is one, with the early symptoms of which he ought to be accurately acquainted.

The commencement is frequently so gradual that at first there are little more than the ordinary symptoms of pelvic congestion. There is a feeling of pain and weight about the sacrum and loins, extending round the pelvis and down the thighs, there is a sense of fullness and sometimes heat in the pelvic cavity, and as the disease becomes more established, it is attended with distinct throbbing in the affected part extending to the rectum. The pain, throbbing and bearing down, are much increased by the erect posture, by sitting down suddenly, especially upon a hard seat, by riding in a rough uneasy carriage, by sexual intercourse, and by the passage of solid hardened fæces. In maintaining the erect position, not only is the weight of the whole column of the aorta thrown upon the pelvic circulation, which thus becomes more than ordinarily loaded, but from the same reason the blood returning by the ascending cava is proportionably obstructed in its course, and thus the congestion of the inflamed part is greatly increased. The uterus, from its vessels being thus distended with blood, becomes heavier and larger, it descends somewhat lower than usual into the pelvis; its os and cervix approach the perineum, so that even moderate pressure upon this part will be sufficient to push it against the inflamed extremity of the uterus and cause pain; the same effects will be produced by riding in a rough vehicle. "In this way," says Sir C. M. Clark, "the passage of a hard and large portion of fæces causes much distress, for not only are the blood vessels filled in the act of expulsion, but during the evacuation, constant and sometimes considerable pressure is made upon the cervix." By degrees, the pain assumes a sharp darting character, coming on in severe stabs which seem to transfix the pelvis. The catamenia become deranged; at first, perhaps they are too profuse, but they soon become sparing, pale, or discoloured: the period is preceded and attended by severe pain, which is not relieved by the discharge; the digestive organs sympathize, the appetite is impaired, the bowels are deranged, the liver becomes torpid, and the general health begins to suffer severely.

This affection is usually accompanied with a white creamy discharge, which was first pointed out by Sir C. M. Clarke as peculiar to it, and as being secreted by the glandular structure of the cervix. In a state of health this secretion is nearly, if not quite transparent and very nearly resembles the thinner portions of the albumen ovi; the colourless albuminous mucus which is so copiously secreted at the commencement of labour is from the same source. In proportion as the part by which it is furnished becomes irritated or inflamed, it assumes the opalescent milky or creamy character above described; it is a modification of this secretion which forms the gelatinous plug which fills and seals up the canal of the cervix uteri during pregnancy. On withdrawing the uterine sound in cases where irritation of this part has existed, we constantly find that the extremity of the instrument which had passed through the cervix is smeared with a thin whitish albuminous secretion, which, by means of the speculum may be seen oozing from the os uteri, and adhering to its edges.

On examination, *per vaginam* we find the vagina healthy; the finger produces no sensation of pain until we reach the os and cervix uteri, which are excessively tender, the slightest touch not only causing pain in the part, but extending over the whole uterus, and into the back. If the disease has been of sufficient standing and severity, to have been attended with lancinating pains, a sharp paroxysm of these will frequently be produced. The lips of the os uteri are swollen and painful; the cervix is evidently more bulky than natural, and beside an increased heat of the part, the finger can readily detect a general pulsation through its substance, if gently and steadily applied. The lower segment of the uterus is evidently enlarged, heavier and more solid to the feel, and the increased size of the organ may be (if necessary,) still further determined by examination, *per rectum.*

The *causes* are those which arise from the general state of the system, or those which act locally. Thus we see that whatever tends to depress the powers of the system and produce a state of atony is liable to be followed by a disposition to this disease, hence it is frequently observed to have followed long continued dyspepsia, leucorrhea, passive hemorrhage, repeated abortions, &c. The powers and tone of the system have been reduced, the uterus has become relaxed and congested with passive plethora, and its most depending portion, viz. the os and cervix, has necessarily suffered most from the engorged state of its circulation. This depressed state of the system seldom exists, without considerable derangement of the assimilating functions, a condition which I have before showed soon paves the way to local congestions, especially of the pelvic organs, and subject to occasional flushings, and exacerbations which I have already described, when speaking of the arthritic form of dysmenorrhœa.

In many cases, inflammation of the cervix uteri evidently depends upon a rheumatic gouty condition of the system; it is attended with the same renal and hemorrhoidal derangements as in other modifications of this diathesis, and is also relieved by similar remedies.

The local causes are those which act more directly, by producing irritation and congestion: thus long continued exertion in the erect posture, viz. walking, especially shortly before a menstrual period, when the uterine vessels are more than ordinarily engorged; violent horse exercise, constipation, &c. It may also be produced by the improper use of astringent injections to check uterine leucorrhœa.

The *treatment* will to a certain extent be guided by the cause, but in all cases where inflammatory action has been *distinctly* established, it will be necessary to apply leeches directly to the part itself, or to the verge of the anus. The former, where it is possible, is preferable, from its being so much more effectual. After the leeches, we should use a warm hip bath, and keep up a continuous stream of warm water in the vagina, by means of a proper injection apparatus, so as to act as a fomentation to the part and to promote the bleeding. In milder cases, the use of leeches will not always be required, and we may depend on the effects of general remedies, and the local use of saturnine and sedative injections.

A brisk dose of calomel is frequently desirable in the first instance, after which the deviations of the general health from the natural standard must be treated according to the circumstances of the case and will be best illustrated by the following reports.

S. T. æt. 30, three times married, mother of 2 children, the youngest 11 years old.

April 2, 1835.—Complains of severe pain in the right groin, increased by sexual intercourse, which also induces considerable suffering in the pelvis and loins; complains also of painful dragging and bearing down with shooting pains in the breast, and severe pain in the pelvis when passing fæces.

Examination per vaginam.—Vagina somewhat relaxed; os uteri low down, cervix rather hard, and very painful. Has had copious leucorrhea, and a considerable quantity of white creamy discharge.

℞ Pil hydrarg. chlorid. co. gr. v. o. n. ad quartam noctem.

℞ Magnesiæ carb. gr. xv. magnesiæ sulphatis, ℨss. ex aquæ menthæ pip. ℥iss. o. n.

℞ Liq. Plumbi. diacetatis. Tinct. opii aa. ʒii. aquæ distillatæ ℥viij. M. ft. injectio.

7th.—Feels easier, and better in every respect; no discharge; still some pain of back; appetite good; bowels much purged; the catamenia which ought to have appeared yesterday, have not come on.

℞ Pulv. rhæi. gr. v. om. nocte in formâ pilulæ. Rep. lotio.

12th.—No discharge. Rep. Pil. Haust. magnes. sulph. et carb. et Lotio. She continued to improve, and ceased to attend at the end of the month.

M. A. M. æt. 44. A widow, mother of six children.

23rd June 1835.—Complains of pain in the loins, with occasional difficulty in passing water, and when the bowels are confined, she has severe pain in the centre of the pelvis, shooting into the groins and thighs; has a discharge of albuminous creamy fluid from the vagina, has been subject to leucorrhea for many years. The abdomen is large, complains of weakness.

Examinatio per vaginam.—Os uteri rather swollen. Cervix very painful when touched; I thought I could feel a distinct throbbing in it: the uterus is large.

℞ Pil. hydrarg. extr. gentianæ, aa. gr. v. om. nocte.

℞ Magnesiæ sulph. ℨss. magnesiæ carb. gr. xv. o. m. ex aq. menthæ pip.

℞ Acid. nitrici dil. tinct. hyoscyami aa. m. xv. aquæ menthæ pip. infusi gentianæ. co. aa. ℥ss. M ft. haust. bis die sumendus.

30th.—Feels better; has lost the sensation of sinking, but still complains of pain in the back and loins.

Pergat. ℞ Liq. plumbi. ʒij. aquæ distill. oj. M. ft. lotio in vaginam injicienda.

July 27.—Feels much stronger; pain greatly diminished; abdomen smaller; pergat.

I have put these cases together from their being similar in many respects. In neither was the application of leeches deemed necessary, and the symptoms yielded under a course of alterative and tonic medicine, with saline laxatives, and the injection of lotio plumbi. Mild doses of mercury are of great use here; they seem to unload the portal circulation, and, with the assistance of laxatives, clear off intestinal accumulations, which, from the pressure they exert on the pelvic organs, necessarily tend to produce uterine congestion.

I have endeavoured to select the above two cases of inflammation of the cervix, as little modified as possible by other affections, but this is not easy to do, as, in most instances, the case is more or less complicated with derangement of other and neighbouring organs.

M. H., ætat. 32, mother of one child, which is ten years old. Face pale and sallow.

January 13, 1842.—Much bearing down pain of back and loins; has difficulty in passing water, although she has a frequent desire to do so. Leucorrhœa of long standing. Pain on sitting down suddenly, and during the passage of solid fæces. Her symptoms have increased during the last six months, since which the pain has been occasionally of a lancinating character. There is no particular derangement of the stomach, or of the bowels.

Examinatio per vaginam.—Vagina loose and flaccid, especially anteriorly. The os and cervix uteri are not harder than natural, but hot, and very painful to the touch.

℞. Extr. taraxaci extr. lupuli aa. gr. iv., pulv. ipecacuanhæ, gr. ij. M. ft. pil, ij. omni nocte sumendæ.

℞. Liq. plumbi diacet, ʒij., decoct. papav., ℥viii., M. ft. lotio, in vaginam injicienda: hirudines, v. ori uteri.

Jan. 20.—Leeches bled profusely, and one large coagulum came away; feels very much relieved; her appearance is greatly improved, and the sallowness of face has disappeared; has had no darting pains or discharge since the leeches were applied; no uneasiness about the bladder, or difficulty in making water; bowels rather confined. Rep. pilulæ et lotio.

℞. Magnes. carb. sulphuris precipitati, aa. ℥ss., M. ft. pulv. sumat cochl. min. j. ad iss. om. mane ex aqua.

In this case the inflammatory symptoms were more marked, and had probably been of longer duration; hence, they were not only severer than in the two former cases, but were assuming a

more unfavourable character from the presence of lancinating pains. The irritability about the bladder showed, also, that this organ was beginning to sympathize with the uterine affection, and that the neck of it was, in all probability, more or less compressed by the swollen uterus, as evinced by the difficulty in passing water. As there was but slight gastric derangement, I prescribed the pills more as a placebo than anything else. The leeches acted well, and were followed by complete relief; and it is not more than reasonable to suppose, that but for the effects which they produced, the inflammatory action would have continued, the lancinating pains would have increased, and the cervix ultimately would have become involved in scirrhous induration. The powder of sulphur and magnesia was ordered, not merely from its acting so gently upon the bowels, but also to relieve the disposition to hæmorrhoidal congestion which so invariably exists in these cases.

S. A., ætat. 34. Mother of eight children.

March 30, 1868.—Complains of sharp darting pains transfixing the pelvis, and becoming worse towards night; they are much aggravated by constipation, and by the approach of a catamenial period. Much irritability of bladder, with considerable difficulty in passing water. Has had leucorrhœa for some years, and occasional discharges of blood from the vagina, but how far they are connected with the catamenial discharge, does not appear very distinctly from her account; has much pain when the bowels are open, and when she sits down suddenly, nor can she bear a soft seat, from its forcing up the perineum against the tender part; much bearing down pain; appetite bad; bowels regular. Dates her complaints from her last confinement, three years ago, which she states to have been severe; first noticed the darting pains about six months after, since which she has had a continued yellowish discharge. These symptoms have increased until the present time.

R. Ext. hyosc. ext. gentianæ, aa. gr. v. o. n.

R. Lotio plumbi c. decocto papaveris.

April 5.—Not much better, either as to the pains or the discharge.

Examinatio per vaginam.—Cervix uteri hard, swollen, and painful; uterus somewhat enlarged. Hirudines, viii. ori uteri.

R. Pil. ferri comp. ext. hyoscyami, aa. gr. v. o.n. Rep. Lotio.

April 21.—Leeches bled profusely, and with great relief: has had only two or three darting pains since they were applied, viz., just before the appearance of the catamenia, which took place on the 10th ult.: the menstrual discharge was free and regular in every respect. Bowels natural, but somewhat confined.

Rep. pilulæ et lotio. R. Ol. ricini, p. r. n.

June 7.—Has had no return of the darting pains. Her health has continued to improve, and she has gone on with the same medicines.

This was a still severer case than the last, not merely as shown from the suffering produced by pressing on the perinæum in the act of sitting down, and by the passage of hardened fæces, both of which were much increased shortly before the appearance of the catamenia, but also by the greater intensity of the darting pains, which formed a very prominent feature in her case.

She was one of my first out-patients at St. Bartholomew's, and as the necessary arrangements for leeching the os uteri, &c., had not then been made, I did not even examine *per vaginam*, feeling satisfied as to the nature of her complaints from the marked character of her symptoms.

The examination on the 5th showed that the cervix was becoming hard, as well as painful, and eight leeches were now applied. Their effects were as striking as in the previous case; the darting pains ceased, and when I saw her, in June, it was for the purpose of expressing her thanks for the complete relief which she had received.

I cannot but think that the threatenings of commencing schirrus were still more distinct than in the previous case, and, but for this timely check, would inevitably have paved the way to organic disease.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

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(Continued from page 526)

Out of numerous examples, derived from personal investigation, I give the two following, as the nearest approach, in my opinion, to the composition of the leading varieties of matured tubercle.

Fatty matter, with oil globules ..	15·9
Gelatine	6·4
Phosphates, Sulphates, Muriates } Lime, Soda	11·2
Carbonate of lime, a trace	
Oxide of iron, a trace	
Albuminous matter with fibrine..	65·2
Loss	1·3
	100·0

Fatty matter, with oil globules ..	7·4
Gelatine	11·8
Phosphates, Sulphates, Muriates } Lime, Soda	2·5
Albuminous matter	76·9
Loss	1·4
	100·0

DISTINCTIONS BETWEEN TUBERCLE AND PUS.

Pus in its natural and fluid state, can never be mistaken, even by an ordinary observer, for tuberculous matter in any of its varieties. But complete pus bears so close a resemblance to matured tubercle, that by the naked eye it is not possible to distinguish between the two. Microscopically, it has been pretended that there are minute and "constant" shades of difference which mark tubercle and pus. Lebert says: "the elements of concrete pus never resemble those of tubercle."(1) The corpuscles of tubercle, according to this author, are from 1-200th to 1-300th of a line in diameter. They contain molecular granules of from 1-1600th to 1-800th of a line in diameter, "but never," says he,(2) "true nuclei, which are so constant in the globules of pus." Now, as regards the size of pus globules, the best microscopists agree in rating them at from 1-160th to 1-250th of a line in diameter; they are often to be met with of much smaller dimensions, and Lebert himself states the diameter of the molecules to be from 1-800th to 1-1600th of a line.(3) So that in point of size, we discover little or no difference between either the corpuscules or the granules of tubercle and pus. As for the centralization of the granules, which has been represented as peculiar in the globules of pus, I am satisfied that these granules are too often found out of the centre of the globule, and much too often attached to its periphery, to render such feature at all worthy of notice. And again, distinct nuclei and nucleoli have been found in some specimens of tubercle, by Mr. Gulliver,(4) which fact of itself would render this test of distinction between the two fluids utterly fallacious.

I am fully satisfied, as well from comparing the observations of different microscopists concerning concrete pus and crude tubercle, as from personal inspection of them, that the alleged distinctive appearances of the two, if not altogether fanciful, are by no means to be relied upon in diagnosis.

Chemistry affords us some little service in discriminating between pus and tubercle, but this service is unfortunately not constant. Gelatine is commonly found in tubercle, and has never been, as far as I am aware, discovered in pus. I should not hesitate to pronounce upon the nature of any substance having the external aspect of tubercle, and containing gelatine. This test, however, is liable to the objection, that, in some specimens of tubercle, gelatine is wanting.

The other constituents of pus and tubercle, do not, according to my own observations, furnish any source of distinction between the two secretions.

In so far as the tests of crude tubercle and solid pus relate to the diagnosis of lung diseases, the want of accuracy and definitiveness is happily of little consequence. It is seldom that concrete pus is found to be a constituent of sputum.

Whenever pus is secreted by the lining membrane of the trachea or bronchi, it is either discharged in its fluid state alone, or in intermixture with mucus and other materials derived from the air passages. I do not remember to have seen an instance of pus so secreted, being retained *in situ* long enough to become concrete and to resemble crude tubercle. Again, the pus secreted by the false membrane of a vomica, is always discharged in a more or less fluid state; but should it by any accidental circumstance be retained and rendered solid by the absorption of its watery parts, so as to be made undistinguishable from matured tubercle, the fact would be of trivial consequence, inasmuch as physical diagnosis would be a security against any error as to the real nature of the case.

The only two probable sources of difficulty in the question before us, are, inflammation of the lungs terminating in abscess, and secondary purulent deposites in the lungs. Fortunately, however, these cases are of rare occurrence, and of easy recognition.

Pneumonia terminating in abscess is what few practitioners have ever an opportunity of witnessing. I never saw a case of it in my life. The examples of Baillie are rare instances of error on the part of that observant physician. Laennec met with but one case in twenty years of his extensive practice. Broussais saw but one case of ulcerated lung without tubercles · the inflammation arose from the presence of a musket-ball which had been lodged in the lungs for six years.(5) Dr. Bright's voluminous work contains but one example.(6) It is, therefore, barely within the bounds of possibility, that the suppurative product of partial pneumonia, limited to an abscess, may be retained *in situ* sufficiently long to become solid and cheesy-looking, and may subsequently be discharged with other matter of expectoration. But even in such case, the previous

It may be excepted, however, that the pneumonia of phthisical subjects sometimes terminates in the formation of sinuous abscesses of the lungs. But I am of opinion, that whenever this happens, the tissue which has been destroyed, and its place occupied by pus, was previously the seat of tubercular deposition, or was in some sort degenerated. The abscesses are always burrowing and connected, which is not the case in genuine pulmonary abscess, and the pus which they contain is thin, curdy, and scrophulous. Cases of this kind are recorded in which no traces of distinct tubercle could be found in the lungs. Dr. Graves relates one of a man whose "lungs were extensively solidified, black, and ulcerated, containing several sinuous cavities filled with pus of a scrophulous character, but not a single distinct tubercle. There was not the slightest vestige of the chief kind of tubercle, the yellow one, nor could we find any of the small miliary transparent kind; the whole mass was solid except where it was suppurating, evidently the result of phthisical pneumonia."—Clinical Medicine, p. 280.

(1.) Louis on Phthisis, trans. by Walshe, p. xiii.
(2) Ibid., p. xi.
(3.) Ibid., p. xii.
(4.) Atlas to Gerber's Anatomy, p. 61, plate xxix, fig. 254.

(5.) Hist. des Phlegm. Chron. tom. 2, p. iii.
(6.) "The lung itself was pervaded by several small sloughing abscesses; of which three or four, of the size of a hazel-nut, occupied the lower lobe so externally as immediately to come into view, these were surrounded by a thin cyst, and filled with dark olive-green putrid matter: the surface of the lung above them was of a yellow colour, in a well defined spot; there were others deeply imbedded in the substance of the lung, and one or two near the apex in the upper lobe; the lung around these sphacelated abscesses was very nearly healthy."—Reports on Medical Cases, p. 31.

and present symptoms of the patient, aided by the signs of auscultation, would enable us to judge accurately of the nature and extent of his ailment.

Secondary purulent deposites in the lungs, though more frequent than pneumonic abscess, are by no means common cases. The pus also, is rather diffused through the pulmonary tissue than collected into one mass. After an indefinite period of detention, if the patient recover, it is generally by an absorption of the purulent matter, with or without inflammatory symptoms. Should the pus chance to be detained in a single spot, and should it afterwards be expectorated in a solid form, leaving a cavity in its stead, we must be satisfied, if chemistry do not avail us, to found our diagnosis upon the patient's history, and the nature and number of his present symptoms.(7)

VARIETIES OF SPUTA.

The various appearances which expectorated matter presents in diseases of the respiratory organs, have frequently suggested its classification into distinct varieties. I believe the attempt to enumerate and define them was first made by Rosen.(8) He says. "ac differt excretorum(a) *quantitas*, eaque iisdem temporum intervallis major vel minor (b) *qualitas*; et tum quidem diversa humorum corporis vel sanorum, vel corruptorum, excreta apparet species, et quidem (1) *Sanguinea* ut in hœmoptysi, et tussi quoque aliquando convulsiva. (2) *Purulenta*, ut in ulcere pulmonum, vel phthisi. (3) *Mixta* ex his, ut in peripneumonia, et anginâ suppuratâ. (4) *Serosa*, ut in tussi catarrhali, hectica, convulsiva infantum epidemica &c. *Consistentia* sic, quæ in phthisi acuta et suppurantibus reliquis pectoris affectibus excernitur materia, tenuior est, et spumida magis, quam quæ in chronica phthisi, et convulsiva tussi tenax extunditur colluvies. *Color*, flavum nempe, et semicruentum, peripneumonia et angina suppurata exhibet; dilutè croceum, vel et flavum, convulsiva tussis infantum, ut et illa quæ in morbillis adest. Lividum, cineritium, pallidè livescentem, atrum denique, vel viridem phthisis. *Discolorem*, vomica pulmonum. *Odor*. Fœtorem spargunt, quæ phthisi et vomica pulmonum laborantes tussiunt: inodorus autem ille fere humor est, qui catarrhali et hectica tussi pullulare solet."(9)

(7) Amongst the pathological appearances of glanders, both in the human subject and in the horse, abscesses of the lungs form a conspicuous and not uncommon feature. A remarkable case occurring in the person of a man who died in fourteen days after having been bitten, and whose "lung was found filled with abscesses," is quoted in the Lond. Med. Gazette, Sept. 13, 1844. p. 816. But I am not aware that in such cases there is ever any expectoration of either fluid or concrete pus. And even were such expectoration to occur, the concomitant symptoms would render the diagnosis easy enough.

(8) Previously, however, to the time of Rosen, Burnet treated somewhat pertinently of varieties of sputa, under the denomination of *humores*; as *humor pituitosus, humor insipidus, humor acidus, humor salsus, humor acris*, and *humor subdulcis*.—(Thesaurus Medicinæ Practicæ, ed. 1698, p. 201.)

(9.) De Tussi. Ext. in Haller, Disp., tom. 2, p. 59-60.

(To be Continued.)

The *Times*, in one of its city articles, speaks of the extraordinary success which has marked the treatment of African fever by Mr. W. Daniel, M.R.C.S. It appears that his first voyage to the coast was marked by the ordinary disasters, but adopting subsequently a new plan of treatment, he has voyaged far into the interior, and twice lay on its worst coasts without a single death out of numerous ships' crews. We are happy to say that we are likely, on an early day, to be able to give this able surgeon's plan of treatment.

We understand, on the best authority, that the numerous contributions of Mr. Ancell to the *Lancet*, whether they assumed the editorial form or not, were in no case a source of emolument to the author. This is a matter, which while of interest in relation to the management of journals, should be mentioned as an act of common justice to Mr. Ancell.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY,

By Dr. KNOX, F.R.S.E., F.R.C.S.E.,
Corresponding Member of the French Academy of Medicine, and Lecturer on Anatomy and Physiology, &c. &c.

GENTLEMEN,—One of the most remarkable of human functions is that of locomotion, or the obvious and sensible motions of the limbs and trunk; the infinite variety of movements performed by the limbs, and the transporting the whole body from place to place. The organs by which these most important functions are performed, are the passive organs of motion, namely, the bones and joints—the active organs of motion —the muscles. These, it is true, are regulated by the nerves, as shall be afterwards more fully explained; but, in the mean time, I shall consider with you in the first place, the anatomico-physiological history of all these organs conjointly and severally, reserving the question of their internal tissue for that division of our lectures when all the tissues of the human body will be minutely and carefully examined. Before we look microscopically at any object, let us endeavour to ascertain what circumstances and what facts on it, or about it, are perceptible to the naked eye; the functions of the human lens were discovered without the aid of any microscope, and a knowledge of the exact inclination of the pelvis does not supersede, it is true, but takes the precedence in every sense of all enquiries into the microscopic structure of the broad bones of the pelvis or of any other bone whatever.

Osseous System.—The passive organs of motion. A careful examination of the human skeleton must precede every other kind of anatomical and physiological research—not only of the skeleton generally, as it is first offered to the gaze of the student, but of each individual bone. First comes its descriptive anatomy and the more enumeration of the processes and foramina, elevations and depressions of each individual bone, &c.; and then must follow those other physiologico-anatomical observations which in point of fact constitute real practical physiology:—physiology, as understood by the sound practical surgeon and physician—misunderstood and entirely unknown to those who imagine physiology to be something abstract—a something having nothing to do with the practice of the arts of physic and surgery. A highly intellectual student and careful observer, unprejudiced, and a lover of truth, assured me lately that for nearly a year he had been watching the practice of a distinguished chemical physician, and of another who had lectured on what he called physiology for twelve or fifteen years in a public northern hospital, and to the best of his recollection, the diagnosis in every second fatal case proved false upon dissection! This is a necessary and a lamentable consequence of separating physiology and pathology from anatomy—men otherwise sound by following this course are sure to fall into empiricism, or to become homœopathists.

The bones (ossa) are the hardest parts of the body: liable to fracture; inelastic; of a dull white colour, and insensible. When dried they retain their form, provided they be adult bones—that is, have attained their full growth—and they resist putrefaction. Nevertheless, bones rot readily enough when placed in jars of cold water in these climates during winter; in a cold apartment bones will not macerate so as to clear; they rot and become useless, or at least spoiled for anatomical purposes. When buried in the soil they seem to resist decomposition equally with the bones of other animals; hence, it is inferred, that man must have appeared on the earth subsequent to the Mammoth, the Saurian, and many other epochs, seeing that no *fossil* remains of human skeletons have ever been found. Calcareous salts, (phosphate of lime, carbonate of lime) deposited in an animal cartilage, constitute their composition and texture, to which must be added, blood vessels of all kinds, perhaps some nerves, membranes, cellular tissue, fat; the calcareous salts may form about a third of the entire substance. The ancient division of the tissue of bone into compact and spongy, and also reticular, has its practical interest, although some pathologists, as the illustrious Scarpa, have thought it, or seemed to think it, of but little moment. It is obvious to the naked eye, and it scarcely requires to be pointed out to the student, where he will find the compact tissue, and where the spongy or cellular. The cells of the spongy parts of bones communicate freely with each other, as may be proved in a variety of ways; by boring the extremities of the bones, and throwing in water with a syringe; by passing quicksilver through the bone gravitating by its own weight, &c. It is enough to say that birds have air cells in their bones, to shew how specifically distinct they must be from the human bones, and how incorrect all inferences must be from experiments made on one, and applied to the other; hence the errors of Troja, Macdonald, and a host of others, who experimented on the bones of pigeons and other birds, drawing conclusions from such experiments, which they unhappily applied to man.

In the interior of the human bones is the marrow (medulla ossium) composed of a soft semi-fluid fat, a membrane enclosing its cellular tissue and blood vessels. It fills all the cavities, as well those in the interior of the long bones, as those found in their extremities, and in the spongy tissue, or diploe of the flat and short bones. The membrane investing the exterior of bones is called periosteum, respecting which two extreme opinions have been held; the one regarding it as a most important organ, not only nourishing, but originally forming the bones, and restoring them when either partially or even wholly destroyed, as in the disease termed *necrosis*; others regarding it as merely composed of cellular tissue, and unimportant, excepting in so far as it conveys the nourishing vessels to the bones. The soundness of these opinions we shall consider at great length hereafter. The student may, in the mean time, observe, whilst carefully clearing the exterior of the joints in the practical rooms, that the periosteum does not invest every part of the bones; that it quits them near the joint where the cartilage of incrustation covers the bone proceeding externally to the synovial capsule, investing it, as it were, and thus going on to unite with the periosteum of the next bone. This shews a continuity of the periosteum, which Bichat was desirous of establishing. With continuity of structure, there may be continuity of sympathies, morbid and healthy. Further, the periosteum dips into the outer layers of the bones, sending almost innumerable prolongations into the osseous tissue. Of these, many are intended to support the vessels, but others have not that character: the periosteum is usually considered to be a fibrous membrane, insensible though vascular; it is admitted that it receives nerves derived from the sympathetic system. The osseous canal passing into the interior of the long bones, and lodging the nourishing artery so called, will be carefully described when speaking of each bone.

Whilst examining the fresh bones, and noting these peculiarities in respect to them, on which ultimately all sound physiological knowledge is to be based, the student may, for a moment, attend to the cartilages (cartilagines), so intimately united anatomically and physiologically with bone itself. This is the order followed by the authors of the *Encyclopedic Anatomique*, a work which may be considered as expressing on most points the latest received opinions.—The basis of a bone, as you see, by these preparations, is a cartilage, as may be proved by exposing the bone to the action of fire, when fully a half of its weight will be driven off; the animal part strictly is so driven off, and the calcareous salts remain, the bone meanwhile retaining its form; or a bone may be immersed in an acid liquor, when it will again lose about half its weight, but this time the animal substance, or the cartilage remains, and the calcareous salts are removed by the menstruum. Preparations exhibiting these useful physiological facts are common in most museums; but we need not dwell in this lecture, on a subject which falls to be discussed at considerable length hereafter.

Other cartilages exist beside those forming the basis of all bones; these are the *persistent carti-*

ages, whose history, according to the learned authors of the *Encyclopedie*, ought to belong to the osseous system, by reason of their intimate union with that system. This is a more difficult question than at first appears; there are persistent cartilages, no doubt, such as the costal cartilages already exposed by the student whilst dissecting the intercostal muscles and walls of the chest, which, generally speaking, though not always, do persist to a late period of life; but even these become ossified: so do those of the larynx, and this so frequently as probably may have led Beclard to call them—the "thyroid bone," "the cricoid bone,"—terms new in anatomy, and never so far as I know, adopted even by the transcendental anatomist when speaking of the human form. The permanent cartilages of the nose and ears, on the other hand, never ossify, or very rarely, and may then almost be viewed as a pathological circumstance. I shall then allude here merely to the *costal cartilages*, structures, which the student of a single winter's study ought to have examined for himself. They are white, elastic, opaque, and much less abundantly provided with calcareous salts than the bones; a membrane encloses them, called, *perichondrium*, analogous to the periosteum; of a structure almost homogeneous, or, at least, scarcely fibrous. When dried they become translucent, hard, brittle: blood vessels no doubt they must have, and, perhaps, nerves, but this is very doubtful. Of the fibro-cartilages connecting the vertebræ especially together, I shall say little at present. They are fibrous and cartilaginous bodies, remarkable for their strength and elasticity; a yellow substance, or ligament of great power will be found connecting the laminæ of most of the vertebræ; it also is fibrous; its interesting history will be given afterwards. Let us now return to the osseous system, as viewed not with a reference to its intimate structure, but with a view to the right comprehension of the function of locomotion in man, and of the physiological history of the human skeleton.

The ancient division of the bones into long, broad, and short, or mixed, led to nothing; even admitting that the long bones possess in the interior of their shafts, a cavity of more or less ample dimensions, modifying, no doubt, a little, the pathological condition of such bones. The assemblage of bones is denominated skeleton; natural, if their own ligaments have been suffered to remain; artificial, if connected by means of wires, or in any artificial manner. Sœmmering justly remarks that the practice of drying young skeletons or settling them if dried, is altogether improper, and that such skeletons ought to be preserved in spirits—no doubt they should—but even the dried up young skeleton shews many interesting points in the osteogenesis or growth of bone, which could not well be made out otherwise. The germs of the growing bone cannot, indeed, be well seen until the young skeleton has been thoroughly dried: if immersed then in turpentine, it becomes a valuable preparation. All anatomists have referred to the dried skeleton for the history of the osteogenesis, but I quite agree with Dr. Sœmmering, that by this process, the form of the bones is entirely altered, and ought not to be placed before the anatomical student, without a proper explanation of the objects held in view in the preparing such specimens. It is also admitted, by this method, they lose about an inch of their height from the contraction of the fibro-cartilages.

The number of bones in the adult skeleton, are, in the head, 22; hyoid bones, 4; vertebral column, say 33,—that is, counting the sacrum as composed of 5 bones and the coccyx of 4, ribs 24, sternum 1; ossa innominata 2; in the upper extremity, 31, not reckoning the sesamoid bones, which are yet as constant as any in the body; in the lower extremity, 26, exclusive also of the small sesamoid bones—making, in all, about 200. Every anatomist takes his own view of the matter, which is not indeed of the smallest moment.

In respect to the average weight of the skeleton, it is not easy, for obvious reasons, to arrive at anything like a good approximation to truth. It is said in man to average from 150 to 200 ounces, and in woman from 100 to 150. The actual weight and the average weight of about 260 crania, including the upper jaw, will be given when we consider the history of that part of the skeleton.

In a general sense, the human skeleton is symmetrical—that is, the bones placed in the mesial line or plane may be divided into two equal parts, resembling each other more or less straightly. In respect to the bones placed laterally or not in the mesial plane, they resemble each other also; so that the skeleton is in this sense symmetrical. This, however, must not be understood literally, for there never, perhaps, was a human skeleton strictly symmetrical; remarkable deviations from symmetry are extremely common, but in general they do not go to any very great extent, the laws of a-symmetry being checked, as it were, by the tendency to symmetry, and thus materially balancing each other. The more remarkable deviations from symmetry, whether congenital, strictly pathological, or produced by mechanical means, will be carefully noticed as we proceed with the history of the skeleton.

Of the growth of, and changes in, the form of the bones.

The changes which the human skeleton undergoes from its earliest period to old age may be divided into two stages: first, its history prior to birth; secondly, the lengthened period subsequent to that event. Here we shall limit ourselves to the condition of growth after birth.

Meckel, Beclard, and a host of anatomists, as well before as since their era, have given this with much exactness; the latest account is that of Sœmmering, whose general accuracy may be entirely depended on. "At birth the ossicula auditus are said to be fully developed; also the labyrinth and the cavity of the tympanum." This I think somewhat doubtful, as regards the cavity of the tympanum. The next best developed bones, after these, are the clavicles, the ribs, and the lower jaw. A final cause has been assigned as a reason for this without the slightest foundation. Next come the bones of the cranium, with the exception of the ethmoid, but still they are all very imperfectly developed; the frontal bone is composed of 2 portions, the spheno-occipital of 9, the temporal of 2; but this enumeration by Sœmmering cannot be exact; at birth there must be at least 2 portions composing the temporal bone, and soon after a 4th will be added. In examining the physiological history of the individual bones, these points will be more minutely attended to. In the face we find at birth the lower jaw-bone composed of 2 portions; the rest of single portions, or nuclei. The scapulæ of 4 portions each, but the epiphyses seem quite cartilaginous; the vertebræ of 2 portions each; in the sternum are 6 or 7 nuclei, or germs of bone, or points of ossification, as they are called. In the long bones the shafts alone shew the osseous structure; the ossa innominata have each 3 separate portions; what Sœmmering says, or seems to say, of the metatarsal, metacarpal, and first and second phalanges of the fingers and toes seems to me incorrect. He thinks them composed of 3 portions, and the 3 phalanges of 2. Of the tarsal bones the os calcis and the astragalus and the cuboid alone present points of ossification; the carpal bones are cartilaginous, and in this condition is the rest of the skeleton. The teeth enclosed in the jaws are without roots, and of many not a trace may be seen, at least, as regards any hard parts.

After birth the bones grow at irregular intervals, like the soft parts, more or less rapidly; they have their sympathies, as to growth, like all other parts of the body. It is usual to say that at the age of 15 or 20 years they acquire their full development, but this is manifestly incorrect; the osseous thorax takes on long after that age a manifest increase of capacity and strength in most men; the pelvis probably in women. Even in stature, the female grows to 27 and the male to 36; so that all that has been said about puberty being the period of full growth is quite inaccurate and based on coarse observation.

During the first year after birth the cranial sutures begin to form by the gradual increase of the osseous plates; these approach each other, encroaching on the cartilaginous basis. At first they more resemble mere lines slightly zig-zagged, a character which in many crania of the dark races they preserve throughout life, at least to a certain extent; this line, however, soon becomes deeply serrated in most crania—more so, however, on the exterior surface than internally; in the mean time the diploe is forming and the bones thickening. The inner table seems to be moulding itself on the contents of the cranium, the brain, and vessels, and taking the impressions from them; whilst the outer table at particular points begins to shew prominences, processes, and depressions, some of which are seemingly connected with the attachment of muscles; others, on the contrary, have no such relations. Lastly, cavities containing air which they receive from the exterior, form between the tables of certain bones, some earlier, others later, as will be explained more fully when we investigate the history of each bone. It is usual to say that the cranium arrives first at perfection, and afterwards the face; but this merely means that the bones of the face continue to grow and enlarge in all dimensions after those of the cranium have attained their full growth; even this I partly doubt; the diploe of the cranium, especially in woman, seems to me to become thicker even after 27, by which time the bones of the face have probably attained their full growth. There is a notion in some parts of Germany, that the cranium receives an additional layer of bone in woman after every child-birth; this idea it would be difficult to verify or refute; many crania of woman about 30 years of age are of remarkable density and comparative thickness.

The sternum at birth presents several germs or nuclei, and grows irregularly, continuing to present many individual varieties. The heads of the ribs are, for many years, cartilaginous, and the vertebral column also remains imperfect. I have seen the long bones attain what seemed to be their full size, and when the person must have been at least 21, and all the epiphyses of the femur were still quite separated from the shaft, that is united only by cartilages. The osseous tissue in the bones I speak of, seemed perfectly healthy. At last, however, these epiphyses do unite to the shaft, so as to form but one with it, nor can the eye distinguish any difference in texture between what was epiphysis and shaft. An opinion, however, lately thrown out by my esteemed friend Mr. John Goodsir, would lead us to suppose that these portions of the bone are even then in their nature essentially different. This opinion, in so far as I rightly comprehend it (for as yet I have not seen any printed communication on this matter,) is, that in necrosis of the shaft of a long bone, new bone to enclose the dead shaft, never grows from any portion of the bone which once was an epiphysis. If this be his opinion, I will venture to state, that although generally true, it is not universally so; but it would be out of place to discuss this opinion at any great length in this lecture. All anatomists admit that the bones undergo constant changes throughout life. At puberty the greater number of them are still incomplete, or partly cartilaginous, whilst even those called complete are far from being so, seeing that long after puberty they continue to strengthen, and to become denser, harder, and heavier. The bones which at puberty are admitted by all to be incomplete, are the six cervical vertebræ, the clavicles, the ribs, the sternum, scapula, humerus, cubitus, and radius, the bones of the hand (those of the carpus excepted) and all those of the lower extremities, (the rotatæ and tarsus excepted). The rotatæ are completed pretty early, and the sesamoid bones ossify early, contrary to the assertion of some practical surgeons.

The bones once completely formed at 36 in the male and 27 in the female, do not for a while undergo any very sensible change, still they cannot be said to be at rest! nothing is absolutely at at rest in the living body; having attained their full growth, they begin to decline; to waste away in fact; to become thinner. The sutures of the cranium run together; the vertebræ flatten; the head of the femur sinks to a level with the trohanter major, or even beneath it; the alveolar processes at last cease to be nourished, and disappear; then the teeth losing their support fall out; the

sinuses in the cranial bones enlarge, so also in the medullary cavities of the bones; but these changes, together with the proofs of perpetual vital activity in the osseous system, and the differences produced in the skeleton, by age, sex, race, we shall consider in our next lecture.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By Sigismund Sutro, M. D.

On the Efficacy of the Dried Bark of the Rhamnus Frangula as a Substitute for Rhubarb.—So far back as the days of Matthiolus, we find the bark of the Rhamnus Frangula spoken of in the following terms, as "exsolvens, roborans, adstringens; quod etiam hydropicorum aquas ducit." He also warns against the use of the fresh bark, as causing severe nausea. By more modern writers it has been styled "rhabarbarum plebeiorum." Within the last eighty years, this valuable, indigenous remedy has been allowed to fall into neglect. The author's attention was first directed to it by finding it the active agent in a nostrum for the cure of hæmorrhoids. Since then he has used it for the last twelve years, in venous, abdominal, plethora; habitual constipation, hæmorrhoids, and hæmorrhoidal congestion. It operates both by stool and urine, causing the discharge of a quantity of mucous fæces, and of blood from the vessels of the rectum. On account of its diuretic properties, it has been successfully used in dropsy. The writer has proved its cathartic powers on his own person for the last ten years. The form in which he employs it is the following:

℞ Corticis desiccatæ rhamni frangulæ, ℥iss
Aquæ puræ Oij
Coque ad octarium, dein adde sub finem coctionis
Cort. aurantii
Sem. carui contusor: aa, ʒiij
Amoto decocto adhuc fervente, stet materies donec frigescit.

A cupful of this decoction taken over night usually procures the discharge of several mucous stools. Should it, however, fail to produce catharsis, an ounce of Epsom salt may be added to the quantity of decoction ordered to be prepared at once. Should the dose, directed above, fail to procure stools the morning after its administration, it must be repeated about 11 o'clock a.m. In persons of irritable weakly habits, and those whose constitution is not familiar to the medical man, smaller doses of the decoction than that just mentioned must be commenced with. In chronic constipation, the remedy must be persevered in for some time—seven or eight weeks at least—before the obstruction is completely removed. In the treatment of hæmorrhoids by the decoction of the R. frangula, the writer prefers adding to the bark two ounces of Achillea millefolium, in place of the usual adjunct of four drachms of orange peel. Such a combination he has found exceedingly useful in the cases above mentioned; and yet more so, when to each dose of the decoction from thirty to seventy drops of laurel water were added. Should symptoms of hæmorrhoidal inflammation at any time require to be combated, the writer has found the addition of an ounce and half of sulphate of soda quickly successful in overcoming every sign of congestion.—*Dr. Gumprecht, in Hannover Annalen.*

Preparation of Iodide and Bromide of Silver.—These salts may be quickly and easily prepared, by precipitating in the dark, a solution of fused lunar caustic, with iodide or bromide of potash or soda, receiving the precipitate on filtering paper, washing it repeatedly with distilled water, and finally drying it on white filtering paper, spread over a chalk or porphyry flag. Thus procured, these salts are of a yellowish colour, and in appearance flocoy. Diffused or direct sunlight, exerts over these salts a decomposing power, reducing them to the state of black oxyde.—*Buchner's Repertorium.*

Pommade against Baldness.

℞ Ext. cinchon. flavæ, gr. xv.
Ext. krameriæ, gr. viij.
Ext. bardani,
Olei fixi nuc. moschat. aa ʒij.
Camphoræ ope alcoholis solutæ, gr. xv.
Medullæ bovinæ, ℥ij.
Olei olivar. optim. ℥j.
Succi citri medicæ, ʒss.
Olei aromatici essential. cujusvis, qs ad aromatizandum.
M. ft. ungt. secundum artem.

Buchner's Repertorium.

Stearoptine in the Oil of Imperatoria Vulgaris.—Kallhofert placed 9 drachms of this oil in a deep cold cellar, taking care to guard against evaporation. On examination a fortnight after, he found the upper part of the vessel containing the oil, studded with white, shining, chrystalline scales, bearing a very remarkable analogy to the micaceous chrystals formed when oil of fennel is exposed to a low degree of temperature. These chrystalline scales were less odorous than the oil itself, but their taste was much more burning and permanent—*Buchner, Opere Citato.*

On that Constituent of Opium, which is Insoluble in Cold Water.—It is generally believed by pharmacologists that the virose principles of opium are completely extracted by water; Marlin has, however, discovered that the residue of opium which is insoluble in water, cold or warm, when subjected to fermentation with sugar and yeast, still furnishes a preparation of strong narcotic power. The following is the proximate analysis of the magma which had been left after the preparation of watery extract of opium, and of acetate or muriate of morphia. Brown extractive matter narcotine, fat oil, resin, caoutchouc, bassorine, and another undefined gummy substance, sulphate of lime, and vegetable fibre. A portion of this residuum—insoluble in cold water—was mixed with 175 parts of sugar, and 40 parts of beer yeast mixed with water, and then exposed to a temperature of 25°. When the fermentative process was perfected, the liquid was filtered and evaporated in a water bath to the consistence of a hard extract. This extract was again dissolved in water, and fermented with a fresh addition of sugar and yeast, afterwards filtered, and again evaporated. This fermented extract of opium was brown, of a peculiar aromatic smell and bitter taste, leaving behind a sensation of heat in the mouth. Three grains of this extract administered to a strong muscular man, caused narcotism and head-ache, and a second dose of equal strength as the first, produced vomiting. Sixteen grains of this fermented extract of opium administered to a pretty strong dog, caused death after an interval of some hours.—*Buchner's Repertorium,*

Are Toads Poisonous?—The following strange case affords an affirmative answer to the foregoing question:—A healthy married woman, 30 years old, living near Lomnitz, in Moravia, became affected with bronchocele after parturition. Anxious to get rid of this deformity, she tried in vain several domestic remedies for its relief; at last she was advised to apply a dead toad over the swelling: this immediately caused such violent inflammation in the scrophulous tumour, and in the neighbouring parts, that she was forced to seek medical aid for its removal. Dr. Pluskal, who was consulted on the occasion, found the patient labouring under violent inflammatory fever, accompanied by great anguish and restlessness. Her head was hot and painful, the face swoln and red, and she was unable to articulate; breathing, swallowing, or an attempt to speak, caused great pain the tumour. Erysipelas extended over the anterior part of the neck, and the fluid effusion, the result of the inflammation, was so copious, as to completely conceal the bronchocele. The antiphlogistic plan of treatment was at once adopted, but without success, as the patient died of suffocation on the third night after the application of the loathsome remedy.—*Oesterr. Medic. Wochenschrift.*

On the Effect of Alum in Gastro-Enteritis.—Induced by the great praise with which Papper recommended alum in abdominal typhus, the writer of this paper has used it in two cases with the best results. A young man, 15 years old, was attacked with gastro-enteritis, which soon assumed a typhoid character. The disease, in addition to the usual pathognomonics, was attended with diarrhœa. A drachm of alum dissolved in six ounces of arrow-root mucilage was given by table spoonful every second hour. The diarrhœa was quickly checked; after some time the tongue became moist, the thirst less, the dryness and heat of skin were succeeded by a mild perspiration, and a favourable crisis was established on the fourteenth day. A boy of 13 years of age was also seized with gastro enteritic typhus, complicated with bronchitis and hoarseness. Coolliquative diarrhœa, delirium, and other typhoid symptoms, soon set in. On account of the lesion of the function of innervation under which the patient laboured in this latter case, camphor, valerian, and cinchona, were combined with the alum. The result in this, as in the first, case was highly favourable. The unfavourable symptoms gradually gave way, and were succeeded on the twenty-first day by a critical resolution of the disease.—*Dr. Ritter, of Rottenburg, in Heidelberg Annalen.*

On the Use of Large Doses of Iodide of Potassium in Gastro-Enteritis—As the result of observation of numerous cases of gastro-enteritis treated by large doses of iodide of potassium, the writer lays down the following rules for its administration. In cases attended with foulness or acidity of the stomach, an emetic is to be prescribed previous to the administration of the iodide. When symptoms of acute gastritis are apparent, from twelve to sixteen leeches must be applied over the stomach. These conditions being premised in both cases, the subsequent exhibition of large doses of iodide of potassium produces the happiest effects in cutting short the fever. In cases of pure gastro-enteritis, unattended with any complication, the iodide may be given—and with success—from the commencement of the disease. Administered in cases where the primary gastro-enteric inflammation had run into follicular ulceration, it was equally successful, the symptom of disease vanishing as the remedy was steadily continued. When administered to convalescents from the disease, whose only affection was debility, it invariably proved injurious by increasing the debility and inducing anæmia. In such cases the muriated tincture of iron quickly restored the patient's health. The writer of this paper concludes, that iodide of potassium acts beneficially in gastro-enteritis, by its indirectly antiphlogistic power. Thus, when given for a considerable period, in cases of this disease, which from some complication or other have proved fatal, numerous dissections have verified the assertion, that the gastro-intestinal mucous membrane has been found in an anæmose state, the follicles pale, elongated, and enlarged, but without any sign of redness. If ulcers existed, their margins instead of exhibiting the usual erythema, were soft and pale. When typhoid bronchitis set in as a complication with the gastric fever, the writer invariably had recourse to the use of a decoction of Senega root, combined with iodide of potassium.—*Dr. Rothamel, libro citato.*

On the use of Laurel Water and Sulphate of Quinine in Gastro-Enteritic Fever.—Advantage has been derived from the use of both these remedies, not alone in gastric enteritis, but also in typhoid pneumonia. The former of these remedies is said not only to have cured the above diseases but that it also has the power of cutting short and immediately checking an attack of typhus. For cutting short the progress of gastric enteritis, it is given as follows:

℞ Decocti salep ℥v.
Aquae Lauro-cerasi ʒ ij. fiat mist.

Capiat æger cochleare amplum alternis horis, instanti febris gastro-entericæ paroxysmo frigido.

But this remedy will produce no beneficial effect if the disease be complicated with symptoms of typhoid pneumonia, or low inflammation of any other organ. Laurel-water has been administered all through the progress of these intestinal fevers, up to the approach of the crisis, when decoction of bitter-sweet is substituted for that of salep, as a vehicle for its administration.

When the inflammatory stage has passed away, giving place to nervous debility, the laurel water must be laid aside, and the sulphate of quinine in

doses of 1-6th of a grain administered every second hour. The exhibition of the quinine very soon removes all these unpleasant symptoms, and materially assists the patient's convalescence. When the disease has existed for a considerable time, or is attended with colliquative diarrhœa, the cold infusion of cinchona is far preferable to quinine, and the effect of the former will be considerably increased by combining it with musk in small doses. During the progress of the fever, the writer of this paper adopted Broussais, dietary; allowing his patients only new milk and water, after which at the crisis, elder-flower tea was substituted. From a register kept of the number of patients treated by the writer during the prevalence of two gastro-enteritic epidemics, out of the whole number 210 only 14 died, leaving the recoveries as 14 to 1.—*Dr. Rosevar, in Med. Wochenschrift.*

PROGRESS OF ENGLISH, AMERICAN, AND ITALIAN MEDICAL SCIENCE.

(The following comprise the principal articles of interest in several recent numbers of the *Medical Gazette.*)

OPHTHALMITIS.—Dr. Mackenzie, of Glasgow, in a clinical lecture recently published on ophthalmitis, refers its occurrence to two most prominent causes—injuries of the eye, and the circulation of purulent matter in the blood. The disease, when arising from the former cause, is called *ophthalmitis phlegmonosa*, or *traumatica*, from the latter, *ophthalmitis phlebitica*. Some cases are occasionally met with which appear to be essentially *idiopathic*. It commences with slight external redness, the conjunctiva being the seat of white chemosis; the aqueous humour is muddy, or tinged with blood, and the fundus oculi appears reddish. The iris is changed in colour, the pupil contracted; the lenticular capsule sometimes opaque, in other instances transparent; the pain is severe and pulsatory; it is experienced at the bottom of the eye, and in the orbit, extending to the forehead and temple, and accompanied by a feeling of burning heat, tension, and fulness. There is also much intolerance of light, and a sensation of shining flaming spectra before the eye. As the retina becomes insensible from change of structure, or the pressure of effused pus, this last-named symptom disappears. This state is followed by protrusion and fixedness of the eyeball, from effusion into the cavity of the ocular capsule; it is excessively hard to the touch. When protrusion takes place, the interior of the eye is disorganised, and vision extinct. The conjunctiva continues greatly swollen, and is covered, especially that portion of it which lines the lower eyelid, by a layer of coagulable lymph, which can be peeled off like a membrane, and which forms again by-and-bye. This is met with both in the traumatic and phlebitic ophthalmitis, and serves to shew the analogy existing between these two varieties of the disease. If the lens and its capsule are transparent, the vitreous humour may now be sometimes seen of a grass-green color, the result of pus effused within the hyaloid membrane. The iris advances towards the cornea, and matter is plainly deposited in the posterior and anterior chambers. The whole eye and the ocular capsule being thus full of purulent matter, if life is prolonged, the matter, unless interfered with by art, after immense suffering, makes its way to the surface, and escapes. The bursting of the eye, or of the capsule, is a means of saving the patient's life, against whose recovery the chances are very great if the disease is left to itself, and no spontaneous evacuation of the matter takes place. This is effected either by sloughing of the cornea, by the bursting of the sclerotica into the ocular capsule, and the discharge of the pus through the conjunctiva, or by the latter only, the sclerotica remaining intact. If the eye retains anything of its natural appearance, and especially if there remains any sensibility to light, the eye itself has not burst; the capsule only has given way. The constitutional symptoms are of variable intensity, but generally very severe. The patient is affected with rigors, anxiety, insomnia, delirium, and sometimes convulsions, especially if the case is about to terminate fatally. The pulse is full and throbbing in the commencement; in the later stages of the disease, it is small, weak, and very quick. The disease may terminate in amaurosis, the form of the eye remaining natural, the pupil contracted, the lenticular capsule opaque, and the retina insensible, or in suppuration and rupture of the eye or capsule, or of both; and again, death is not an uncommon termination of ophthalmitis by the supervention of coma. A perfect recovery is very rare indeed. The principal causes are injuries, such as the operations for cataract, not extraction only, but sometimes even division through the cornea or the sclerotica; the excision of staphyloma, injuries received in blasting stone, and the like; in particular states of the constitution, a very slight injury indeed will produce it. [We have seen it caused by a prick from a thorn striking the eye.] Another cause is the circulation of pus through the system, arising from inflammation of a vein, the pus being arrested in one of the minute vessels of the eye, perhaps in the veins of the choroid, and there exciting inflammation, and a new secretion of matter, not a mere deposition of that which was carried in the circulation from the vein originally inflamed. There is reason to believe that ophthalmitis follows as a sequela of fevers, both eruptive and others, such as measles, small-pox, scarlatina, and typhus. The symptoms in both the phlebitic and the traumatic forms have a close resemblance to each other, and the treatment in each at the commencement, requires the free use of the lancet, cupping, and the application of leeches. Dr. Mackenzie also recommends the free exhibition of mercury, and says the only case of ophthalmitis (a very bad one), in which he witnessed a perfect recovery, was one in which he made the mouth speedily sore with calomel and opium. As soon as mercurial action was excited, the ophthalmitis began to subside; the eyeball retreated into the orbit; and a perfect cure took place. He has never tried nauseating doses of tartar emetic, which have been recommended in such cases. Counter-irritation to the feet, such as by mustard baths, or mustard poultices, and counter-irritation to the nape of the neck by blisters, as well as blisters behind the ears, will be proper. Pledgets wrung out of cold water, and frequently changed, are the best local applications in the early period of the disease; afterward a warm poultice. Extract of belladonna may with propriety be smeared on the eyelids and eyebrow. With regard to diet, in the early stage abstinence from food, and water only for drink should be directed; but afterwards, when the patient is weak and exhausted, mild nourishment may be allowed, and quina exhibited. The last point in the treatment consists in making a surgical opening into the eye or the evacuation of the serous fluid and pus, either through the cornea or sclerotica, by doing which, Dr. Mackenzie avers he has in several cases saved the patient's life. The plan of opening the ocular capsule he first employed in February, 1842, on an eye affected with traumatic ophthalmitis, which was excessively hard and greatly protruded, with an obscure sense of fluctuation around it. He divided the conjunctiva in a vertical direction at the inner canthus, and towards the lower eyelid, and then directed the lancet backwards by the side of the eyeball, between it and the lower inner wall of the orbit, so as to avoid the rectus internus and rectus inferior. There was a sudden discharge of serous fluid mixed with pus, and the eyeball immediately sunk back, and the cornea became quite flaccid, showing that the cause of the previous excessive hardness of the eye, and of its protrusion, had not been in the eye, but behind it. This proceeding Dr. Mackenzie recommends for early adoption in all similar cases; not to be delayed until the eye is disorganised, or the patient sinking into the state of coma. It is simple and easy of performance, and affords the most likely means of saving both the vision and the life of the patient.

THE BICYANIDE OF MERCURY.—Dr. Letheby concludes from his experiments that the bicyanide of mercury acts, when put into the stomach of dogs, as a powerful local irritant, occasioning violent vomiting, and subsequent purging, and bloody evacuations! The constitutional effects are first a loss of volition; the animal totters, and loses control over the limbs, as if they were paralysed. The mental faculties, however, are not impaired, nor does there appear at this stage to be either pain or spasm. The second effect is like that of prussic acid,—violent convulsions, loud screams, and a spasm of the respiratory muscles; from this time reflex action ceases, and the subsequent effects are, paralysis of the voluntary, and afterwards of the involuntary muscles coma, the breathing becoming slower and slower, and the heart's action fluttering, and subsequently laboured. It at first appeared that these effects were rather due to a gradual liberation of hydrocyanic acid, which maintained a slow but constant action upon the system; but the fact that the same symptoms are produced when the salt is injected into the veins or peritoneum, leads to the belief that the effects are specifically those of the combined elements. His experiments also show, that prussic acid is liberated from bicyanide of mercury when it mixes with the acid contents of the stomach, and secondly that both it and the mercury are easily detected. When the poison is given in a large dose, its irritant action produces such constant and violent vomiting, that it is all expelled. The *post-mortem* appearances are, a highly congested state of the stomach, a semi-coagulated black blood filling the right side of the heart and cavæ, and a congested state of the vessels of the brain.

PALSY.—Dr. Blackmore, in his observations on the nature and treatment of the more important diseases of the nervous system, states that palsy occurs as a simple and primary affection, even when its origin is within the head; it may terminate favourably, or pass into apoplexy on a more powerful application of the exciting causes, or when it has been treated inefficaciously. Some of its symptoms are peculiarly singular and interesting; such as, the remarkable variations in the state of the pulse, and of the animal temperature of the affected limbs, in connection with an improvement or aggravation of the other symptoms;—spasms of the palsied limbs, without any effect on the palsy—habitual tremors of the limbs, without any loss of feeling or of voluntary power, forming the paralysis agitans of writers—thermometrical coldness of the affected parts, without the sensation of coldness; and the converse; incessant and severe hiccough, which does not seem to affect the course of the disease; the tendency of compressed parts to slough; and various affections of the senses, of touch, hearing, and sight, with sometimes long interruption of the sleep, without mental disorder. Primary palsy, like apoplexy, is sometimes connected with obscure disease of the heart and aorta, and is often the first symptom that rouses the attention of the sufferer to his real state. Palsy, although sometimes connected with a first attack of acute epilepsy, or transient epilepsy with convulsions, seldom arises from chronic epilepsy. Paraplegia, occurring from an affection of the spinal cord, may pass into hemiplegia with brain disease. Chronic cases of weakness of the limbs, appearing to be rheumatic, are sometimes truly paraplegic, and are often mistreated. A sense of girding in the abdominal muscles is sometimes the first symptom in these cases, and should direct attention to the spinal cord. Simple or primary palsy is generally more hopeful than palsy secondary on apoplexy. Recent cases of hemiplegia are hopeful, although the senses of sight and hearing are affected with illusions, and other evidence is present of an extensive affection of the brain. Instances of a recurrent attack, at an interval of some years, even where the speech has been affected, may end in recovery. Hemiplegia, however, when connected with disease in the heart, is hopeless. Incomplete paraplegia with neuralgia of the lower extremities, even when of two years continuance, is hopeful, when the encephalic and vital functions are unbroken. In paralysis agitans of one year's continuance, complete recovery is not to be expected; but it may admit of great relief. Sloughing of any part subjected to pressure is a bad sign, particularly that painful sloughing of the ball of the great toe; the vital powers then quickly sink.

There is more hope of palsy secondary or acute epilepsy with transient coma, than of that following decided apoplexy; and it admits of hope, even although the epilepsy has been recurrent and severe, and after disease in other organs; but if proper remedies have been neglected in the first fortnight of the attack, partial palsy may be expected to remain, and generally hemiplegia following epilepsy is of bad omen. The causes of palsy are either encephalic, spinal, or local. In the first of these the true cause seems to be pressure on the figurate brain—or the corpora striata, crura cerebri and cerebelli, medulla oblongata, tuber annulare, and the origin of the various nerves of motion and sensation. It may be produced and maintained by congestion only, or its persistance may be caused by a lesion or congestion of the medullary substance. Partial palsy may have an encephalic origin, and may pass into apoplexy. Hemiplegia probably has (not) always an encephalic origin; but mere partial palsy, whether of a single muscle, or of the abdominal muscles, and pelvic viscera, or of the legs and arms, may have its origin in the several horizontal segments of the cord. Palsy may also arise from disease in the nerves external to the brain and spinal cord. The treatment of the acute state of encephalic palsy will be the same as for apoplexy, a consequent attack of which may be thus prevented. Dr. Blackmore seems to be of opinion, that the use of mercury is very important in such cases. When the palsy is derived from disease of the spinal cord, cupping and free purgatives are strongly recommended by the Doctor. He says that so great is the torpor of the bowels, and so vast the accumulation of fœces, that the practitioner scarcely knows when the bowels are really unloaded. The treatment in the chronic state must be regulated according to circumstances, and the symptoms which present themselves.

Disease of the sternum.—Mr. Stafford mentions the case of a man with a diseased state of the lung, who suffered from pain in the situation of the sternum, followed by abscesses and ulcerations, at the bottom of which the bone and cartilage could be readily felt with a probe. The local treatment consisted in the use of iodine, and bark, and quinine, with generous diet were used for the support of the system. Under this plan the ulcers healed, and the chest disease became quiescent.

Sulphate of Manganese.—Dr. Goolden has tried this remedy in several cases, and has found it, when taken upon an empty stomach, in the dose of one or two drachms, act invariably as an emetic. When taken after a meal its emetic action was not so constantly produced, and a tolerance of that action is generally experienced after the first dose. It very rarely acted as a purgative. The appetite has invariably increased during its exhibition, and when the first emetic effect has subsided, the patient is free from all uneasy sensations, and expresses himself as feeling lighter and easier than before. The stools, which are sometimes dark-coloured, soon become yellow and loaded with healthy bile; but if its use be continued for a few days, they become lighter, and at length shew a total absence of bile, appearing like jaundiced stools, of the colour of parchment, but there is no jaundice either in the skin or urine. If the medicine be discontinued, the yellow colour of the stools returns.

Pericarditis a sequela of scarlatina.—Dr. Scott Alison has published several cases to shew that pericarditis occasionally occurs as a sequence of scarlet fever, and he quotes several authors in confirmation of his opinion. He considers, that the inflammatory affection of the pericardium may owe its origin to two different sources, viz., the presence of the specific poison in the blood, acting as a local irritant, and extending throughout all the membranes and tissues of the body, and the presence of crystallizable compounds in the blood, which should have been eliminated from the system by means of the kidneys, but which in consequence of disease of those emunctories are not unfrequently retained in the circulation.

Cyanide of silver.—Dr. Letheby from the results of several experiments instituted by him, concludes that the cyanide of silver acts as a local irritant, producing great vomiting, and a congested state of the vessels of the stomach; that when it has been dried before its introduction into the system no other ill effects follow, but if it is administered in a moist state, it is then capable of becoming absorbed, and perhaps decomposed, for an albuminous solution has the property of dissolving the cyanide, and moreover its contact with any of the chlorides of the systemic fluids would produce a double decomposition, and the formation of a soluble cyanide whose effects would be similar to that of the cyanide of potassium. The specific action of the cyanide of silver seems to be on the brain, producing occasionally convulsions, always coma, paralysis, a peculiar sighing respiration, a fluttering, irregular, and tumultuous action of the heart, and it ultimately kills by a gradual exhaustion of the involuntary powers, death taking place in from one to three hours after its administration. The *post-mortem* appearances are a dilated pupil; an injected state of the vessels of the brain; the heart gorged and full of black blood, especially on its right side; and, when the poison has been administered by the stomach, that organ is exceedingly congested, completely emptied of solid matters, and may smell slightly of prussic acid. There is no difficulty in detecting chemically the presence of both cyanogen and silver.

NOTICES TO CORRESPONDENTS.

We had intended to have given, on this week, eight extra pages, containing the Index and Title-page to our last volume; but unavoidable circumstances have forced on us a postponement until the next number.

X. Y.—*The law allows, and has done so for years past, surgeons and apothecaries to charge for their medicines and visits. In this respect, the Bill is no improvement.*

M.D. and a Constant Reader *will be able to register as a physician.*

Justitia.—*A Scotch physician, by the New Bill, will be able to register as a physician, and practice in the way he likes, just as now.*

A Medical Reformer *labours under a mistake about the divisions in the Profession, formed against the Bill. No one in England is opposed to reciprocity of practice through all parts of the kingdom, and Scotch and Irish graduates have just as strong an interest against being inundated by young two-years' men, as have the medical men of England.*

An Irishman *sends us an eloquent philippic against the Bill, enlarging on the knowledge of medical matters possessed by its framer, who was positively ignorant that Ireland had its Apothecaries' Company as well as England. It is the old story of the tragedy—Hamlet, omitted by special desire. The Irish apothecaries are the largest body of medical men in Ireland.*

Papers by Dr. Clay, "On Various Debatable Points in the Principles and Practice of Midwifery;" by Dr. Costello, "On Lithotrity and Lithotomy;" by Dr. Jobert de Lamballe, Surgeon to Louis Philippe, "On Autopsy;" by Dr. Hodgkin, "On the Syrian Medical Aid Institution;" by Henry Browne, Esq., M.B., Assistant-Physician to King's College Hospital, "On Rupture of the Heart;" by Dr. Sutro, "On Scrofula;" by G. B. Childs, Esq., Surgeon to the City Police Force, "On a New Description of Instrument for Tying Hæmorrhoids;" by M. D. "On the Double Qualification;" by G. Sayle, Esq., M.R.C.S.E., "on Paralysis;" by Dr. Clarke, of Plymouth on "Poisonous Fish;" by Lucius, "On Medical Reform;" have been received, and will be inserted as soon as possible. Numerous other correspondents, whose communications are not mentioned in the above list, must consider them as gratefully declined.

Medicus—1. *Could register under the New Bill as physician.* 2. *No fees would be paid, except the one named in the Bill, viz. one pound.* Medicus *may await, without fear, and in quiet, the turn of events.*

M.D. and a Subscriber.—*The jury will always fix what is a reasonable charge for attendance and visits, under the present law, to all but physicians, who cannot sue for their fees, except under a special agreement. Under the New Bill, the right to sue is confined to* "licentiates;" *physicians and surgeons are left by it without any remedy against a fraudulent debtor.*

Palmam qui Meruit Ferat *sends us a clever letter, but it is somewhat free, and is besides* anonymous. *We may yet turn it to account.*

M. R. C. S. *proposes, that if surgeons "are to be displaced for the benefit of the 'pures,'" a brazen monument be erected to Sir James Graham from the now useless brass plates.*

A Young Student *will do well to advise with his lecturers, who know the special circumstances of his case. A full answer from us would occupy a column, and then perhaps not be complete.*

A Subscriber.—*We no more see the judiciousness of the practice named to us than our correspondent. It must have an* empirical *origin. Could we have a perfect impression, in wax, of the* seal *affixed to our correspondent's note?*

A Handsome Portfolio *for holding the* "Medical Times,"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s.—An allowance is made to the trade.*

Books received.—Douglas Jerrold's Shilling Magazine, Cruikshank's Table Book, Punch Office, Fleet Street; Illuminated Magazine, 111, Fleet Street; The Northern Journal of Medicine, Edinburgh; The London and Edinburgh Monthly Journal of Medical Science, Edinburgh; The British and Foreign Quarterly Medical Review, J. Churchill; The Zoist, Bailliere, 219, Regent Street; The Pharmaceutical Journal, edited by Jacob Bell; The Veterinary Record, Longman and Co., Paternoster Row.

The communication of our Parisian Correspondent, Dr. G. de Beaumont, from the many demands on our space, has been unavoidably postponed this week.

Mr. Close's paper will appear in our next number.

THE MEDICAL TIMES.

Saturday, April 5th, 1845.

Eheu! Quam temere in nosmet legem sancimus iniquam!

The scientific and moral character of the Profession, it is needless to say, is of indescribable importance to the public. The repository of the secret confidence, the hope of the afflicted, the mediator between death and many an anxious family, the medical attendant should, in every case, possess, by education, all the resources science yet has reclaimed for the human race, and, by training and habit, all the high qualities which can give that skill its fullest range of usefulness. Compose a profession generally of such men and society receives one of the greatest blessings man can give her. The only ample atonement which civilization can make us for her physical evils, its greater or less proportion forms the measure, if not of a nation's enlightenment, at least of its good government. There can be no good laws where the Profession is not perfect in the ratio of a country's general progression. As (after the common means of subsistence) it is the people's highest interest, so should it be a state's greatest concern. The aggregate wisdom of the country should supply the people with a skilled and high minded profession, with the same care with which it marshals for them a disciplined and invincible army.

It is something to say of the horrible corporate anarchies, which for years past have made up, in their *tout ensemble*, what has been called the government of the Medical Profession, that though that science and honour, in which the public have so high an interest, depended almost wholly on the sordid and conflicting interests of all sorts of jobbing committees and councils—an irresponsible *commissariat* department ruling, as commander in chief, the whole medical army!—it is something yet, we say, to be able to affirm that the tendency of the Profession, like that of the *plumule* of the *legumen* in the well known experiment of the

botanist, has, despite all obstacles, however ingeniously applied, unceasingly shot upwards. With every sort of pecuniary interest against extended curricula and higher examinations, colleges and universities were so acted on by the circumstances of the time, and the pressure of events, that their demands, in many cases, rose in a remote proportion with the progress of society, and, supported by the zealous labours of those whom no corporate misrule could trammel into inaction, the whole profession ascended. If we are not all we should be, we are at all events far more than charters or statutes would have made us. Whatever our elevation, we have the proud boast that what is worthy in it is *ours*, what is unworthy in it is the *Government's!*

Thus *has* it been. But we are arrived at happier times. One of the first statesmen of the nation has undertaken to place our profession on its true footing. He is all potent, and will touch but to make perfect. Well? The very first proposal that meets our observation, is one to give the country for the future a semi-educated race of medical men! Amid all the competition of rival bodies of examiners, each struggling to catch most candidates, all had at length concurred that medical men should not, on an average, have passed less than four years in preparatory studies. Sir James Graham forms an humbler opinion of the *rôle* of a medical man; thinks far more lightly of his responsibility; and having no pecuniary interest to mislead him, deliberately, in cold blood, and in full possession of his senses, insists that *two years* study shall suffice to make a doctor! And this is statesmanship! This is understanding the wants of the state and the circumstances of the profession! If Sir James be right, how marvellously blind were the Colleges who, to the damage of their own interests, asked so much more? If Sir James be right, what a dearth of medical men should there be compared with the public wants? If Sir James be right, how difficult to tempt candidates into the profession! If Sir James be right, how unnecessarily high must be the quality of the present medical attendance of England!

When the former scheme of Sir James Graham was before us we viewed it with some favour, because we imagined that the uniformity of education it was to introduce would have been a uniformity of a very high standard. The uniformity we have still here—but unfortunately the nature of the standard is not again left to conjecture. The great body of General Practitioners will for the future have a course of study—uniformly two years long!

And this leads us to a very important enquiry. Does Sir James Graham know one word of the effect of his own bill? Has it ever struck him that he is a mere blind cat's-paw in the hands of some wily medical corporators? Does it occur to him, that after all his bill may resolve itself into nothing but a corporate move to raise the wind? Let us just see. Two years study (no preliminary education asked!) is just five years less time than makes a tailor, shoe-maker, or carpenter. There is thus secured a full compliment of medical candidates, and as the expenditure of five years support is in their pocket, they are not ill supplied with funds. They register as students: fees. They attend lectures: fees. They become inceptors; fees. They are examined by the physicians: fees. By the surgeons: fees. By the assisting apothecaries: fees. They register with the Council of Health: fees. Not satisfied with their licentiateship, they again go to the surgeons for a fellowship: again, fees! They transmigrate to another section of the country: fees again. And there is this remarkable circumstance about the fees given, at all times and for all kinds of reasons, that they go into the same pocket. Brodie will register the student: fees! Brodie will give his lectures: fees! Brodie will examine him as licentiate: fees! Brodie will register him as licentiate: fees! Brodie will examine him as fellow or surgeon: fees! Brodie will register him as surgeon or fellow: fees! In the lecture room, in the examining room, in the registering room, at school, college, and Council of Health—Brodie! Brodie!! Brodie!!! Was anything ever more ingenious? The Bill a huge fee trap! Graham unconsciously laying fee springes for his Mephistophiles of a Corporator!

And now, before concluding, let us say one word to our brethren in solemn warning against any tampering with the bill now before the House. Its first great wrong is, that it sanctions, confirms, and amplifies, the infamously unjust Charter granted to the College of Surgeons. This crying injustice must not be allowed to sleep. The evil-doers hope to temporise us into quiet, if not into acquiescence, and to live on till hostility merge into apathy. Let them be disappointed. Let every petition proclaim to Parliament that every reform that reforms not this is a "mockery, a delusion, and a snare." The National Association would not do ill to circulate one form of petition throughout the whole profession, and, collecting together some eight or ten thousand signatures, transfer it to Mr. Hawes or Mr. Wyse for presentation. It would produce a remarkable effect. No Government would think of resisting its prayer; for no government could administer a medical law morally and legally resisted by so large a body of Practitioners. There could be no such thing as registration with such an opposition, and the Association at the head of the profession would be entitled to say—"Give us the organization *required*, not by the interests of corporations, but of the profession, or we constitute ourselves into a National College of Physicians and Surgeons, with the most eminent men in the kingdom for our examiners!" The threat would not have to be repeated. So serious a disruption from the legal institutions of the country—parallelled only by the Scottish Free Church secession—would ruin any minister who caused it!

"Observavi enim multos spirituum copia haud satis uberi præditos, ac insuper cephalalgiæ, vertigini, palpitationi cordis, artuum tremori, aut stupori obnoxios, a potu theæ illico deterius habuisse quoad istos affectus, et statim in toto corpore languorem insolitum persensisse."—Willis.

"Hic homines tam brevem vitam colunt—
Qui herbas hujusmodi in alvum suam congerunt
Formidolosum dictu, non esu modo,
Quas herbas pecudes non edunt, homines edunt." —Plautus.

We do not altogether agree with the words of our friend, Plautus, and thereby insinuate, that because four-footed animals would refuse tea, we should do likewise. For, as most philosophers say, and ourselves being philosophical, we say also, there is not a very intimate relation or resemblance between the habits and appetites of quadrupeds, and the intellectual of the biped class. Plato might have been, for aught we know, pretty near the mark, when he called man *a two-legged animal without feathers*, and yet there seems to have been something of practical, and most silencing satire in the feat of that waggish old fellow-philosopher, who, having plucked a cock bare, turned him into the groves of Academus, and called him *one of Plato's men.* We know no more of the *animus*, than of the *anima, galli*—no more of the *mind*, than of the *vital principle*, of a cock; and are therefore not prepared to say whether the position which this gallant bird holds in the great system of *metempsychosis*, would be affected by his going without his feathers, any more than by wearing them. Pythagoras says nothing about it, and even Æsculapius, who was a great *cock-fancier*—we desire that this phrase may not be confounded with the modern unclassical one, *cock-fighter*—has left no memoranda on the subject. We are, consequently, in the dark, as regards this department of mental and moral philosophy. Nevertheless, we dare affirm that, if every feather plucked from this said bird brought him nearer to humanity, he would lose his very skin before he became a tea-drinker. Crassus is said to have laughed only once in his life, and it was upon the occasion of seeing an ass eat thistles. To us, there seems nothing, either marvellous, or mirthful, in the performance, and we are inclined to think that, if Crassus had seen a game-cock drink tea, he would have laughed himself to death. And no wonder, especially if he were a physiologist, for who would not laugh to see an animal's appetite at utter war with its nature. The bird we are speaking of, is a gallant bird, as we have said, and is as remarkable for his fidelity to the feminine part of his tribe, as for his pugnacity towards the masculine species. He is, in fact, a most constant lover—an Orpheus, to whom every *cantrix* is an Euridyce—saying or singing to each of his many mistresses.

Te dulcis conjux, te solo in littore mecum,
Te veniente die, te discedente canebam.

With such a constitution, and amorous appetite, what could possibly induce this bird to drink tea? It is well known that he prides himself upon the depth of hue, and brilliancy, of his plumes, and carries his prodigal person with an unusual dignity of stride, after having viewed himself from side to side, in the feathery looking-glass of his own frame. The sticklebacks recognise, as their leader, the most brilliantly, and deeply, coloured of their shoal—his hue is his authority, his pigment his protection—and none other fish of his company will contend with him. So, on the other hand, one game cock, in less gaudy attire than another, will not meet, with confidence, his more showy antagonist, and meeting him, is pretty sure to be vanquished. Even the hens will as certainly run after the best-dressed and brightest-eyed male of the same species, as they will take any one of the latter in preference to a "dunghill." We do not mean to say that game-cocks are classical scholars, and can give, as their reasons of conduct, the texts of antiquity, but we unhesitatingly aver that what Martial stated as the result of hearsay, or observation, they stand by, as a rule of instinct. Try these said birds with hot tea, and see if they will drink it! Take our word for it they will not. And who shall say that the "*vis medicatrix naturæ*" within them, does not whisper, "it will spoil your complexion?" We must admit that the fear of growing pale, either arises from this inward monitor, call it appetite, or what you will, or from an intimacy with that striking passage in Martial—

Et potet calidam, qui mihi livet, aquam.

But there is another reason why we think this bird could not be persuaded to partake of the "fragrant herb". We have already alluded to his propensities—he may not be acquainted with the following passage of old Willis, but it is impossible to say that instinct does not serve him

in this warning's stead. "Ita quidem rem habere, tantum ratio, sed et vulgaris observatio passim dictitat; in quantum *thee* potatores nimii, macilenti, sæpenumero item paralysi, atque veneris impotentiæ obnoxii, evadunt. Prior effectus ita frequens et passim notus est, ut pluribus *thee* potum ideo tantum interdixerim, quoniam ad macilentiam disponit." Understand, reader, that in this joke concerning the sacred bird of Æsculapius, we have only been anxious about expressing modestly, an important matter of fact. So much for the *relation of difference* between man and the inferior animals, as regards tea-drinking—now for the *relation of resemblance* on the self-same subject. The resemblance, be it understood, refers to quantity rather than quality of drinking though there is no reason why we should hold exclusively to the one side, for if a tea-infusion be nothing better than "hay-water," as the Dutch writer called it, we see no rule why it should not be "nectar," as well for horses and asses, as for men. Waiving this, however, we proceed to show how the intellectual bipeds often rival the most capacious quadrupeds in the amount of fluid which they swallow. At the bottom of this mysterious performance lies tea—and like the bottom of Diogenes' tub, be assured, worthy reader, that this said tea is not wholly exempt from blame. Marvellous tales are told of the capacity of human appetite and organs for fluids. It is said that there was exhibited at Strasburg, the stomach of a hussar who could drink sixty quarts of wine in an hour. Piso—Seneca and Tacitus vouch it for a fact—could drink for two days and nights incessantly. Pliny says that Novellus Torquatus drank three *congii* of wine in the presence of Tiberius; "and Rhodiginius mentions a capacious monster down whose throat an *amphora* of liquor could be poured without interruption." We are not in the humour for believing any of these statements: did we believe them we should certainly say—

"The power of nature could not further go."

As matters stand, without any disrespect to Gulliver, *et hoc omne genus*, we must pay the same compliment to the power of fiction. Though we have never seen tea-drinking reach anything like the height just mentioned, yet have we known it to go to some extraordinary lengths. We have not, like old Weller, observed a tea-tippler to "swell wisibly afore our werry eyes," but we have seen as much tea swallowed at one sitting as ought to have produced that astounding effect: whither it has gone has often puzzled us. For, as a witty Irish friend of ours once said, it does not always happen under these circumstances that we meet with the geographical anomaly of the *Tay* and the *Po* joining one another. De Quincey says in his "*Confessions*,"—"I usually drink tea from eight o'clock at night to four o'clock in the morning"; now if he were only to swallow with tolerable celerity during that space of time, I think he would go a step beyond anything we have ever seen in this said line of performance. But De Quincey is a scholar and a philosopher, and pauses over his "cups" to read and think; the time, therefore, which he occupies in imbibition, is no measure of the quantity of material consumed. To see a real feat of deglutition, you must take the tea-drinker *con amore*, the man who loves the decoction for its own sake, not for any reading or conversation to which it may help him; who cannot stop to answer any question you may put to him, and whilst pretending to be engaged in thought, is only wishing his gullet were a mile long, that the pleasure of swallowing might be increased in proportion. That is the man whom we introduce as a specimen of a real tea-drinker, the only man, in fact, who can drink *usque ad nauseam, repletionem, vel ruptionem*, as the case may be. In the Philosophical Transactions is related the fact that, a woman who had an inordinate love of distending her stomach, was in the habit of gratifying her desire by putting the nozzle of a bellows down her throat and blowing away until she was tired. Ludicrous as this appears, it is scarcely more so than many examples of inordinate tea-drinking that we know of. No wonder that the practice should have engendered morbid fancies, and been the frequent occasion of night-mare. It was the source of the phantasy which possessed Franklin, when he thought himself converted into a tea canister, and was perpetually being handled, opened, and employed in trifling merchandise. Another philosopher, for the same reason, fancied himself transformed into a tea-pot, and was twice a day harassed and agonized by being brought to the meal table and scalded with boiling water. We knew a student who was a monstrous tea-drinker. It could not be said of him as Dominie Sampson said of himself "thou exceedest not in potations"—for he was always drinking. If Œschylus could never compose except when in a state of intoxication, so could this man never study except when glutted with his favourite beverage. If he came to your rooms, he was as certain as a wet nurse or a washerwoman to make an attack upon your tea-caddy, and if you visited him, his everlasting kettle was singing a constant invitation for you to scald or choke yourself. Like a Dutchman, he invited all comers with a pail and a dish, and like some of the Orientals by their salt, it might be said of his tea, "qui potare recusat, hostis habetur." But that his society was worth having at any cost, no man would have been bored with his interminable drink. We often tried to reason him out of his habit, but in vain: he was as thirsty as Tantalus, but unlike him, was never the martyr of disappointment. A dream however laid wait for him, and cured him of a folly which had defied all the advice and entreaty of his friends. One night, after having unusually replenished himself, he retired to bed, but instead of going to sleep, he was seized with "thick coming fancies" which variously troubled him. Shortly, he became insensible of everything around and about him, except the figure of a tea-pot, which, slowly emerging from the bed-clothes, was seating itself upon his stomach. It was no common tea-pot—it was an eternal one—like De Quincey's, eternal "*a parte ante et a parte post*"—it threatened to smother him with its magnitude, and he was certain it must be full, for its weight was like to crush him. He dared not attempt to stir, lest he should be overwhelmed with the contents; and to remain under the load was to run the risk of suffocation. All this was horrible enough, but judge of the increase of torture when this tea-pot became like a living thing, and staring at him with eyes that leered in their cruelty, told him he must drink it dry. He felt that his stomach was already full, and were it possible for it to contain any more, he had not the appetite or the ability to swallow. Nausea seized him, but he could not vomit, and whilst thus agonized, the inexorable tea-pot demanded to be emptied. He tried to implore it, but could neither speak nor make a sign—the tea-pot moved as if an unseen hand were preparing to pour the fluid down his throat—his mouth was already open, and in vain he tried to close his lips, the vessel approached nearer and nearer, and a suffocating gush at last awoke him to a consciousness that an imaginary incubus had been the cause of his oppression. His nausea returned with more success than before, and, after having unloaded his stomach, left him more quiet and composed. The idea haunted him through the night, but less terribly than at first, and the sight, of his breakfast-table on the following morning, renewed in some measure his horrible vision. For weeks afterwards he could not endure to look upon a tea-pot, and never again became thoroughly reconciled to his old beverage.

THE PROFESSIONAL MOVEMENT.

The Dorchester Medical Association has distributed circulars to all the Dorsetshire Members of Parliament, stating briefly their objections to the Bill. They say of the Council of Health: "six physicians—five pure surgeons—seven Government nominees—no representative of the General Practitioners!" They complain of the effect of one *subordinate examination*, instead of two respectable examinations; of two years' study, instead of from five to seven; of the Council of Health's *power* over public institutions—and the semi-license granted to empiricism. The document is forcibly drawn up and should be widely distributed.—A meeting was held also at Belfast on the 17th instant. Much misconception seemed to prevail as to the tendency of the Bill; a physician, Dr. S. S. Thompson, considering the Bill perfect, and other gentlemen finding in it considerable matter for objection. Resolutions were ultimately adopted, partially approving and partially condemning the measure. The Bill's great tendency to lower qualifications was distinctly proclaimed and incorporated into a resolution.—Mr. Richard Quain, F.R.S., Surgeon to the University College Hospital has written a clever pamphlet, exhibiting in the strongest light the mischievous effects of the Bill in depreciating medical education. He particularly enlarges on the power the Bill gives to the College of Surgeons of Edinburgh (a body of General Practitioners and not more numerous than the staff supplied by a single London Hospital) of supplying Surgeons (Fellows) and General Practitioners (Licentiates) to the whole empire! The pamphlet should be read by all who would form an accurate notion of the educational deficiencies of the Government measure.—Mr. Dermott, the eminent anatomical teacher, has also published an unsparing critique on the Bill, in which he lays bare clause by clause the parts, which to his vision, appear palpable agencies to raise corporate *cliques* and depress individual practitioners.—The Manchester branch of the National Association has published a vigorous manifesto. To the College of Surgeons they speak the language of dignified rebuke. They reject with scorn the insulting proposal of gaining the Fellowship by additional purchase, and pledge themselves to unceasing hostility to the recent innovations. To Sir J. Graham they denounce the College Council for its presumption in designating itself *the* College in its petition for the New Charter—explain the wrongs that document has causelessly and uselessly inflicted—and call for a supplementary Charter. A petition is added by them to the House of Commons, protesting in energetic terms against the Bill, as sanctioning a Charter so justly odious to the whole Profession.—On the 18th inst a meeting was held of the Hertfordshire Medical Association, in which some very judicious resolutions were passed, strongly protesting against the maintenance of the Charter, and pointing out certain portions of the Bill which more or less license empiricism, and do injustice to the General Practitioner. A number of documents and reports are before us, which we shall notice in our next number.

RETIREMENT OF SIR BENJAMIN BRODIE.

There is a rumour current, and very generally believed, that Sir Benjamin Brodie will almost immediately resign his Corporate connection with

the Royal College of Surgeons. He can adopt no more prudent course. If imitated by a nameless Coroner, at the other extremity of respectability, but equally unfortunate in his management of Medical Politics—we shall not be surprised. The first is a *prudent* step, and no reader of the *Medical Times* can fail to observe that the second is not less necessary.

POISONED CREWS AND THE LAW OF LIBEL.

The *Times* journal has been recently mulcted in damages to the amount of £500, for inserting what has been called a libel on Mr. Salomons, a St. Helena merchant. Two statements appeared in that journal declaring that the crew and passengers of a ship named "the Moffatt," had suffered in health in consequence of some impure state of the water, taken in at St. Helena, under Mr. Salomons' superintendence. Very voluminous evidence was gone into, a careful medico-legal examination of which satisfies us that the passengers and crew did really suffer every symptom of a metallic poisoning, while it raises a presumption not of the weakest kind, that the water or some article of not more uncommon use, was in fault. It seemed clear however, that the letters which ascribed the poisoning to copper, mistook the nature of the case, the symptoms described by the witnesses on both sides appearing to us to be the very common ones always following poisoning from salts of lead. We can in no way understand how the Lord Chief Justice could imagine, or feel himself justified in stating, that the symptoms depicted by the witnesses could have arisen from the exhibition of mercury in the ordinary course of medical treatment. Still less can we understand how a jury, without any conclusive evidence that the precise water shipped at St. Helena, on analysis contained no poison, could have brought in as they did a verdict of £500 damages. There is no article in domestic use which through a culpable and often mercenary negligence, is more frequently or dangerously adulterated than water, especially in warm climates, and the *Times* deserves thanks for calling attention to a matter upon which health and life are considerably more dependent than is usually imagined.

MEETING OF THE CITY OF LONDON ASSOCIATION OF GENERAL PRACTITIONERS.

A meeting of General Practitioners of the City of London, convened according to advertisement, "for special purposes," was held on Tuesday evening, April 1st, at Radley's Hotel, Blackfriar's-road. There could not have been less than 80 persons present. The chair was taken at eight, p.m., by John Sim Smith, Esq., and Wm. Smith, Esq., filled the office of secretary.

The proceedings were marked throughout by an exhibition of gentlemanly feeling highly creditable to the meeting, and a calm and patient hearing was given to the statements of some who came there expressly for the purpose of raising objections to the matters to be discussed, and who, had they any ulterior motive in view, must have felt completely foiled at the absence of all opportunity to carry them out. By the patient, and to all appearance, rather contemptuous hearing given to those inimical to the purposes of the meeting; all hope of exciting discord among its members was taken away, and they whose living is procured by "fishing in troubled waters" were for once compelled to abandon their old habits.

The business of the evening was commenced by the Chairman stating the purposes for which the meeting had been convened, namely, to receive a report of the Association relative to the new Bill, which still contained some of its most objectionable clauses; and to consider the conduct of the National Association Committee, which, he as a member of that committee, could honestly affirm, had nothing but the best interests of the profession at heart.

The report was then read, of which the following is a condensed copy:—It stated that since the last meeting, the committee had waited upon the four members for London, who had promised to consider the nature of Sir James Graham's Bill. That out of the number of the General Practitioners practising in London, amounting to about 111, no fewer than 104 had joined the Association, and contributed the sum of £102. 18s. 6d., of which £77. 14s. had been paid to the treasurers of the National Association. After alluding to the objectionable clauses in the new Bill, the Report concluded by expressing regret at the dissatisfaction which existed among a very small minority of the profession, and trusting that unanimity would prevail.

On the motion of Mr. Duplex, seconded by Mr. Herring, the Report was adopted.

Dr. Sewell proposed the 2nd resolution, recognising the benefits conferred on the profession by the new Medical Bill, but condemning it for the defects in the registration principle, the inadequacy of power granted to enforce the penal clause, and the unconstitutional power vested in the Council of Health, and its exclusion of the General practitioners.

Mr. Bullin felt very great pleasure in seconding the resolution. He believed that Sir James Graham could not have carried his measure, and allowed it to exist for two years before it would be repealed. The benefit said to be conferred upon the Universities are in another portion of the Bill taken away. If they consented to such a Bill, they would be parties to their own degradation, for which by the Bill they were obliged to pay. Contrasting the proposed Medical Bill, with the Police and other Bills, he saw nothing in it but an attempt to carry out what was done in them, namely, centralisation. He considered the Bill but as the attempt of some cozening knave to raise himself to honour by the degradation of the Medical Profession.

Put and carried.

Mr. Sparke begged to move the third resolution —That this Association concurs in the censure uniformly bestowed on the conduct of the Council of the College of Surgeons; and acknowledges with satisfaction the honourable contrast afforded by the conduct of the Apothecaries' Society; and hopes that their efforts to maintain the station and character of the General Practitioner, will be effectual in promoting harmony among the whole class of General Practitioners. Before he sat down, he would trespass upon their attention to say a few words. Perhaps that resolution was put into his hands as the oldest member of the profession in the room, and therefore it became him to speak of it with delicacy. Self-interest being the moving spring of all human actions, the support given to the Bill by the different conflicting parties, was given with a view to this great principle of our nature. He considered the present Bill as a new means to carry out the indignity offered to the Profession by the College Charter.

Mr. Mann, in rising to propose the fourth resolution, would, ere he did so, make a few observations to the meeting. A practice prevailed in the police-courts of China, and a very extraordinary practice it was—when a criminal was condemned to suffer punishment for any offence, the punishment was sure to be inflicted—but the unfortunate culprit, after experiencing the tender mercies of the law, was obliged again to appear in court, prostrate himself before, and return his thanks to, the mandarin who had ordered him to be punished. (Laughter and cheers.) Now, on referring to many of our periodicals, and to a portion of the press, he found a somewhat similar custom prevailing at home. These papers and periodicals contained resolutions complimentary to Sir James Graham. (Hear, hear.) On what ground did they offer him thanks? On no other, that he could see, than that in his new, and, as it had been called, amended bill, he had preserved the most obnoxious clauses of his first obnoxious measure. In his opinion, the aim of both Charter and Bill were one and the same—the degradation of the medical profession. He had joined that profession in early life, when his hopes were more sanguine than at present. He had become a member of it, not with any hope of prospective emolument to be gained by doing so. To be sure, he might have been tempted by the museum or the library, or the advantages they held out. No: he was tempted by something higher and nobler; he was tempted to enrol himself a member of that college which reckons among its members so many men of genius; and he would ask the gentlemen around him—was it no degradation to be deprived of that status in the profession which placed them as equals, at least, in collegiate station, with Sir Astley Cooper, that sun of the surgical firmament? (Cheers.) Was it not notorious, that in the College of Surgeons, men were elevated over the heads of the profession who were totally unknown to science? Was it not but fair to expect that such men, appointed Fellows, should be remarkable for superiority in some walk of science? The whole range of English history furnished no more atrocious invasion of vested rights than that about to be perpetrated by the new bill. Were the medical profession a bustling, forward body in public life, instead of shrinking, as they really do, from anything like public observation, or were their interests properly represented in Parliament, no minister dare attempt such an injustice. (Cheers.) To remedy this injustice, two means of redress had been suggested. The first was an appeal to Parliament, and the second an appeal to the College of Surgeons. The college, in justice, should either refund the fees which the general practitioners have paid for their license as members, or else allow the members, on paying the Fellowship fee, to become Fellows. The next means of redress which had been proposed, was the establishment of a new medical incorporation. To this it had been objected, that a long time must elapse before such new incorporation could acquire stability, or a proper recognition of its position in the scientific world; that if, an infant institution, would have but slight chance of victory in struggling with scientific corporations already arrived at all the strength of manhood. The persons who made these objections forgot the adage, "Rome was not built in a day;" and seemed to be quite unmindful of the fact, that the corporations, of whose growth to manhood they had so vauntingly spoken, were once in a state of infantile helplessness. He must confess that some of those corporations had, indeed, attained the period of manhood, and he was certain that one of them, at least, the College of Surgeons, had passed its grand climacteric, and was fast hastening to imbecile and sickly old age. Passing by the trifling objections which had been urged against a new incorporation, he would ask if they had not well grounded hope for the ultimate establishment (if necessary) of such an institution, when each succeeding year revealed the important fact, that the expenditure of the College of Surgeons was considerably beyond its income? How could such a state of affairs end, but in the speedy and total ruin of that corporation? In such a case as theirs, numbering so many supporters, it was impossible but that there should exist among them some trifling discrepancies of opinion. Let these discrepancies of opinion be reconciled, if possible. He considered it possible that uniformity of action might exist among them all, without being at all interrupted by a want of uniformity of opinion on trifling matters of detail. A reference to the history of the past would show them how an assertion, so apparently paradoxical, as that "uniformity of action could be made to harmonize with contrariety of opinion," could be proved true. On the present occasion they could not act more wisely than to take a lesson in policy from the Court of Rome, that court which carried out into action the greatest and boldest scheme of policy that ever entered into the head of a diplomatist. He referred to the Crusades. Now, what was the policy of the Roman pontiff on that occasion? Well he knew the jarring elements of which society was then composed; no one was better acquainted with the wild spirit of feudal hatred which rival barons entertained toward each other for centuries—hatred sent down from sire to son, as an hereditary endowment—and for the gratification of which every consideration, divine

and human, was frequently outraged and held at nought. The reconciliation of these terrible rivals, which, to any one of less subtle imagination, would appear a hopeless task, was, by the spiritual monarch of Christendom, accomplished by a masterly display of wisdom. Under pain of excommunication, he forbade *any person* bearing the holy sign of man's redemption, engaging in any quarrel of a private nature, until after the expiration of the term of service he had vowed to devote to the deliverance of the holy sepulchre. In like manner, let them forget all their private piques and quarrels, and devote themselves, heart and soul, to the accomplishment of the work they had proposed to themselves. He had trespassed too long upon them (cheers; no, no); but they should bear with him for a very short time, while he noticed some remarks which had been made relative to the Committee of the National Association. It had been stated that that Committee was elected a permanent Committee at the last public meeting, without its members being mentioned by name! With regard to the latter part of the charge, what did it amount to? Simply to this, that at the worst the Committee had fallen into an error of judgment; and as to the first part of the accusation, it was perfectly groundless. He considered that he had some knowledge of the general constitution of committees. He believed that these were usually classed into preliminary or provisional, standing and permanent committees. Before the public meeting of the 14th ultimo, that Committee was a provisional one, and by the resolution, which had given so much offence, it was constituted *not a permanent, but a standing Committee*, which had refused to make bye laws for its guidance for this simple reason, that being but a standing committee, and not finding those laws enacted before, it possessed no power to pass them. Having thanked the meeting for the attention with which he had been listened to, Mr. Mann sat down after moving, "That this meeting expresses its satisfaction at the manner in which the Committee of the National Association has been constituted, and that that committee possesses its entire confidence."

Mr. Van Oven in an able speech of considerable length, vindicated the constitution of the National Association Committee from the charge of *cliquism* which had been brought against it.

Dr. Lynch felt gratified at the tone and temper of the proceedings of the evening, and complimented the chairman at the expense of Mr. Pennington. He treated the meeting to a repetition of the Exeter Hall objections to the National Committee, and referred to the rejection of Mr. Wakley by that body. He next proceeded to inform his audience that distrust was abroad. This assertion of the Doctor's was met by a vigorous and vociferous "No" from all parts of the room. The Doctor again repeated his assertion, and assured "the gentlemen around him that if they consulted the organs of public opinion they would find them corroborative of his assertion." ('Name them,' 'name them.') "Gentlemen might cry out, but that would not put him down or make him retract what he had said. (Cries of 'Name them,' 'name them.') He could and would name them. If gentlemen referred to the *Lancet*——" This reference was immediately followed by a general shout of laughter, which continued for some time, and which proved too much even for Dr. Lynch. After a lengthened peroration on the utility of harmony, the learned Doctor concluded by giving a bird's eye view of the dignity which would result if the profession were generally enfranchised in the "College of the Coopers, the Clines, the Hunters, the Abernethies," &c.

Mr. Sparke, in contending for the right of private judgment for Dr. Lynch, congratulated the meeting on the gentlemanly hearing it had afforded that gentleman. He (Mr. S.) was of opinion that Sir James Graham was entitled to some credit for his good intentions in bringing in the Bill. He commented upon the defects of the Council of Health, and stated it as his conviction—the result of a conversation with Sir B. Brodie—that these objectionable points would be erased from the Bill. After defending the constitution of the Committee, he begged to ask Dr. Lynch why Mr. Wakley had requested to be added to the Committee so long after the passing of the resolution he *now* considered so objectionable?

Dr. Lynch, amid cries of "spoken," replied that Mr. Wakley had *not requested* to be placed on the Committee.

Mr. Wm. Smith, the Secretary, stated that as a member of the National Committee, he considered he had a right to express his opinion on the present occasion. In the observations he was about to make, he felt grieved that he should have to refer to any individual. He was, however, compelled to do so by the remarks which Dr. Lynch had made in reference to Mr. Wakley. Among other matter, he (Dr. L.) had stated that Mr. Wakley had not requested to be placed on the National Committee. If the gentlemen before him would grant him (Mr. S.) a hearing for a very short time, he would state everything connected with Mr. Wakley and the Committee, relative to the transaction which had called forth the latter gentleman's indignation. Sometime after the public meeting of the 14th ult., a letter in Mr. Wakley's own handwriting—of this, he (Mr. S.) was positive, as he had seen and read it—enclosing a cheque for £10, was sent to the National Committee. The gentleman who brought the letter stated "that Mr. Wakley, if elected, would be most happy to serve on the Committee." Now he (Mr. Smith) would not cavil about the strict etymology of the word "request," but he would say that there were such things as *delicate hints*, that, under certain circumstances, were to be considered equal to a request. Among these he would reckon Mr. Wakley's hint. Mr. Ancell, while entering the cheque, asked the gentleman who brought the letter, whether "what he stated was meant by Mr. Wakley as a condition?" To this that gentleman answered "No, no." Accordingly a vote of thanks for his donation, was passed by the Committee to Mr. Wakley, which was not made public, when the following paragraph appeared in the *Lancet*, Mr. Wakley's own journal, in an account of a meeting held in Exeter Hall, subsequent to the delivery of the Hunterian Oration by Dr. Lynch. It was as follows,—

"Mr. Cooper, in reference to a report which he had just heard, would put a straightforward question to Mr. Wakley. Was it true, as he had heard it stated, that the Committee of the National Association had refused to enrol Mr. Wakley among their number?"

"Mr. Wakley would give a straightforward answer to Mr. Cooper's straightforward question. It was true that he had sent the National Association a donation of £10, and that he had proffered to act as a member of that Committee, if his services were accepted. They thanked him for his money, but they declined receiving him as a Committee member, for this reason, that their legal adviser had given it as his opinion that, being a permanent Committee, they had no power of adding to their number." Gentlemen would please to recollect that he was reading from Mr. Wakley's journal. In the paragraph to which he had referred, the word "permanent" was put prominently forward, printed in capitals three or four times larger than the surrounding type. No single word was ever written or spoken by that committee in answer to Mr. Wakley's letter, which, by any misconstruction, could be tortured into the meaning of the word "permanent." (Shame, shame; oh, oh!) That paragraph was an unfounded falsehood, and as gross a perversion of truth as ever was uttered. (Cheers.) And the only thing that he (Mr. S.) regretted in using that forcible language was, that Mr. Wakley was not in that room to hear it. (Hear, hear.) With regard to the five years franchise which had been objected to. That had been taken as the mean of two periods which had been proposed by two associations engaged in carrying out medical reform, and was adopted by the committee as the nearest approach that they could make to what they considered a suitable period of probation ere the young practitioner were allowed to participate in the representative powers of the college to which he may belong. The committee had been also charged with the crime of presenting to the Home Secretary, without the knowledge of the profession, a bill of their own on the subject of medical reform. The charge was a grave one undoubtedly, but would the gentlemen who made it have the kindness to produce that bill? They could not do so—(Cheers)—for this reason, that no bill had been ever drawn up by the committee, and that that which those gentlemen declared to be a true bill—(laughter)—was, on further examination, ignored, and found to be nothing more, nor less, than plain "Suggestions for the Heads of Charter." (Loud cheers, amid which Mr. Smith sat down.)

Mr. Porter would not detain the meeting, but would at once read for them the resolution which had been put into his hands. It was, "that the following gentlemen "(here their names were given)" be appointed a committee to carry out the objects of this association."

Mr. Badger would beg to offer a few observations to the meeting. Though not an active member of the association, nor one who had taken a prominent position in medical politics, still he would say that he had been a medical reformer for a considerable time. He was one of those gentlemen who had heard the delivery of the Hunterian oration, by Dr. Lynch, at Exeter Hall, and was, also, one of those who had then signed a requisition to the National Committee, to call another public meeting. His reasons for so doing were, that he fancied that the committee of the National Association, in appointing themselves a permanent committee, had overstepped their authority, and by so doing had given pain to him and other members of the National Association. Soon after his signing that requisition he received a letter from the committee, wishing him "to express the grounds upon which he (Mr. B.) had felt dissatisfaction at their conduct.' Now in signing the Exeter Hall requisition, he did not think he was expressing dissatisfaction at the conduct of the committee, and he stated so to them accordingly. Since that the constitution of the committee had been so thoroughly vindicated from all suspicion of collusion in its formation, that he felt sorry for ever having doubted it. (Cheers.) Having done justice where it was due, he felt it his duty to refer to another subject. Among the many meetings which he had attended were two during the past week at the Princess' Theatre, Oxford Street, the conduct he witnessed at both of which was quite enough to disgust any unprejudiced observer. At the first, one expressly of members of the National Association, the resolutions were all carried by medical students, who he thought were in the room only for *a lark*. But the result proved that it was for no *lark* that they had gone there. Indeed, he had heard one of the number say, "what a humbug to call this a National Association meeting! Here are we hunted up to support these resolutions." (No, no, from Dr. Lynch—Cries of "shame," and laughter). At the meeting on Saturday evening, the medical students mustered again in considerable strength. And he would say that nothing could be more indecorous than the conduct of Mr. Wakley and the chairman of that meeting, in determining—in opposition to the views of the association members in the room—that medical students should be allowed to vote on that occasion. What right had any but members of the National Association to pass a vote of censure on the proceedings of its committee? Certainly, medical students, though deeply interested in the present scheme of medical politics, had none whatever. He would go further, and state, that even general practitioners, not members of the National Association, had no claim to be heard at a meeting called for similar objects as that on Saturday evening at the Princess' Theatre. In his opinion the members of the association had acted wisely in leaving the room after the decision of Messrs. Wakley and Hillier. Mr. Badger sat down after seconding Mr. Potter's resolution, which was carried unanimously.

Mr. Clarke, of Gerrard Street, as an old medical reformer, though no member of the city association, claimed a hearing. He felt sorry that the words "wilful falsehood" had been used in reference to Mr. Wakley. He was not there directly from Mr. Wakley, but he was grieved that lan-

guage should be used which would tend to widen the breach already existing among medical men, and that the painful duty should devolve on him to have to inform Mr. Wakley that such language as "wilful falsehood" had been applied to any act of his, particularly among a meeting of gentlemen of the city of London.

After a vote of thanks had been passed to the *Times*, and the press in general, for their advocacy of medical reform—to the chairman, for the interest evinced by him to forward the interests of the profession, and for his able conduct in the chair—and to the secretary, for his unremitting attention to his duties as a member of the National Committee, and for his able and untiring exertions in managing the business of that association, the meeting separated.

It was resolved that the foregoing resolutions be advertised, and that a copy of the fourth, signed by the chairman, be sent to the National Committee.

REPORT OF THE NATIONAL ASSOCIATION.

The National Association of General Practitioners have published an extremely interesting document. The following are the members of the COMMITTEE :—

JOHN NUSSEY, Esq., Chairman.

Ancell, H., Esq., 3, Norfolk-crescent, Hyde Park.
Ansell, Thomas, Esq., Bow.
Baker, E. Esq., 13, Bulstrode-st., Manchester-sq.
Bird, James, Esq., 16, Orchard-st., Portman-sq.
Blatch, Henry, Esq., River-terrace, Middleton-sq.
Bowling, J. Esq., Hammersmith.
Brodribb, W. Esq., Bloomsbury-square.
Brown, I. B. Esq., 27, Oxford-square Hyde-park.
Bryant, W. Esq., 50, Edgeware-road.
Chisholme, A. B. Esq., 32, Devon -st., Portland-pl.
Chilvers, T. F. Esq., Burlington-street.
Clayton, J. Esq., 3, Percy-street, Bedford-square.
Clifton, Nathaniel, Esq., Cross-street, Islington.
Coombe, H. Eesq., Caroline-street. Bedford-sq.
Cooke, William, Esq., Trinity-square
Craddock, C. Esq., 6, Chapel-pl. Cavendish-sq.
Dale, G. Esq., } Commercial-road
Dale, G. C., Esq., }
Dickenson, William, Esq., Sloane-street
Dodd, John, Esq., Portman-street, Portman-sq.
Drew, W. Esq., 79, Gower-st., Bedford-square
Davis, Thos. Esq., Hampstead
Eyles, J. B. Esq., St. Andrew's-court
Freeman, John, Esq., 21, Spring-gardens
Fuller, H. P. Esq., 21, Piccadilly
Fincham, G. Esq., 5, Spring-gardens
Grant, N. Esq., 21, Thayer-st., Manchester sq.
Hardwick, A. Esq., Kensington
Hammerton, T. Esq., 111, Piccadilly
Headland, Edw. Esq., 32, Guildford-st., Russel-sq.
Hunter, John, Esq., Tower-street
Harris, H. C. Esq., 1, Windsor-place, City-road
Julius, F. G. Esq., Richmond
James, H. Esq., 4, City-road, Finsbury-square
Lucas, W. O. Esq., 6, Taunton-pl., Regent's-park
Lavies, J. Esq., 34, Great George-st., Westminster
Maclure, William, Esq., Harley-street
Merley, Henry, Esq., Medhurst, Sussex
Morrah, J. Esq., 62, Sloane-street
Moore, E. D. Esq., 10, Arlington-st., Piccadilly
Norton, R. Esq., 11, Oxford-terrace, Hyde-park
Nussey, J. Esq., 4, Cleveland-row
O'Connor, W. Esq., 69, George st., Portman-sq.
Pennington R. R. Esq., 15, Portman-square
Peregrine, J. P. Esq., 3, Half-Moon-st., Piccadilly
Perry, J. Esq., Eaton-square
Propert, J. Esq., 6, New Cavendish-street
Randall, A. M. Esq., 4, Finsbury square
Richards, Henry, Esq., Old Brentford
Robinson, R. R. Esq., Camberwell
Read, Septimus, Esq., 41, Jewin-street
Semple, R. Esq., Islington
Smith, Charles, Esq. Nottingham-street
Smith, J. G. Esq., Trinity-square, *Chairman of the City Association*
Smith, W. Esq. Dowgate-hill, *Secretary of the City Association*
Squibb, G. J. Esq., 6, Orchard-st., Portman-sq.
Stocker, R. Esq., 44, Baker-street, Portman-sq.
Tanner, R. Esq., Manchester-st. Manchester-sq.
Tegart, E. Esq., 36, Pall Mall
Tipple, E. Esq., Mitcham
Toulmin, Joseph, Esq. Hackney
Vickers, W. R. Esq., 32, Baker-st., Portman-sq.
Wakefield, H. Esq., Lansdowne-place
Wansborough, T. W. Esq., King's-road
Ward, N. B. Esq., Wellclose-square
Webster, George, Esq., Connaught-terrace
Wheeler, Thomas, Esq., Gracechurch-street
Wooley, G. Esq,
Webster, G. Esq., Dulwich
Weaver, L. Esq., 2, Dowgate-hill
York, James, Esq., Aberdeen-place, Maida-hill

The report gives the substance of the discussion which preceded Mr. Wakley's rejection from the Committee. Mr. Ancell having briefly but broadly explained the very disgraceful way in which the Association was treated by the conspirators:—

Mr. N. Clifton, of Islington, rose and expressed his regret that Mr. Wakley had shown by his conduct his want of cordiality with the National Association. In the first instance, he had distinctly stated his desire to act as their advocate in Parliament, but not to identify himself with any Association, yet now he wished to become a Member of this Committee. The Committee having been appointed specifically, had not the power to add to their number. To usurp such a power would be an injustice to those Members of the Association who, in appointing the Committee, chose the individuals in whom they had confidence, and to increase the number, but more especially to render the meetings *open*, would give a preponderance of influence to the London Practitioners. The interpretation of the resolution, that the Committee have not the power in question, is strengthened by the fact, that in appointing *preliminary* Committees, it is usual to give them the power of adding to their number, and the absence of such a provision on the occasion evidently marks, that such power was not intended to be given again; it would be an anomaly in public business that delegated power could be re-delegated. Mr. Clifton accordingly felt that the question might rest upon the simple fact, that the Committee have not the power to comply with Mr. Wakley's request;—but he thought it more straight-forward to state his views explicitly, that if the Committee had the power, it would not be expedient to elect Mr. Wakley, that gentleman had pursued such a vacillating course, coquetting between the Protection Assembly and this Association—sometimes supporting the *one*, at other times the *other*. The *recent* reports in the *Lancet*, with reference to the General Meeting at Hanover Square, as well as of a meeting at Exeter Hall, place it beyond doubt, that he is inimical to the National Association. And to complete the proof Mr. Wakley attended and spoke at a "HOLE AND CORNER" MEETING, PROFESSEDLY, but DISHONESTLY, CONVENED as a Meeting of the National Association, without the knowledge or concurrence of the Committee; at the same time taking care that the Committee generally should not be summoned.

Under these circumstances, Mr. C. felt that it would be folly to expect any efficient support from Mr. Wakley, and proposed the following resolution.—satisfied that the Committee possessed the confidence of the Profession generally, and that, however these attempts by a small party to promote discord, might be regretted, yet the only way to meet them was by a firm and straight-forward course, honestly and diligently carrying out the duties committed to them.

"That this Committee, as at present constituted, not having the power to increase their number, are obliged to decline the application of Thomas Wakley, Esq., to elect him a Member of the Committee :—in doing so, they desire to express, that it has always been their wish to treat that gentleman with the utmost courtesy and respect. They very much regret, however, to find by a report in the last number of the *Lancet* of a meeting held at Exeter Hall, on Wednesday the 19th inst., that in his *presence*, and *evidently* with his *acquiescence*, observations were made, highly derogatory to this Committee; manifestly intended to destroy the unanimity which happily prevails among the Members of this Association; and obviously calculated to defeat their ultimate objects.

"It has been the anxious wish of this Association in all its proceedings to pursue a temperate course and to avoid any co-operation with *that small portion* of the Profession who appear desirous to adopt extreme measures; at the same time, they have been solicitous to act with firmness, in advocating the just claims of the General Practitioner, and in endeavouring to place him in that position in society to which his scientific and professional acquirements so justly entitle him."

Mr. Fuller commenced by stating his conviction that the Committee had not power to increase its number. He observed that with respect to Mr. Wakley, he had been represented by some persons in that room as one who was powerful for good or for evil, and therefore to be courted, and his anger avoided. For his own part he doubted if it could be shown that the Honourable Gentleman had ever done much good for the profession at large. But waiving that point, he would confine his observations to the part he had taken in reference to this Association. It is true that during a certain period of its progress he did advocate the Members of the Profession enrolling themselves, but subsequent events made him (Mr. F.) doubt whether that was done with a sincere desire to benefit it. He neither sent a donation, nor proposed to enroll himself as a member nor *requested* to be placed on the Committee, which could at that time have been done without any difficulty. *He, however, sent a message that if we would pay the debts of the Protection Assembly they would join the Association.* He mentioned this, not of his own knowledge, but as having heard it so stated in the Committee-room, and the statement had been borne out by Dr. Lynch having gone to a meeting of the old society of Surgeon-Apothecaries, for the purpose of asking them to give the Protection Assembly a hundred pounds. Mr. Fuller then alluded to an interview which took place between a deputation from the Provisional Committee and Mr. Wakley, and stated his surprise that a sort of demand was made by Mr. Wakley upon the deputation, *that if the Committee expected help from him, they should desist from advertising in the "Medical Times,"* because the editor had insulted him. Mr. Fuller maintained that if any body of men were equal, those of our profession should be so, considered both as Gentlemen and Independent men. But Mr. Wakley did not appear to him to think so, for the next thing he did was to send a message, at least so he understood it, that he would attend our Public Meeting if specially invited. We did not think proper so to invite him, and as far as was known to him he did not attend; but at the Committee, held an hour before the Public Meeting, Mr. Cooper, a friend of Mr. Wakley's, presented himself to demand that some of the resolutions should be changed; and as a motive to urge us to it, stated he had been two hours with Mr. Wakley—as if his name would frighten us out of our propriety. What took place at the Public Meeting all here know full well, and Mr. Wakley must have known equally well, as he had a special reporter in the room, or at least it was to be presumed he had. Well, the next step was that at the meeting of the Committee, subsequent to the Public Meeting, he sent his name for enrollment with a donation of ten guineas, and a desire to have his name added to the Committee. This was met in the most courteous manner; thanks were voted to him for his donation, and he was informed that the question of his being added to the Committee was postponed for a week, on account of some doubt as to the power of the Committee. But how did he act? Why, he went to a meeting at Exeter Hall, the very next day, supported Messrs. Lynch and Cooper, and from his own account of it in *The Lancet*, you may judge what he said and did; and when you farther learn what he said and did, on Saturday night, at the Hotel in George Street—Mr. Fuller continued—"*I would ask if that man is to be considered a sincere friend of this Association, or if his conduct tends to elevate the character of the profession, whose bond should be peace, unanimity, and concord.*" For himself Mr. Fuller would a thousand times prefer an open enemy to a false friend

and cordially seconded the motion of Mr. Clifton.

Several members addressed the chair expressive of their deep regret at the circumstance, and particularly that Mr. Wakley should have so placed himself with the Association; but intimated their full concurrence in the resolution. The resolution was carried unanimously.

Moved by J. W. Wansborough, Esq., seconded by J. Bowling, Esq., and carried unanimously, that the resolution be forwarded by the chairman to T. Wakley, Esq., accompanied with the following letter :—

4, Hanover Sq., March 24th, 1845.

SIR,—On the part of the Committee of the National Association of General Practitioners in Medicine, Surgery, and Midwifery, I have been requested to address you to the following effect.—

The Committee had much pleasure in receiving your name for enrollment as a member of the Association, and your donation to its funds, on Tuesday last, immediately after the public general meeting lately held; believing this liberality on your part to be a substantial proof of your approval of the Association and of the proceedings of the Provisional Committee, and an earnest of your intention to give your assistance to the Committee in furtherance of the objects sought by the General Practitioners of this country. The Committee did not for one moment entertain the notion that the gift on your part, or the acceptance of it on theirs, had any reference whatever to the question that immediately followed, in which you were individually concerned—viz., your election as a *member* of the Committee.

This having been the feeling of the Committee at the period alluded to, they now beg to express their surprise and regret at the appearance, in your own journal, of a report of certain proceedings at Exeter Hall on the following Wednesday evening, to which you appear to have been a party; and of certain language, also reported under the sanction of your name, without comment or disclaimer from you, as having been employed there in your presence, the object of which language and proceedings can be no other than to divert the attention of the Committee from the urgent business which they must now seriously engage in—to prejudice the public mind against the National Association before the opportunity has been afforded it of taking any measures whatever,—and to injure, through the National Association, the cause of the General Practitioners of this kingdom.

Until these latter circumstances occurred, the Committee would have deemed it an injustice to you to doubt the object of your adhesion to the Association, but they now regret to say that the character of these transactions, as they present themselves, compels the Committee so to do; and without intending more or less than to avoid misunderstanding, I am requested to intimate to you, that if there has been any mistake on the part of the Committee as to your intention in forwarding a donation to the funds of the Association, they will return it upon hearing from you to that effect.

In reference to the remarks in your journal, I am requested, in fine, to state (which the Committee still trust your own experience and judgement will confirm the propriety of)—that for themselves, and for an immense majority of their constituents they could not allow the National Association to be otherwise than a deliberative body. They have declared themselves in favour of a representative and a responsible government, but regarding their profession in a philosophic point of view, they believe that peace only is consistent with its pursuits, and they will never be parties to any measure which would engender unnecessary public discussions and declamation, leading to personalities, quarrels, and cabals, and tending to perpetuate political strife.

Enclosed is a copy of a Resolution adopted unanimously by the Committee, at which forty-seven members were present, yesterday afternoon.

I have the honour to remain, Sir,

Your obedient Servant,

(Signed) JOHN NUSSEY, *Chairman.*

Thos. Wakley, Esq., M.P.

&c., &c., &c.

The office is changed to 294, Regent Street, and we understand that subscriptions and enrollments of names are coming in extremely fast.

THE PLOT MEETING.

On Saturday evening, the 29th instant, an adjourned meeting of Mr. Wakley's friends and supporters—now reduced to students, the *gentlemen* of University College—was held, pursuant to notice, at the Princess' Theatre, Oxford-street. The number of persons present was about that of the previous meeting. The gentlemen on the platform were Messrs. Curtis, Obré, Rugg, Gray, O'Connor, and Lynch, with the chairman, and Mr. Wakley. The chair was taken by Mr. Hillier, who presided over the former meeting on Wednesday. He opened the proceedings by telling the assembly, that they all knew what it was that brought them together on that evening, namely, to hear the answer given to the deputation from the *National Association*, that had, on that day, waited upon the Committee sitting at the Hanover Square Rooms. He regretted to say, that the result of their interview was most unsatisfactory, and that the Committee had not, in fact, treated them with proper courtesy. The deputation, appointed at the former meeting, had gone to Hannover Square that evening, at four o'clock, where they had been delayed so long, that it was only by great exertion that they were able to meet their professional brethren in that room, even at that very late hour. He would read for them the answer of the Committee. It was to this effect—"that they, the Hanover Square Committee, did not think proper to introduce into Parliament, at the present juncture, any bill of their own framing, when a medical bill, brought in by a member of the Executive, was lying before the House for its consideration; moreover, for this additional reason, that arrangements were at present pending between the Committee, the Corporations, and the Legislature; that they were of opinion, that bye-laws were not necessary for the government of their Committee; and that at present they saw no reason to call a public meeting of General Practitioners, but would do so whenever they thought it necessary or expedient."

Mr. Curtis, of Camden Town, moved the first resolution, condemnatory of the National Association Committee, on the ground of censure furnished by their answer to the deputation.

Mr. Obré, of Lisson Grove, rose to second the resolution.

Mr. Herring, so we caught his name, rose, amidst cries of "Name! name! sit down!" &c. The uproar continued for some time, until put an end to by the cries of the chairman for "order." "He could not tell," he said, "for what purpose the present meeting had been called, if it were not for the purpose of exciting division among medical men, at a time when they had need of the utmost harmony among them. He would ask any of the gentlemen who formed the deputation to Hanover Square that day, what it was for which they condemned the conduct of the National Committee? He wished to state a fact connected with the last meeting held in that room. It would be in the recollection of the chairman, that on that occasion, an amendment to the first resolution had been moved by Mr. Brett, 'that this meeting be adjourned *sine die*,' and which amendment was the signal for uproar and tumult in that room. Now, the first resolution was strenuously opposed by Mr. Brett and another gentleman, and a considerable period passed before it was carried. When it was put from the chair the last time, it was spoken in such a low tone, that, owing to that cause, and to the uproar, which even the chairman's authority was not strong enough to silence, it was quite unheard where he stood. Not hearing what the chairman said, and imagining that it was Mr. Brett's amendment that—as he should have done—he was proposing, he (Mr. H.), along with several other gentlemen, voted for the resolution under a mistake, which he took the present opportunity of correcting."—(Hisses and groans—Oh! oh!)

Mr. Wakley said, that it was very probable, that as the gentleman who had spoken last had been on the last evening so much in the wrong, that he was not this evening quite in the right. The hon. gentleman then proceeded to condemn the conduct of the Hanover Square Committee, and after a few observations sat down.

A Mr. Wadman said, "A single speck would stain snow," "The path of duty was straight, but it was also very narrow," "Principle should always guide our actions," &c. He *expectorated* a speech of such very heavy matter, of so equivocal a character as to which side it defended, and couched in such ambiguous language, that it produced rather an unpleasant effect upon the countenances of the gentlemen on the platform, which became visibly elongated. His bathos was suddenly checked by Mr. Wakley, who, on the speaker making use of the words, "I condemn that resolution," asked him, "what resolution he referred to?" "What other could it be," answered Mr. Wadman, "than that most unconstitutional one, which has made the Hanover Square Committee permanent." This *auto da fe* was received with *all the honours* by the aspirants to medical fame, and Mr. Wadman, after uttering certain unintelligible language about the poisoned shirt of Nessus the Centaur, sat down in a heat, which necessitated the use of his handkerchief as a fan for some length of time after he had concluded.

The Chairman moved that the first resolution be adopted.

A gentleman whose name we could not learn, said that no one, save members of the National Association should vote on the passing of that resolution, conveying as it did a censure upon the Committee of the National Association. He was well aware how the resolutions had been carried on a previous day.

The resolution was again put, and negatived, the remarks of the last speaker having produced some effect upon the students, very few of whom declared in its favour.

It was *again* put, and negatived, when Mr. Wakley rose and said that this meeting not being convened for the especial attendance of members of the National Association, he thought that every one in the room, who was concerned in the measures of medical reform contemplated at present, had a right to vote for the resolution, or against it as they thought fit.

A gentleman from the body of the room, suggested that none but men actually in practice should have a voice for or against the resolution. This was agreed to by the person who moved that none but members should vote, but was negatived by the Chairman, who said he would use the power vested in him as Chairman, by allowing every one present to vote as he pleased.

The resolution was then put and carried by a majority.

Immediately on the above decision of the chairman being announced, all the members of the National Association, amounting to about 30, stood up and left the room, vehemently protesting against the conduct of the chairman.

After some short altercation, in which the chairman called Mr. Craike "a porter," "a door-keeper," &c., Dr. Way protested against the manner in which the resolution had been carried and condemned the meeting as tending to excite disunion among the profession, for the furtherance of objects of a partisan nature.

Mr. Cooper of Saint Pancras, declared he was no party man, but yet was strongly opposed to the Association, into whose Committee he had not been elected.

A Mr. Gray next made his bow to the meeting. As in the olden mysteries, or dramatic representations, a clown was introduced as a foil, so on the present occasion, the managers of the exhibition produced Mr. Gray. After jerking from his seat, somewhat in the manner that *Punch* makes his entrée for the first time before his audience, Mr. Gray in a tone of voice suspiciously akin to that of the denizens of Holywell-street, informed the meeting "that he was somewhat like Balaam's ass! inasmuch as he required a little of what medical men termed the *Vis a tergo*. In other words, he was not by any means a public character; never having made his appearance before a meeting until last Wednesday. He was

sorry to see a young man like Dr. Way coming forward for the sake of giving opposition. By such conduct, he made himself like nothing in the world *but an old buck goat!*" After a liberal display of such elegant *facetiæ*, this gentleman proceeded to give an account of the reception of the deputation that day at Hanover Square, and of the effect which the sight of it produced upon the members of the Committee, "*Every one of whom looked as if he had a bunch of nettles at that moment in the seat of his breeches!*"

Dr. Lynch, proposed a vote of thanks to the chairman. He said that he had been for sometime a medical reformer—a part which he gloried in time having assumed—said he was not like the fish of the class "Rodentia!" in Cuvier's arrangement, which followed the ship in fine weather, but deserted it when a storm came on; unlike it, he would follow up through fair or foul weather, the cause he had once espoused, and from which no calumny could ever force him to depart. The meeting separated at twelve o'clock, after a further speech from Mr. Wakley, who seemed anything but made happy by the meeting before him, or by the prized reception his tergiversations had previously got him from the Committ ee of the National Association.

THE MEDICAL PROTECTION ASSEMBLY.

The usual weekly meeting of this body was held on Monday evening, at their room in Exeter Hall. Among the gentlemen present, fourteen or fifteen in number, were T. Wakley, Esq., M.P., Dr. Lynch, Messrs Curtis, Hunter, Hodson Rugg, and Simpson. The only circumstance that occurred to distinguish the *conversazioné* of Monday from the preceding *reunions* of the "assembly," was the introduction of a Mr. Officer from Belfast, who gave it as his opinion, "that the apothecaries of Ireland wanted protection!—that they should be restricted to the practice of pharmacy, beyond which they should not be allowed to travel!"

No business of any importance was transacted. The meeting broke up after coming to a resolution to call a meeting of their entire sub-committee on Thursday at two o'clock, to appoint a deputation, to wait, on Saturday, upon Sir James, Graham, who had promised to grant them an interview.

MR. WAKLEY AND THE MEDICAL TIMES.

(Copy)

MY DEAR SIR,—Hearing that Mr. Wakley has resolved on the wisdom of carrying his character into a court of justice, I take' leave to send my mite as aid to you in the discharge of the public duty of doing him justice. Reparation and retribution will, I am sure, be your motto in your campaign for right; the battle is far less your's than the profession's, and if all think like me, the "sinews of war" will be furnished in sufficient amplitude by those for whose good it is waged. With best wishes for your continuous prosperity, and sincere hope that no bills of costs—always lengthy, I am told, in these cases—will come in to slacken your career of utility,

Believe me,

Ever yours faithfully,

E——.

P.S. If a public journal have not the right to call on a public man to set his character clear with the profession he pretends to represent, the sooner we have the law altered, the better for the public interests. Every blackguard will be a public character if no one dares call him to book.

[We have to acknowledge, with cordial thanks, the enclosure of ten pounds, adding our regret that our correspondent will not allow us to testify by name to his munificent contribution. It is quite true, as is now generally known through London, that Mr. Wakley has commenced an action against us for inserting a letter (signed Vindicator), proposing an investigation into his character in its relation to the profession and the public, and that in his "*declaration*" (his legal complaint), he affirms that the suggestion of such an inquiry has positively deprived him of the society and good opinion of numerous friends, and incurred for him a damage, in the way of *good* repute, which he estimates at the incredible sum of £2,000—a sum which he therefore claims from us!. The trial will be brought to the earliest possible decision.—ED.

TRANSACTIONS OF LEARNED SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, March 25, Dr. Chambers, President, in the chair.

On the Minute Structure of the Lungs, and on the Formation of Pulmonary Tubercle, with some Observations on its Detection by a Microscopic Examination of the Sputa, by George Rainey, Esq., M.R.C.S.E. Communicated by R. D. Grainger, Esq.

THE author, in his prefatory remarks, observes that it is not his intention to introduce any new speculations on the structure, functions, and pathology of the lungs, but only to bring forward such facts as readily admit of verification by the microscope, and to deduce from them, what he considers as obvious and legitimate inferences.

He divides his subject into four parts: 1st. The anatomy of the lungs as applicable to their physiology. 2nd. With reference to their pathology. 3rd. The mode of formation of the tubercle. And lastly, its detection by a microscopic examination of the sputa.

The first division contains a general description of the lungs of the reptile, shewing the alterations they undergo, as they approach in complexity the same organs in the mammal. The principal difference between the lungs of the reptiles and the mammals, is the existence of a double layer of vessels between contiguous air-cells in the former, and only a single one in the latter. The author shewed that a great difference of vascularity exists in the different parts of the same lung, those parts being least vascular which are furthest from the principal air tubes, consequently the quality of blood requiring the influence of the inspired air is adapted to the diminution of oxygen in the remote cells, in which, he considers, the renovation of their contents is due more to the law of diffusion than to mechanical dilatation and contraction of the chest.

The author describes minutely the manner in which the bronchial passages communicate with the air cells and with each other, the actual terminus of a bronchial passage being itself a cell at the surface of a lobule, or several cells connecting one bronchial passage with another. It is further shown that each plexus of capillaries is situated in a fold of membrane, forming the immediate wall of the air cells; hence the author infers there must be cellular tissue in the lungs connecting the folds of membrane together.

He combats the opinions of Mr. Addison with respect to the non-resistance of air cells in the fœtal lung, and shows by microscopic preparations that this opinion is erroneous. He is inclined to deny the existence of muscular structure in the minute bronchial tubes, both from the absence of anything like muscular fibre in the pulmonary membrane, and also from the fact that the connection of the bronchi with the cells appears to be such as not to admit of any constriction of these passages, even were muscular fibre present. A description is next given of the manner in which tubercle is formed by the deposit of tubercular matter in the air cells, occasioning by its pressure absorption of the intervening capillary plexuses, the membrane still remaining. The author remarks that the vessels close to a tubercle, and even those of the cells in which the deposit is not sufficient to cause their obstruction, retain perfectly their natural character, while those near to cells filled with fibrine from inflammation have a tortuous and knotted appearance; hence he thinks the deposit is not the result of inflammation, but merely an altered secretion. The observations on the formation of tubercle are confined to those of which the author has had the best opportunities of examining. He considers that it is only in preparations of injected lung that the exact extent and situation of tubercular matter can with certainty be ascertained. He offers no opinion respecting miliary tubercle, having only once examined it, but the facts respecting the formation of common tubercle the author considers are unconnected with the consideration of any other form of phthisis, inasmuch as his preparations exhibit the tubercular deposit in all the different stages of common tubercle, from a quantity so small as to fill only a small part of a cell, up to that filling one, two, or even an indefinite number of cells—in all the preparations the tubercular deposit exhibits the same microscopic character. Lastly (from the fact that the pulmonary membrane does not become absorbed), the author proposes a method of detecting tubercular matter by a microscopic examination of the sputa. Although the observations he has made are not sufficient to enable him to speak with confidence of the practibility of this mode of diagnosis, in one instance he succeeded in detecting the pulmonary membrane in tubercular matter, washed from the trachea of a phthisical patient, with perfect ease and certainty.

Mr. Grainger said, that having had many opportunities of examining Mr. Rainey's preparations, and of observing the progress of his inquiries, he thought that it might be desirable that he should state his opinions respecting the paper which had just been read. The question relating to the intimate structure of the lungs was one of admitted difficulty, and he believed that no anatomist was satisfied with the accounts hitherto given. That of Reisscipers was certainly erroneous, and although in several respects the inquiries of Mr. Addison more nearly approached the truth, yet much had remained to be cleared up and explained. He thought that a chief excellence of Mr. Rainey's investigations consisted in this—that they tended to introduce clear ideas upon this intricate subject, by demonstrating the precise relations of the ultimate bronchial passages, of the air cells, and of the vascular capillary plexuses. There are also several new and interesting facts disclosed, especially the disposition of the air cells with respect to each other, for it was certain that these were placed in planes opening into each other, so as to form in each lobule of the human lung, a miniature representation of the entire lung of the frog or toad. It had been affirmed by Mr. Addison that the air cells did not exist prior to respiration, but Mr. Rainey had, at his suggestion, examined the injected lungs of several fœtal animals, and, as might have been anticipated, found the air cells in successive stages of development, and at length fully formed) independently of the admission of air by the bronchi. It was also interesting to find that the air cells regularly enlarged as they approached either the pleural surface or the exterior of each lobule, whilst at the same time the vascular plexuses became much more open, presenting, that is to say, larger areolæ, and at the same time only one instead of both sides of the vessels to the air. This arrangement appeared to be connected with the mode in which the air contained in the lungs was renewed; for whilst in the larger bronchial tubes, and even in those air-cells immediately opening from them, the air was changed by the inspiratory and expiratory forces, in the deeper and smaller tubes, and in the more remote cells, there was reason to believe that the air was renewed on the principle of diffusion. Mr. Rainey had further demonstrated a set of curved fibres of an apparently elastic character, definitely surrounding the mouth of each air-cell, thus keeping it patent, as in the similar instance of the trachea of the insect. These observations also distinctly proved, that at all events, in many cases, the matter of tubercle was deposited in the air-cells where it could be seen in isolated masses.

Dr. C. J. B. Williams agreed with Mr. Grainger in commending that part of the author's paper which related to the minute anatomy of the lungs, confirming, as far as it went, the description of M. Bourgery, and corresponding pretty closely with the observations of Mr. Addison, which he (Dr. W.) considered highly valuable in themselves, but as by no means warranting the conclusions which Mr. Addison had drawn from them with regard to the first formation of the vesicular texture of the lung. Dr. W. could

not equally approve of Mr. Rainey's remarks on the pathology of the lungs, especially as regards the first seat of tubercular deposit being on the free surface of the air cells. To discover the first seat of tubercle in a texture so extremely delicate as that of the lungs, it would be necessary to examine many specimens in the very earliest stage of its deposition, before by accumulation it makes its way through the epithelium to the free surface of the cells, yet Mr. Rainey acknowledges that he has examined only one specimen of miliary or incipient tubercle. Mr. Gulliver, on the other hand, had distinctly discerned the opaque granular matter of tubercle in repeated instances in the walls of the cells, and even in the vascular plexus itself. Some of Mr. Addison's observations were to the same effect, although he too, like Mr. Rainey, had taken up the notion that tuberculous matter is altered epithelium. But that tubercle is not an altered secretion of mucous membranes, is sufficiently proved by the fact that tubercles appear in the parenchyma of organs without mucous membranes, such as the spleen, the brain, in serous membranes, and he (Dr. W.) would add, in the interior of blood vessels. He considered that their nature and origin were very intelligible on another view. In his remarks on the obliteration of the blood vessels of the lungs by tubercles, Mr. Rainey had been anticipated by many pathologists, particularly by M. Natalis Guillot, whose researches proved that the obliterated vessels were often compensated by increased anastomosing vessels not only in the remaining healthy pulmonary texture, but in the pleura, and through adhesions to the costal pleura, even in the external walls of the chest itself, a fact which explained what we are all familiar with in practice, what signal relief is often afforded in phthisis by a few leeches, or a blister to the walls of the chest. Dr. W. wondered that the author had thought it necessary to make any remarks to disprove the muscularity of the pulmonary texture, the non-existence of which was sufficiently established by his (Dr. W.'s) experiments, in which galvanism detected no contraction in the vesicular part of the lungs, although it caused it most evidently in the bronchial tubes.

Dr. Kingston expressed his gratification at finding in the valuable paper which had been read, a confirmation of the views advocated by him some time since in a paper published in the transactions of the society, respecting the vascularity of tubercles. He had then stated, and his opinion had been since confirmed by M. Lugol, that red vessels had been discovered in tubercle of the lungs under the microscope. Mr. Rainey's series of injections of tubercular lungs had added force to his observations. The failure of the injection in some of Mr. Rainey's experiments, and his own occasional non-discovery of red vessels, was owing, he (Dr. Kingston) thought, to the exceeding minuteness of the nutrient vessels of tubercle, which do not carry red blood, unless when congested or inflamed. In those instances in which they had been discovered, they seemed to be subservient to the process of nutrition, and he believed that they were connected, either by their direct action, or by their obstruction, with the various changes which tubercle ultimately undergoes.

Mr. Prescott Hewett stated that he did not see how Dr. Kingston could think that the views expressed by the author of the paper, concerning the vascularity of tubercular matter, agreed with the views entertained by Dr. Kingston. Mr. Rainey had distinctly stated that his observations had led him to the conclusion that tubercular matter was not vascular, whereas the opinion expressed by Dr. Kingston was directly opposite. The minute vessels which might sometimes be seen in a tubercle did not belong to it, but were merely some vessels of the neighbouring tissues, which had been entangled in the morbid deposit. In a very successful injection of a liver filled with large tubercles, Mr. Hewett had found but one or two small vessels passing into the tubercular matter, and that only in one or two tubercles; in all the other tubercles a distinct areola of vessels might be seen completely encircling them, as if the vessels of the normal tissue had been pushed out of their places, and compressed together, by the deposition of the morbid substance. With regard to the deposition of tubercular matter on the free surface of a mucous membrane, Mr. Hewett agreed with Dr. Williams in thinking that the views of the author of the paper ought to be received with very great caution, especially as Mr. Rainey had only once examined some miliary tubercles under the microscope. Mr. Hewett then pointed out how Dr. Carswell had been led into error upon this very subject. In Dr. C.'s pathologic plates there was a specimen of a scrofulous kidney, given as an example of the deposition of tubercular matter upon the free surface of a mucous membrane. Now, Mr. H., who had had several opportunities of examining similar specimens in an early stage, had frequently found the tubercular matter in the sub-mucous cellular tissue, the mucous membrane itself being healthy; and in two or three instances he had found the mucous membrane partially destroyed by ulceration, and the tubercular matter apparently situated upon its free surface. In the more advanced stages of the disease all mucous membrane had completely disappeared. The course which this disease followed could be easily traced in the bladder, whenever it had spread so far. All the appearances above alluded to Mr. Hewett had several times observed in this organ. Mr. Hewett was quite ready to admit that tubercular matter was sometimes deposited upon the free surface of a mucous membrane, but he could not agree with Mr. Rainey in thinking that this was always the case.

Dr. Hodgkin confirmed generally the opinion of Dr. C. J. B. Williams with respect to the seat of tubercle.

Dr. Golding Bird observed, that there were two or three points to which he was anxious to draw the attention of the society. Mr. Rainey seemed to have satisfied himself that the lining membrane of the air cells was really a mucous membrane. This he (Dr. Golding Bird) thought was hardly proved by its pathology. A mucous membrane under common inflammatory action secretes mucus, destitute of free or coagulable albumen, but the lining membrane of the pulmonary cell in ordinary pneumonia, secretes a large quantity of free albumen, and hence the scanty yellow, or rust-coloured sputa of pneumonia coagulates like white of egg, on the application of heat. Again, in the state of grey hepatization, sometimes in persons of weak power, left long after the subsidence of the acute stage, the cells are full of a substance to all intents nearly if not quite identical with coagulated albumen. Hence, although the lining membrane of the cells cannot be from its anatomical relations, considered as a serous membrane, yet, in its pathology, he thought it approached such a structure more clearly than a mucous membrane. With regard to tubercle itself, he agreed in the important remark just made by Dr. Hodgkin, that it was scarcely possible to discriminate between pneumonic deposits in the air cells, and the so-called tubercle. Regarding Mr. Rainey's test for phthisis, and the microscopic appearance of the sputa, there is nothing new; the only fact suggested by Mr. Rainey as possessing merit, viz., the presence of portions of air-cells in the expectorated matter, has been for some time pointed out by a talented pupil of Professor Valentin's, Dr. Buhlmann, of Berne. He in his thesis on the microscopic structure of expectorated matter, has given figures of broken air-cells in the sputa of a case of phthisis, mixed with which often also occurs, fine plates of cholesterine. This test is, however practically, useless, for when we most need its aid, as in early phthisis, it fails, and when it really succeeds, as in advanced disease, where large excavations are present, the ordinary physical signs render it unnecessary.

DR. CLAY'S REPLY TO DR. LEWINS.

March 30th, 1844.

SIR.—The announcement in the *Medical Times* of 22nd inst. puzzled me no little, never having addressed you, nor having heard of your name: and now the promised answer appears, I am equally at a loss in what character to consider you, whether lion's provider or lion's defender, perhaps the latter is most apt, as the lion may use his provider, but never expects to be defended by one of inferior strength. Mr. Liston may thank you for your good intentions and exclaim *"leave me to my enemies, but spare me from my friends."* Mr. Liston's career is known as well to me as yourself; and I yield to no man, (not even you) in my admiration of his brilliant talents as a surgeon, but I am neither so bigotted as to deem him infallible, nor so blind as not to see his faults. I challenged him for illiberal expression of opinion, on a subject on which he had had no experience, and stated that such was contrary to good professional feeling, and a foe to improvement in medical science, and when Mr. Liston (or yourself) are prepared to meet me with equal experience in controversy, I shall ever be found ready to defend my own propositions.

I cannot pass unnoticed one of your errors, you say, "the entire body of the profession in modern Athens coincide with Mr. Liston in condemning ovariotomy." The celebrated Professor of midwifery, of whom you speak so highly, is not only a valued friend of mine, and an advocate for the operation, but the very person who suggested to me in lieu of peritoneal the sectionword ovariotomy, which I have ever since used and preferred. Mr. Lizars you must also rank on my side, and I could adduce documentary proof of others *all good men and true* in Edinburgh, Glasgow, and almost every other part of Europe and America, in favour of the operation. Sir C. Bell's opinion is like Mr. Liston's a prejudiced one, wanting experience and practice to make it of value. The most amusing part of your letter is the ruse to make public an amputation of neck of the womb, performed *by your son*, which has as much to do with the subject in question as the man in the moon. What a pity it is that I did not know you sooner, I might have invited you to Manchester to witness *one*, out of the many successful cases I have had, and thus convinced *all* the world, even Mr. Liston, of the legitimacy of the operation, and secured the triumph of ovariotomy. Mr. Liston little needed your help to defend him, he could much better have defended himself, but then your son's name might not have been brought before the public. It certainly was a good move to revive it with the names of Sir C. Bell, Professor Simpson, Liston, Lizars, and myself. I hope your next communication may contain suggestions worthy of consideration, from which I, as well as the rest of the faculty may derive advantage.

I am, Sir,
Your's &c.,
CHARLES CLAY.

To Dr. Lewins.

EPIDEMIC AT GIBRALTAR IN THE MONTHS OF FEB. AND MARCH, 1844.

By J. B. THOMPSON, A.M. M.D., &c.

(Communicated by Dr. Hodgkin.)

On my arrival here from England, on the 9th instant, I was informed that a disease of a very acute form was witnessed here during the above months, and that very many persons died thereof. It is stated that all classes were alike subject to its attacks, especially those between the ages of puberty and adult life. The first indications of the disease were noticed to be a total and general prostration of all the vital powers—the head especially became engaged, the persons soon lost all power of reasoning, and shortly became incoherent, evidently labouring under active and diffuse inflammation of the arachnoid membrane; which was fully verified in some autopsies, which I understood Dr. Gilchrist had an opportunity of making. During the early stages of the disease, it was not unusual to observe the patient affected with spasmodic twitchings of the muscles of the side and back of the neck, so that the head was sometimes forcibly and convulsively thrown back or to one side. There were several deaths during these months, and only a few instances of recovery known to my informant, and these only in young and previously healthy subjects, and even they up to the period of my departure, experienced some inconvenience from the spasmodic affection alluded to, which appeared to assume a somewhat persistent form.

The treatment that was found most successful in these cases was general depletion, and active and vigorous antiphlogistic remedies; but so sudden was the seizure and so rapid the fatal progress of the disease, that there was very little time left for the more extended operations of the medical attendant. The disease has since then disappeared; there were no cases of it amongst the troops, which one would expect to find, did it arise from intemperance or incautious exposure to a tropical sun or night chill. It appears that some cases somewhat similar in their symptoms, progress, and fatality, have been lately met with at and near Rome and in other parts of Italy. I have only given you these few notes, taken hastily as I passed through here, hoping that they may elicit some remarks from yourself or others. I made inquiries of the medical officers at Malta and Alexandria, as to their having witnessed any such disease as the preceding in their respective localities, and was answered in the negative. Each of these places has been comparatively healthy especially the former, only an occasional case of plague has been seen in the latter. I have been subjected to twelve days quarantine at Beyrout, a most unjust and unnecessarily prolonged imprisonment, we having sailed with clean bills of health from Egypt.

The thermometer varies here from 78° to 86° in the shade.

PULMONARY APOPLEXY—CONTRACTION OF THE LEFT AURICULO-VENTRICULAR OPENING.—Dr. Favell at a meeting of the Sheffield Medical Society, exhibited the heart and part of the left lung of a woman, who had been under his care in the Infirmary. At the time of her admission she was in a state of great exhaustion, and had been suffering from palpitation of the heart, dyspnœa, and anasarca of the inferior extremities, for several weeks. The pulse was extremely small and irregular, the surface cold, the face congested, and she complained of severe pain in the left side, which was greatly aggravated by inspiration and the effort of coughing. The expectoration consisted entirely of dark-coloured blood. On examining the chest the dulness in the præcordial region was much more extensive than natural, but the sounds of the heart were so entirely masked by the respiration, (which could not be even momentarily suspended,) that no abnormal murmur could be detected. Sibilant and mucous rhonchi were heard extensively over the anterior part of the chest, as well as posteriorly, particularly on the left side, whilst laterally, for the space of four or five inches, there was a distinct loud frottement accompanying both inspiration and expiration. The *post-mortem* examination shewed an extensive deposit of recent lymph on that portion of the pleura which corresponded to the friction sound, but there was no adhesion; the left lung, moreover, in its central and inferior portions, presented a remarkably fine specimen of pulmonary apoplexy; the heart was larger than natural, but its parieties were not thickened, and the left auriculo-ventricular opening was so contracted that it would only admit the end of the little finger.

DISLOCATIONS OF THE HUMERUS.—M. Vergneis published the following mode of proceeding in the *Bulletin Therapeutique*:—The patient being seated on a chair, the surgeon takes the luxated limb, and holds it perpendicularly; he applies one hand to the middle of the arm, the other towards the wrist; he next raises his foot, and placing it under the luxated head of the bone, he fixes it on the chest, and draws the arm slightly towards him, whilst he depresses it in drawing it forwards; he increases the force, at first proceeding quickly. He says he has succeeded where others have failed.

DISLOCATION OF THE HUMERUS.—Mr. Hancock, in the *Provincial Medical Journal*, recommends the following plan for reducing these dislocations. Suppose the case to be a dislocation of the right shoulder. Having applied the wet bandage and a pocket handkerchief, or towel, above the patient's elbow, he should lie down on the carpet on his side, a thick napkin or pocket handkerchief, should then be placed across the sole of the surgeon's right foot, which is to be placed as a soft cushion in the axilla; after which a steady and gradual extension should be commenced, neither attempting nor desiring to pull it in all at once, but the muscles should be kept upon a moderate state of tension, until at length from fatigue they will gradually give way. The head of the bone soon begins to move with a vibration which will be sufficiently evident. The extension should be steadily increased, and the arm brought at once towards the body, when the upper part of the humerus, moving round the firm pad in the axilla, the head of that bone is set at liberty, slips over the edge of the glenoid cavity, and springs into its place, usually with an audible snap. This plan is at once simple and effectual; it is attended, when properly applied, with very slight violence to the soft parts, or fatigue to the patient, while it admits of success in most instances, which have not been so long neglected as to render success under ordinary measures impossible.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL ST. LOUIS, AT PARIS.

RHUS. The rhus vernix, radicans, and toxicodendron, have been much formerly employed in the treatment of palsy, dartrous eruptions, and consumption. At present, these substances, which have a powerful action on the nervous system, which give rise, when they are touched, to tumefaction of different parts of the head, and to the appearance of vesicles full of serosity on the parts touched, are very rarely employed. In America, however, the bark of the root of the rhus glabrum is still used in decoction in the form of gargle against mercurial salivations.

RICE: decoction alone, or combined with gum, catechu, &c., half an ounce to an ounce to a quart of water. Used as emollient, and slightly nutritive, in the treatment of phlegmasia of the intestinal tube.

ROB OF LAFFECTEUR. a very concentrated, deeply coloured syrup, prepared with sarsaparilla, smilax china, guaiacum, sassafras, &c. See syrup of Laffecteur.

ROSES, PALE: distilled water, one to three ounces as a collyrium; aromatic syrup, half an ounce to an ounce, as a purgative; extract, half a drachm to a drachm, as a purgative.

ROSES, RED: conserve (simple electuary), one to three drachms on the point of a knife, or mixed with a little water: honey of roses, one to two ounces added to a gargle, or alone as a collutory; infusion, for external use, two to four drachms to a quart of the menstruum (wine, water, &c.) The red roses are an astringent employed much more frequently externally than internally. They form the basis of a pharmaceutic preparation, called the conserve of roses, which is given advantageously in commencing tubercular phthisis, accompanied or not by emaciation or colliquative diarrhea. The good effects of this official preparation have also been shown in atony of the digestive organs, chronic diarrhea, leucorrhea, &c. Infused in strong wine, the Provence roses are frequently employed in surgery in the form of injection, after the operation of hydrocele, to cause the adhesive inflammation of the tunica vaginalis. Treated by water, vinegar, or alcohol, (for their active principles are equally soluble in these menstrua) they serve as gargles, collutories, lotions, and fomentations, in cases of chronic angina, atonic ulcers, &c.

RUBEFACIENTS: rubefaction, the first degree of vesication, employed in the treatment of deeply-seated inflammation, is obtained by the external use of bruised mustard, bruised garlic, powdered pepper, vinegar, tartar emetic, dry cupping, galvanism, moderate heat, very hot water, Burgundy pitch, alcaline, or acid pediluvia, prepared white ash, hydrochloric acid, &c. Dry friction, and friction with the mineral acids diluted with water, or friction with alcohol are rubefacients, which are also often employed.

RUE, ODOROUS. powder, ten to thirty grains in bolus or pills: infusion, half a drachm to a drachm to a quart of boiling water; essential oil, one to four drops in potions, juleps, or mixtures; pulverulent conserve, 40 to 120 grains in bolus or pills. Rue possesses well-marked stimulant and anthelmintic properties. Its special action on the uterus has caused it to be employed with advantage in amenorrhea from atony of the uterine system, in chlorosis, hysteria, &c.

SABADILLINE: a medicine extracted from sabadilla, and as yet but little employed.

SAVINE: a plant containing a great deal of resin and volatile oil, and sometimes employed to destroy proud flesh, or to cleanse old ulcers. Its action on the uterus is well-marked; it reproduces the catamenia when they have ceased on account of atony of the organ. It has also been employed in metrorrhagia, leucorrhea, &c. Here the powdered secale cornutum is generally preferred to it; especially in the last-named cases. Powder, twelve to sixteen grains in bolus or pills; infusion, half a drachm to a drachm for ptisan. Externally: four parts of cerate, and three parts of powdered savine, used to dress old ulcers. Pulverulent conserve: 40 to 120 grains in bolus or pills.

SACCHAROMALT (Blondeau): a mixture made with two pounds of sugar, five drachms and twenty-four grains of the bicarbonate of soda, and a sufficient quantity of lake carmine to color it. Used in the same cases as the lozenges of Darcet.

SACCHAROL OF THE CITRATE OF IRON (Beral, Pharmacien): eleven drachms of powdered white sugar, one drachm of the liquid citrate of the peroxide of iron, mixed together, and dried on the stove: afterwards powdered, and aromatised with a few drops (five or six) of the oleo-saccharate of lemon. Mode of exhibition, one to two drachms, two or three times a day as a tonic.

SACCHARUM, ALBUMINOUS (Mondiere); two pints of common water, the whites of six eggs (very fresh), carefully beaten together, and strained, and then three ounces of simple syrup, and four drachms of orange-flower water added. Mode of exhibition, three or four bottles of this mixture in the four and twenty hours for persons affected with dysentery; half the quantity for children.

SACCHARURES; sugar charged with medicinal principles extracted from plants by means of alcohol or ether.

SAFFRON (stigmata); powder, ten to thirty grains in bolus or pills, or by the endermic method; infusion, thirty to fifty grains to a quart of boiling water; syrup, half an ounce to an ounce, to sweeten potions, juleps, &c., tincture, thirty to sixty drops in an appropriate menstruum. The tonic and stimulant properties of saffron have caused it to be regarded as a condiment by the inhabitants of Southern Europe and of Asia. Its action, which is quite special and sedative on the uterus, renders it proper to combat the lumbar pains which precede, or sometimes accompanying menstruation. Finally, some practitioners employ it as an antispasmodic in hysteria, epilepsy, hypochondriasis, &c. *⁎* Saffron enters into the composition of the compound wine of opium, and many officinal and magistral preparations.

SAFFRON OF MARS, APERIENT: see subcarbonate of iron.

SAFFRON OF MARS, ASTRINGENT: see tritoxide of iron.

SAGAPENUM: a gum resin very rarely used, which possesses the properties of gum ammoniacum.

SAGO, SALEP: fecula employed as emollient and analeptic, in the dose of from one to two tablespoonsful to a cup of water, milk, or soup. The fecula of potatoes and tapioca, which are endowed with the same properties, are employed in the same dose, and in the same manner.

SALICINE: the active principle of willow-bark, employed as a succedaneum of the sulphate of quinine, in the dose of from four to twelve grains and more, two or three times a day, in the form of bolus or pills, or by the endermic method.

SARSAPARILLA: by long digestion, one to two ounces to a quart of water; simple syrup, one to three ounces to sweeten ptisans, apozemata, &c.; compound syrup, to which is sometimes added from eight to twelve grains of the deuto-chloruret of mercury to the pint of syrup, one or two table-spoonsful daily. Extract, or powder, rarely half a drachm to two drachms in bolus or pills. A stimulant, employed as a sudorific in the treatment of constitutional venereal affections, in chronic rheumatism, diseases of the skin, &c.

SARSAPARILLA, IODURETTED. see iodurretted decoction of sarsaparilla.

SANGUIS DRACONIS: powder, ten to forty grains in bolus or pills. An astringent very rarely employed.

SAPONARIA (LEAVES AND ROOT): infusion (leaves), one to three drachms to a quart of water; decoction (root), half an ounce to an ounce to a quart of water, extract (of the leaves), half a drachm to two drachms in bolus or pills Tonic and gentle diaphoretic, employed in cutaneous, and rheumatic affections, &c.

SASSAFRAS. infusion, two to four drachms to a quart of boiling water; general stimulant and diaphoretic, commonly employed with guaiacum, sarsaparilla, and smilax china.

SAGE: infusion, one to three drachms to a quart of water; distilled water, one to three ounces as the vehicle of a potion or mixture; essential oil, one to five drops on a little sugar. Stimulant, tonic, and diaphoretic, used in the treatment of the last stage of chronic catarrhs, in obstinate diarrhea, spasmodic vomiting, &c. It has also been used in the form of gargle in chronic angina, &c.

SOAP, ACETIC ETHEREAL (Pellotan): one ounce of scraped medicinal soap, dissolved in a water-bath in eight ounces of acetic ether. Mode of exhibition—one to two drachms in frictions, against rheumatic pains.

Metropolitan Mortality for the Week ending Saturday, March 29th.

Causes of Death.	Total.	Average of 5 Springs.	Average of 5 Years.
ALL CAUSES	1188	1039	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	195	172	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	115	114	106
Diseases of the Brain, Spinal Marrow, Nerves, and Senses	197	167	159
Diseases of the Lungs, and of the other Organs of Respiration	396	347	292
Diseases of the Heart, and Blood-vessels	47	25	24
Diseases of the Stomach, Liver, and other Organs of Digestion	71	64	71
Diseases of the Kidneys, &c.	7	6	6
Childbirth, Diseases of the Uterus, &c.	12	11	10
Rheumatism, Diseases of the Bones, Joints, &c.	6	8	6
Diseases of the Skin, Cellular Tissues, &c.	1	2	1
Old Age	54	58	70
Violence, Privation, Cold, and Intemperance	31	37	30

No. 290 **SUMMARY.** April 12.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY.

By Dr. Knox, F.R.S.E., F.R.C.S.E.,

Corresponding Member of the French Academy of Medicine, and Lecturer on Anatomy and Physiology, &c. &c.

LECTURE II.

All anatomists know that there exist several differences in the skeleton, the chief of which, no doubt, have a reference to the pelvis. But other bones differ perhaps as widely as do those of the pelvis; but such differences, leading to no direct practical results, generally pass either altogether unnoticed, or with but a passing remark. I shall speak of them in this order: the female skeleton is unquestionably generally smaller and feebler, but it is said that the skeleton of the head (the teeth included) is heavier when compared with the other bones or with the rest of the skeleton than in man.

It has been said that the cranium is larger in proportion to the face than in man; whilst all the osseous sinuses in and about the head are smaller. The skeleton of the thorax is evidently shorter in woman than in man; it is differently formed. The waist, or most contracted part of the body, is quite differently placed than in man, being much higher up; the distance between the last rib and the crest of the ilium, is much greater in woman. I speak, of course, of the well formed woman, for there are women made like men, and men made like women, and there are a great many persons who, of course, do not know this simple fact.

Now this difference in the form of the skeleton, as regards the lumbar region, produces corresponding changes in the arrangement of the lumbar and abdominal muscles; the loins are proportionally broader in woman than in man, and the triangular space between the latissimus dorsi muscle and the posterior margin of the external oblique is naturally wider and larger; the quadratus lumborum is longer, and a posterior free margin may easily be found for the internal oblique muscle, which in man is most frequently so short and ill defined, so difficult, in fact, to be dissected, that many anatomists have doubted its existence.

The cartilaginous prolongations of the ribs present differences; they are said to be longer than those in man proportionally to the ribs themselves; the angle formed by the running up of the seventh, eighth, and ninth, to the sternum and to each other, is more acute; the ribs themselves seem to be stronger and broader in man; the last rib is generally very small in woman. The sacro-vertebral angle is more acute in woman; the diameters of the pelvis larger in every way. I mention these matters here but in a general way, seeing that they belong rather to the minute examination of the pelvic cavity in woman—a subject of much more physiological and practical interest than had, I imagine, been ever supposed before the publication of my Essay on the Varieties of the Human Pelvis. Continuing, therefore, the mere enumeration of the peculiarities observable in the female skeleton, and the differences called sexual, we find that these increased diameters of the pelvis originate other peculiarities, —such as a shorter but thicker cartilaginous junction of the pubic bones; an arch of the pubis instead of an *angle*, as in man. The sexual differences of the sacrum have been much disputed; nevertheless, the assemblage of bones termed sacral vertebræ may be said to be, on the whole, broader above and narrower below than in man, shorter, also, and perhaps upon the whole more curved. I shall consider the point more carefully when speaking of the sacrum.

The greater distance between the cotyloid cavities alters the direction of the femurs, giving to those bones a greater obliquity than in man; this again changes somewhat the axis of the bones of the legs (tibiæ and fibulæ), and is perhaps connected with a peculiar form of foot, in which the arch is better marked, and the whole structure more finely formed than in man. The extremities are shorter, generally, that is, proportionally; so also are the hands and feet. In man, the foot ought to measure the one-sixth part of his whole height; in woman, seven feet and a quarter (taking her own foot as the standard) are required to give her height. Hence, arise numberless beauties connected with both forms associated in our minds with the respective and individual character of the sexes; if the foot of the male be much under the one-sixth part of his height, the circumstance will give to his whole appearance an effeminate cast; his walk will appear (whether it be so or not) unsteady, vacillating and tottering, like a column without a pediment; such incongruities never, so far as we have been able to observe, occur in the ancient Greek Statues, those divine models (for they really are so) of human form. On the other hand, if a woman's foot exceed the one-seventh part of her height, this accident will give to her whole demeanour and walk a masculine character, which scarcely any artifice can subdue or soften. We say of such a person that the tread is masculine, coarse, and too firm; the eye skilled and chastened in the doctrine of human proportions, detects it almost immediately, that is, if it really exceed considerably the due proportion, for very slight deviations from the standard will naturally escape observation. But to enquire into the reasons why such and such forms, male and female, should affect the mind as beautiful or the reverse, and how it was that the ancient Greek sculptors having discovered all this (as appears to me), and yet kept it secret from the rest of the world, thus creating, as it were, forms strictly human, and yet of acknowledged transcendant beauty; and how modern artists and anatomists have mistaken all this, and published and spoken respecting the antique, things, at once contradictory and absurd; to digress, I repeat on this point would lead to the exposition of the "theory of beauty and proportions," followed, as I conceive, by the ancient artists, and hitherto undiscovered by the moderns. This will fall in better in a subsequent part of this course, and in two or three special lectures. For after all, to discuss a "theory of beauty in human form and proportions" whilst discussing the anatomy and figure of the human skeleton, were peculiarly and altogether incongruous; nay even ludicrous, when we recollect that the artists who chiselled these wonderful statues, immortal works let us rather call them, of unsurpassed and of unequalled beauty, excepting always by nature herself, never saw a human skeleton, and would perhaps have been frightened and alarmed ever to have touched one, far more to have placed such a repulsive object in their *studio*; artists, whose whole ideas of art were diametrically opposed to the casual excitement in the mind of the spectator of the possible existence within that glorious frame of an unseemly emblem of frail mortality; to other races, and especially to the Saxon, they left the glorious discovery of there being "beauty in a skeleton!" A beautiful skeleton! With them originated, no doubt, the frightful "memento mori" and other abominations in art called sepulchral monuments and effigies, where the effects of putrefaction are represented as those of death and mistaken for them.

These remarks, as coming from an anatomist will I know surprise many, and more especially Mr. Haydon and the anatomical school of artists; but I have long, very long, reflected on these and similar points, and my opinions, instead of losing or altering, have become more permanently fixed by deep and continued reflexion, nor was I aware that in this view I had the support of a man of the very highest taste and knowledge; taste in the fine arts and knowledge of the anatomy of the human frame. I allude to Mr. John Bell, whose opinions I read only a few days ago in his "Observations on Italy." I know there are, and must be many who have adopted different views, and believing them to be, as they no doubt are, instinctive, are compelled to think them correct. To these persons I beg leave simply to apply this remark; to thousands, nay to millions, the Norwegian airs of "Rule Britannia," the "Duke of York's March," and "God Save the Queen," appear to be musical, they fancy them even grand and beautiful—but what is passing strange, they really imagine them to contain a good deal of music in their composition. Now, those having really a musical ear, and who feel that the frightful noise made by an "orchestra and the whole strength of the house," in performing, so they call it, one of these "coarsest of all succession of simple sounds," (for airs we can scarcely call them) is, in point of fact, not music, are not bound to alter their opinions, merely because a race, destitute as a race of a musical ear, fancy such things to be musical; neither is there a necessity for these possessing a sound eye and taste for beauty in high art, being obliged to give way to the opinions of those not gifted with such feelings. Let us return from this digression to what is beautiful, namely, the human form as chiselled by the ancient

Greeks, to that which is not beautiful, the human skeleton.*

Even in skeletons of equal height there are perceptible differences in the greater delicacy of the female bones compared with the male; they are less strongly marked, generally much more slender, of a finer grain, and perhaps whiter when prepared by bleaching.

In the cranium, the superciliary ridges are almost universally less prominent. The frontal sinuses less capacious, the bones of the face smaller, jaws of diminished bulk, teeth smaller.

On the authority of Sœmmering I may state, that the bodies of the vertebræ are more elevated, the transverse processes more strongly curved backwards, the vertebral grooves deeper, the spinous processes more slender, shorter, and more imbricated, and the substance of the bodies of the vertebræ denser than in man. The ribs are thinner and less arched, their edges sharper; the manubrium of the sternum proportionally broader, the lumbar vertebræ deeper, the sacrum broader (superiorly); and more concave, and shorter; the coccygeal bones more mobile and narrower. Of the ossa innominata I need not speak here, as the pelvis, with all its varieties and several differences, will fall to be considered more minutely afterwards. The clavicles are straighter in woman; the scapulæ thinner, flatter, and sharper at the angles; the thigh bones more arched, and the inner condyle larger.

Individual Differences in the Skeleton.

Few facts have been collected in respect to individual differences in the skeleton; few facts of any consequence. The bones of giants and of dwarfs have been measured, but no conclusions drawn from such measurements useful in so far as I know, to anatomical or physiological science. There is a closer resemblance between the giant and the dwarf than has been imagined; the dwarf often shows giant features in the face, hands, and limbs. Nature resists successfully the tendency to extend the race of giants and dwarfs by arresting their propagation; the family in fact dies out, and so disappears. A couple of hundred years ago it was easy to exhibit the bones of an elephant for the veritable remains of Goliah, and a fossil salamander for the *homo diluvii testis*; but such coarse impostures would scarcely succeed now, even with the well dressed vulgar, who know better and doubt all these fables. Yet great individual differences exist, of which the more remarkable will be noticed in speaking of the individual parts of the skeleton, the cranium, spinal column, &c.

Can the form of the skeleton be influenced temporarily or individually by the mode of life, habits, clothing, &c.? and can such alterations in the form of the skeleton be perpetuated or transmitted to posterity?

A very general and a very ancient belief exists, that by artificial pressure the form of the human bones may be permanently altered—so far, at least, as regards the individual—and the cranium in certain American tribes, and the altered form of the chest in civilized woman, are the often cited proofs, if proofs they can be called, of the efficiency in the assigned causes for the production of the supposed effects. Now to me there does not seem to be a word of truth in all this, and still less in the theory which no doubt some would call "venerable from its antiquity"—the theory of Hippocrates†—that a race of people inhabiting the shores of the Black Sea had been so long in the habit of compressing and flattening the heads of their children that the crania so flattened in childhood not only remained so in after-life, but that the form thus artificially produced in the individual came to be perpetual in the race—extended, in fact, by propagation. This is precisely, or very nearly, the same story, reported by Hippocrates two thousand five hundred years ago, as is now told of the Cherokee Indians and Caribs, proving the old adage "how little there is new under the sun." These questions, perhaps, merit a more lengthened enquiry than I can venture to give them at this part of the course; let me examine them in so far as regards the feet, the hands, the chest, the spine, and the head.

And first, as regards the feet. For about four thousand years, the Chinese have endeavoured to alter in the very slightest degree the form, the size, and the shape of the foot of woman, and they have entirely failed in their great object, which must have been, if possible, to possess a race of women whose feet were *naturally* and congenitally—that is, from birth—unnaturally small; their failure to effect this has been total and complete. True, they can compress and torture the individual woman; they can bend the toes under the foot; destroy and waste the muscles of the leg; shorten the foot by some inches, and mar fair Nature's proportions;—still all this is confined to the *individual woman*; never is the deformity transmitted to the offspring; never is it found to be *congenital* or hereditary. This fact—this great experiment—should settle with all reasonable persons the second question; should set aside the "*venerable*" theory of Hippocrates, as to the possibility of an *accidental* deformity becoming hereditary. Dr. Pritchard's story of the short-legged sheep of some American state is, I fear, a fable.

There is a deformity of foot of all others, perhaps, the most common; I mean plaiting of the toes. Generally it is the great toe which is bent outwards towards the second, sometimes over and sometimes under it; this ends in a partial dislocation of the first phalanx from off the metacarpal bone, the large rounded end of which coming now to project is mistaken by the surgeon for a bunion; the ligaments give way; some new bursæ occasionally form, but not always, and a good deal of pain is often endured. A London surgeon who has seen, perhaps, but few naked feet, has spun up from the very slightest materials a fine theory as to the cause or causes of this deformity; he ascribes it to *tight shoes*,—but let him visit Glasgow—let him visit Scotland, where thousands and thousands walk the pavement and the roads, and who never all their lives wore a shoe, short or long, tight or easy, and a single day will convince him that his theory has not the slightest foundation in truth. For here we find the plaited semi-dislocated great toe in all ages in both sexes, young and old, rich and poor. The *tendency*, in fact, to this deformity is a congenital tendency, and the partial dislocation comes on sooner or later, according to the *strength* of the *tendency* or *disposition*. The inner or tibial side of the foot is in the very young slightly concave; in middle life it ought to be straight; as we advance in life there is a strong disposition for the great toe to lean outwards—to leave the articular surface of the metatarsal bone and to bend outwards over or under the second. But this change in the direction of the inner margin of the foot is not necessarily the result of age, since it does not always happen; and as to what has been said about the production of this same deformity by tight shoes, long standing, weight of the body in fat persons, &c. &c., I may say, in a word, that such theories are merely the conjectures of ingenious men, endeavouring to explain phenomena which they do not comprehend from their not having sufficiently enquired into them.

By this time you will no doubt have observed that I am altogether opposed to the notion, that by mechanical means, generally permanent alteration of the skeleton can be effected; that such, when they are efficient, as in the case of the Chinese female foot, are limited merely to the individual; that the ordinary deformities observed in the European foot do not arise from any mechanical contrivances, but are the result of congenital predisposition; that the latter may be, and often are, hereditary; the former never.

I should next proceed with the enumeration of the effects of mechanical pressure in permanently altering the form of the hand, but no such effects have been recorded.

Lastly, the effects imagined to be produced on the spinal column by the immoderate use of the right hand, nursing, playing on the piano, drawing, writing, standing too long on one foot, tight corsets, &c.; and the effects which tight corsets are supposed to have on the form of the female chest ought next to be examined; but the doing so in this lecture would detract much from the interest of what I shall have to say when speaking of the anatomy and physiology of these particular divisions of the skeleton; and I shall, therefore, reserve the views I have adopted on these matters, until I arrive at the particular history of the spine and chest: much ingenious twaddle and declamation we shall find has been laid before the public occasionally in very ostentatious folios; theories—mechanical theories—easily refutable have succeeded each other like phantasmagoric figures; but the supposed effects of pressure on the form of the human skull, I admit to be a subject beset with difficulties, regarding which, as so frequently happens in physiology, "much may be said on both sides."

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* Professors of pictorial anatomy are bound to say something in favour of the snug but excessively paltry jobs they enjoy. A lecture on Pictorial Anatomy (Pictorial Anatomy!) by a Professor who actually did not know that the great toe stands apart from the others, until a young artist pointed it out to him, will fall to be reviewed more appropriately in a future lecture; it is a rich morsel, culled from Dickens, Reynolds, Bulwer, &c.

† De aere, aquis et locis.

A COURSE OF TWELVE LECTURES ON SKIN DISEASES

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

Having now finished the subject of fevers, including those really and truly so called, as well as that disease to which our Continental brethren have erroneously given the name, we shall pass at once to the only remaining division of our course, and take up the subject of skin diseases. On this occasion I shall adhere to the method I have followed on preceding years, of not laying before you any information but such as I conceive you would not be likely to find in systematic works on the subject. At the same time I shall endeavour to clear away some of the difficulties which surround the student when entering upon the study of this class of diseases, which are unjustly said to be more difficult to understand than any other maladies to which "*flesh is heir.*" Here, *en passant*, I would beg to lay down one rule for your guidance in the study of skin diseases; that is, never to pronounce an opinion upon any cutaneous affection, from the mere fact of seeing it at any one particular period of its occurrence. To exemplify what I mean: in erysipelas, which is *purely* an inflammation of the skin, extending occasionally to the tissues underneath, and which sometimes forms vesications on the affected surface, you would not be justified in your opinion, if you classed it among the "bullæ" from the mere fact of having seen the disease when these vesications were appearing. The bullæ in this skin disease are merely an incident, they are not an essential feature in it; the only thing which constitutes the disease in question being an inflammation of the skin attended with certain other symptoms. These are the essence of it, the "*sine qua non*," without which it cannot or could not exist; wanting these it would be something else, but not erysipelas. Another illustration:—both small pox and measles appear at first in the same form, namely, as stigmata, which are nothing more than star-like clusters of congested cutaneous vessels. In small-pox, after some very short time, these stigmata change to papulæ, which become vesicular at the top and seated on hardened bases; these again lose their vesicular character, become pustular, and filled with a purulent fluid; while in measles, the stigmata which denote the disease never pass into any other change of form, but, after a few days continuance fade away. Therefore, how wrong would it not be, if called to the bedside of two patients presenting these stigmata, you were to pronounce a decided opinion upon both, and call them small-pox or measles, just as the case might be; and this, merely because you had seen them at a time when they presented the same appearance? Therefore I would again warn you never to pronounce an opinion on any skin disease merely from witnessing any one of its phases. Wait for some little time further, so as to allow of its future

changes (if any) being developed; and then you can confidently pronounce your diagnosis. This was the error into which Alibert fell, this it was that led astray him, an observer otherwise so accurate. On the present, as on former occasions, the system which I shall adopt will be that of Biet, it being, in my opinion, the most simple and that which will enable me to convey to you the clearest notion of skin disease. His system is divided into eight great classes; these again are divided into orders; and the latter into species or varieties of each order. In this lecture, which is merely prefatory to the subject, I shall content myself with laying down for you the classes themselves, and giving you an example of each of their orders without entering into the consideration of any of their varieties, my object in this lecture being, merely to give you such directions as will enable you to recognise the different classes of skin diseases which may present themselves to your notice. The division I am about to lay before you will, I trust, render the subject much more plain and intelligible, in place of making it intricate and difficult, as it might at first sight appear to do.

BIET'S ARRANGEMENT OF SKIN DISEASES, ADOPTED BY DR. CORRIGAN.

Classes.		Type of the class	
1. Exanthemata		Type of the class	Scarlatina.
2. Papulæ		" " "	Lichen.
3. Pustulæ	Varieties. Phlyzacia. Psydracia. Favi.	" " "	Variola.
4. Squamæ		" " "	Psoriasis.
5. Vesiculæ		" " "	Herpes.
6. Bullæ		" " "	Pemphigus.
7. Tuberculæ		" " "	Elephantiasis.
8. Maculæ		" " "	Ephelis.

Commencing with the Exanthemata, or eruptive diseases, we shall select scarlatina as a type of the class. In this disease, a diffused redness, attended with fever, appears all over the body, commencing on the face, and extending thence over the trunk and extremities; it continues out for a few days, and then disappears. We know nothing more of this eruption. Observation has enabled us to trace the signs which distinguish it from those accompanying other eruptive diseases: as to its further nature we are completely ignorant.

In scarlatina we have all the essentials of the exanthemata: redness and efflorescence of skin, attended by fever. In erysipelas, which is another of the same class, we have the essential characters of the exanthemata. In the latter disease there are sometimes added bullæ, which are merely *incidents*, not being at all peculiar to the disease. The second class is papulæ, or pimples, where the skin is sensibly rough to the touch. These papulæ sometimes become vesicular: they never form a scab, but invariably desquamate, or scale off. The most familiar example of this class is lichen, or red gum, appearing in children for two or three months after birth. It is well known to mothers, and must be familiar to such of you as have attended the practice of a lying-in hospital, or children's dispensary. It is a disease of little or no consequence, and generally proceeds from some derangement of the "primæ viæ" of these children in whom it appears—(Handing round some of Alibert's plates of the varieties of lichen, he said:)—"Here you have an opportunity of seeing its peculiar character. Pustulæ, or pustules, next claim our attention. Of pustules there are three varieties—the phlyzacious, the psydracious, and the favous. These three divisions of the class of pustules, in place of making the subject more complex and difficult, will, on the contrary, make it much more plain than it otherwise would be, if you merely pay attention to the characteristics of each variety. By means of these marks you can never in any case, be at a loss to know to what variety a pustule may belong, and this knowledge will simplify very much the succeeding treatment. Of the first or phlyzacious variety, small-pox is as good an example as we can take. Here the disease commences with a small protuberance, which is hard at the base and inflamed, and gives to the finger passed over it the sensation as if a grain of shot were imbedded in the skin. This protuberance becomes vesicular at the top; in a few days it loses this character, and the lymph becomes changed into pus. After some days longer, this pustule dries, scabs over, falls off, and leaves underneath a firm white cicatrix, indented with minute depressions. After having once healed, this pustule never is produced again, save by a re-application of the primary exciting cause. This will be important for you to recollect, as it forms an essential distinction between itself and the next variety, the psydracious. Of this variety, the best illustration that I can give you, is the disease which is commonly known under the name of *crusta lactea*, the *porrigo larvalis* of Bateman. It is not porrigo at all—it is impetigo. I am sure you all know the disease I speak of.

In this disease, the face becomes the seat of numerous flattish yellow pustules, these gradually spread all over it, the matter in them dries, and thus a scab is formed, which from the propinquity of each pustule one to the other, envelopes the features as in a mask (whence Bateman's name for it). Underneath this scab, matter still continues to be secreted, which gradually renders this coat of scab denser and more dense. *If you remove these scabs either by the application of ointment, or by any other means, you will find in the reddened and raw surface beneath, innumerable puncta, from which a clear limpid lymph is being discharged; this lymph being the secretion from the surface of the cellular tissue which previously formed the contents of the pustule, and having become dry, subsequently formed a scab.* This disease, notwithstanding its unsightly appearance, never leaves any deformity after it, for when it has been removed by appropriate means, the skin of the face quickly recovers its usual aspect and softness. The purulent matter here is formed in the same way as it would be, were a blister applied to any part of the body, and that the bullæ raised by the blister instead of being distended with serum, were filled with purulent matter. Whenever you find a pustular disease where the subcutaneous cellular tissue continues to secrete purulent matter—the pustules having been previously broken or the scabs removed—you will be quite correct in asserting such disease to be an example of the psydracious pustule. The favous pustule presents appearances so peculiar and characteristic as to entitle it to a much more lengthened notice, than we can afford it here. The next class is Squamæ or scales, where a portion of skin becomes scaly, changed in colour from its natural hue, and sometimes cleft or fissured. These scales desquamate or fall off from time to time, and are again renewed. The most familiar illustration of this is psoriasis or scaly tetter, in which the scales never rise above the level of the skin: this serves to distinguish it from some other scaly diseases, lepra for instance, from which however it should not be separated as both are identical. In these plates (sending them round) you may see the different appearances psoriasis presents in all its varieties, appearing on various portions of the body, the backs of the hands, forearms, face, ears, trunk, &c. Vesiculæ or vesicles come next. The character of a vesicle is as follows, first a papule appears, which in a day or two becomes filled with a clear lymph, this becomes turbid after some days longer, and if left to itself always ends in desquamation.

The most familiar form of this class is herpes, which you will find presenting the characters just mentioned whenever it appears on any part of the body. The upper lip is the most general site of its appearance, here it is frequently seen at the close of catarrhal fevers and slight colds, and you will frequently hear persons remark, "Oh, I shall soon get rid of my cold, now that it has broken out on my lips." The next class is Bullæ or "blebs;" of these pemphigus is the type. Its characters are the appearance of a round bleb on some part of the body, filled with a clear fluid, which, if left to nature, eventually becomes absorbed. You will have a tolerably correct idea of its appearance if you fancy a small blister applied to different parts of the body, which produces a number of small vesications. This cast, taken from nature (exhibiting the foot of a child affected with pemphigus), gives you the exact appearances which pemphigus presents. This disease is not one of very frequent occurrence. The next order Tuberculæ, typified by elephantiasis, presents the character of hard protuberances on different parts of the body. The class in this country does not present a single disease worth our attention or trouble. The eighth and last class is Maculæ or spots, the character of which is a discolouration of the skin, sometimes permanent. This discolouration may or may not be attended with disorganisation of the subcutaneous tissue. In this class are nævi, mother marks, spili or moles, ephelides, sunburns, freckles, &c. By recollecting the characters of these orders of skin diseases, you cannot fail after a little close study, to make yourselves masters of the varieties of each different order. By their help you will not fail to know scientifically and methodically many diseases which, conversant with hospital or dispensary practice, you knew before but by sight. By their help, with a little attention, you will easily recognise the class and order to which any cutaneous disease may belong. And when once you have this determined, you may reckon yourselves possessed of an amount of knowledge sufficiently minute for all practical purposes. To be sure, there are in each order sub-divisions or varieties, but in most instances these amount only to two or three, and to know these is very often of little or no practical importance. Before we proceed to examine the different varieties of skin diseases, allow me to call your attention to some plates, showing the difference between the psydracious and the phlyzacious pustules. I searched for them ineffectually at the commencement of the lecture to assist me in illustrating the difference between each variety. In this plate of Alibert's (handing it round) you can very well perceive the innumerable minute orifices from which—when the psydracious pustule is broken—the lymph continues to be discharged. Here (handing round another) you can see the scab which this lymph when changed into purulent matter, forms, and which completely covers the the features. In this drawing, admirably painted from a subject under my care, you have an example of the psydracious pustule before it has been broken or injured in any way. This is the disease which has been called "scald head." This is an error, for genuine scald head is a disease of extremely infrequent occurrence. In these other two fine drawings, you have additional examples of the phlyzacious pustule; one of these (handing it round) is a case of modified small-pox; this other is one of mentagra or sycosis. The differences which exist between both these forms of pustular eruption, I have detailed to you already. At our next meeting we shall proceed to examine practically—and I trust that in these lectures nothing will ever be delivered which will not have a practical bearing—the varieties of diseases which are comprehended in the various orders already mentioned.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

The prognosis, with regard to affections of the brain, is always dangerous in the extreme, and the opinion ought to be the more guarded the longer and more violent the disease has been. The treatment of inflammation of the membranes of the brain must be of a very active kind; in particular, blood-letting to syncope, should be resorted to. A sitting or erect posture, so as to check a disposition to determination of blood, is the most advisable position for the patient. Beside bleeding, there are other antiphlogistic means which must be adopted: the head must be shaved—and kept as cold as possible, by bladders of iced water; drastic purgatives should be also administered. Calomel and tartar emetic should be given, to keep down, the vascular action. Besides these remedies mercury should be used, as a sialogogue, especially in meningitis, and continued until the gums are fully affected. In chronic cases, blisters, near the affected part, should be applied, but these must not be ventured on in acute cases. Leeches and cupping should be employed wherever there is great pain. Sometimes paralysis exists, as an indication of the hemisphere to which counter irrita-

tion is to be applied. In your treatment of brain diseases, it will be necessary to guard against all excitement, both of mind and body, even for a long time after your patient's convalescence. If this precaution be attended to, and the general health of the patient be good, he may soon return to his ordinary occupations.

There are some particulars which ought to be noticed, in which acute hydrocephalus differs from the common brain inflammation. Hydrocephalus depends on inflammation of the membranes of the brain, particularly the central portion of the lining of the ventricles, or certain portions of the base of the brain,—as the *pons varolii*,—and the membranes covering them and of the base of the nerves; and in consequence of which, it exhibits a tendency to end speedily by serous effusion. The early symptoms are like those of arachnitis; you will find delirium, with heaviness and stupor, considerable uneasiness in the head, which soon becomes changed into actual pain, so intense as to produce screaming and convulsions. These symptoms end either in fatal coma, or partial paralysis. Acute hydrocephalus is confined chiefly to children and young persons, and is seen with greatest frequency in those whose intellectual powers are beyond their physical strength. What does this depend on? On an increased flow of blood to the head, from inordinate vigor of the cerebral circulation: another cause to which it is ascribed is derangement of the abdominal viscera; but whether this is cause or effect is not always certain; when dependent on the latter cause, the symptoms which have been observed, in its *first stage*, are, pain in the head, intolerance of light and sound, and quickness of pulse. In the second stage, the pulse becomes slower and irregular, and the pupil, instead of being contracted, as in the first stage, becomes dilated, and there may be strabismus, or convulsions coming on, from time to time, and alternating with a state of stupor. The child tosses its head and arms to and fro, gnashes its teeth, and the mouth becomes so firmly closed that nothing short almost of actual violence will suffice to open it. The last stage is marked by complete or incomplete paralysis, in which the functions of the brain are always implicated; the pulse becomes quick and thready, and the stupor complete. In this stage, a curious phenomenon is occasionally observed—one side being paralysed, and the other convulsed. This strange effect must be owing to something beyond mere effusion. The disease generally proves fatal in from one to twenty days, and such is the extraordinary rapidity with which death occasionally sets in, that in some cases of this disease you can scarcely imagine that inflammation has had time to make its appearance. These cases are properly called determination of blood, or blood-stroke, according to the Germans; and closely resemble apoplexy, in the suddenness of their fatality, and in being accompanied by effusion of serum. In 2-5ths of such cases, the disease is fatal; still, recovery has taken place in the very worst cases, and I myself have seen two or three such instances. In one case, a child was affected with all the symptoms I have described. I left it, despairing of its recovery; twelve months afterwards I was astonished to hear from the father that the child was well and thriving.

In these cases, the quantity of serous fluid found in the head is very remarkable, amounting, at times, to four, five, or eight fluid ounces of limpid liquid, with which are occasionally blended coagulated lymph. There have been found, in some instances, tubercles in the meninges of the brain, which appear to be the great predisposing cause of hydrocephalus. Softening of the brain, is also, occasionally met with.

Now, the treatment of this form of inflammation may, in the first instance, *and in it alone*, be blood-letting, and more than one bleeding can be seldom attempted, the loss of blood weakening the patient without reducing the inflammation. Leeching and cupping the head and abdomen have been found more useful than any other modes of depletion. The chief reliance is to be placed in active purgative medicine, especially hydrogogues, in combination with large doses of calomel. These are to be repeated till serous evacuations are produced. This exhibition of purgatives is a very powerful means of reducing the heart's action. With their employment, cold to the head should likewise be used, whenever its heat is much increased. The calomel may be given alternately with tincture of cantharides; and the latter must be administered in frequently repeated doses, till strangury is produced. The dose of the tincture, of course, will vary with the age of the child. From three to ten drops may be given to a child of five or six years old. Opium has been found useful in the last stages of hydrocephalus. There are some morbid affections, arising from determination of blood and congestion to the head, produced by improper food, and other debilitating circumstances, which resemble these cerebral diseases, and require to be noticed here. In children a disease occurs which seems to be analogous to hydrocephalus. The child, in such cases, lies in a partially comatose state, with the eyes half shut, and from this cause the latter organs very often become inflamed; the pulse is quick and very weak, and the face is very often flushed. The pulse here presents a peculiar jerking action, which, with that of all the superficial arteries, is distinctly visible. There is also great pallidity of the surface, and the feet are commonly cold, and any heat that may exist is centred in the head. The pulse is very much altered by change of posture. There are some symptoms like those of adult arachnitis, arising from similar causes. Females who have become anœmose from hæmorrhage, or any other debilitating cause, frequently complain of noises in the head, flashes of light before the eyes, giddiness, headache, and throbbing in the head, with intolerance of light and sound. The means of cure generally adopted in this train of symptoms are depletive measures, under which the patient becomes worse. You must learn to distinguish this seeming, from real inflammation, and you may do so by the pallidity of the surface, the jerking and compressible character of the pulse; and by the *bruit de soufflet*, which you hear both in the veins and arteries, telling you plainly that the disease originates in some cause which robs the circulating vessels of a portion of their contents.

You will find position to furnish a very useful diagnostic between both affections. In the latter, you invariably find that a horizontal posture gives the most relief, while in arachnitis the patient cannot endure this, but endeavours to sit upright. Finally, the disease simulating arachnitis may be relieved by opium and other narcotics, or by the exhibition of stimulants, means which would not fail to aggravate the inflammatory affection. The pathological peculiarity of the cerebral circulation will partly explain this. The great reason why the head is so much affected in these exceedingly weak and feeble females, I believe to be, that where the power of the heart and the quantity of its blood have been much reduced, the vacuum and loss of power which are felt, originate in the heart, travel onward to the brain, setting up within it, a degree of asthenic irritation which produces the phenomena in question. The production of this irritation depends upon the vessels of the brain not accommodating themselves to the lessened current which passes through them. They still preserve their tonicity and power of contraction; and a very trifling acquaintance with physics will teach us that under such circumstances, the velocity of the circulation must be increased; and that the contractility or quantity of contractile power, which before was barely sufficient to propel the healthy current of blood with a due degree of rapidity, is now expended in making that fluid travel with increased velocity through the vessels of the brain.

The treatment of this latter affection must be sedative and tonic, the object being to calm the heart's irritability, while you increase its muscular power. To the former end you may employ prussic acid, hyoscyamus, or digitalis. Opium appears to answer best in the generality of cases. Great care should be taken to avoid aggravating the heart's action by excessive exertion,—such as sudden changes of posture, &c. To restore the tonicity of the heart—the principal object to be kept in view—we must endeavour to strengthen the system as much as possible by a nutritious diet, and to excite the action of the capillaries by the application of cold to the head, and warmth to the extremities. Where the pain in the head is so severe as to prevent rest, local depletion may be employed, with sedatives to quiet the action of the heart, and it may be often necessary to combine both these means with stimulants to increase and rally the power of the heart. Sometimes symptoms of an opposite nature arise in anæmic children, and young females who have lost a great quantity of blood; they become heavy, and particularly comatose, or the pupils become dilated, and the patient sometimes become cataleptic, retaining neither power nor consciousness. These symptoms may set in without any heat of head, or any increase of pulsation in the arteries, or any other indication of increased vascular action. Nevertheless the patient may die. In this state the sinuses are found filled with fibrine and coagulated blood, the veins are distended and obstructed partly with fluid blood, partly with coagula. In some cases there is coma without reaction, but in other cases there is reaction, more or less heat, increased pain, dilated pupils, and convulsions. After death these cases exhibit some slight signs of inflammatory action, and increased vascularity, not confined to the veins alone, but extending even to the membranes.

Besides the clots in the sinuses, there will be observed effusions of blood about the veins, showing the amount of distension and obstruction to which they were subjected. I believe those cases have their origin in congestion, arising from the quantity of blood in the head being too great for the force of the circulation, and hence, while the action of the heart is weak in anœmic subjects, the patients often complain of a dull heavy pain in the head, instead of the symptoms of excitement I have mentioned. The explanation of this seems to be that the propelling power of the heart does not act upon the whole of the blood in the brain, and that it is too weak to propel the disproportionate mass of blood through the latter organ. This view is confirmed by the effect of antiphlogistic remedies. The treatment here should not be purely antiphlogistic. It may be useful to apply leeches to the head, or dry cupping, to the extremities. The great thing is to draw blood to the extremities, and to increase the vigour of the circulation by diffusible stimulants. There is generally great advantage derived, in congestive headache, from the use of stimulants. It is a question whether, in these cases, heat to the head, and the action of mercury might not be useful. We have next to consider apoplexy and palsy, which may be taken together; apoplexy first, and palsy as its result. Apoplexy mostly makes its appearance suddenly as a fit, causing a loss of consciousness feeling, and voluntary motion, or what expresses the same thing, an interruption of the functions of the brain. In some instances, the interruption is complete,—in other cases partial, and then it may not be apoplexy, but paralysis affecting the motor and sensitive powers. It arises from various causes: from pressure, as when a clot of blood is effused into the brain, interrupting its functions, or causing disorganization: but it arises more generally from the former than the latter cause. Sometimes it is produced by shocks that injure the nervous function in some way that does not admit of easy explanation; poisons likewise cause it. Apoplexy may occur as the result of inflammation of the brain, its meninges, or medullary portion, just as we find congestion and hæmorrhage occurring in the various viscera, in connection with inflammation, as its first stage, or as its sequel; where this is the case, the apoplectic stroke will be preceded by symptoms of inflammation; but it often happens that these are very obscure, and indistinguishable from other symptoms that sometimes precede it. The premonitory symptoms, in cases of apoplexy, are: heaviness, somnolency, pain and throbbing in the head, which are always considerably increased by stooping or lying. The temporal arteries may be seen very much distended, and the eyes are red, suffused, and heavy looking. There is generally weakness of the intellectual faculties; loss of memory, apathy, lethargy and sluggishness; or there may be a kind of moral weakness not natural to the individual, a disposi-

tion to cry, or be easily excited at slight things. Sometimes there is an increase of the animal and moral functions, at the same time that there is a defect of intellect and of memory, both in speaking and writing. Occasionally, before the apoplexy occurs, the motor nerves lose their power, and articulation is impeded, becoming indistinct, like that of a drunken man. There is often an inability to close the eyelids, with a twitching of the muscles of the face, effects accompanied by torpor or numbness, which, in some cases, affects but a limb or part of a limb, while, again, it may extend over one side. There is generally more or less weakness and oppression of the system with indisposition to exertion, and a tendency to fatigue, faintness, and syncope. Then comes the apoplectic stroke, or fit, often induced by sudden exertion of the body, or trivial excitement of the mind. The mere effect of stooping will bring it on, and the excitement caused by a full meal will produce a similar result. Most commonly it comes on at midnight—the period at which gout is most apt to occur. The manner in which the fit may occur varies: in what is called the thundering apoplexy, a person is struck down by a tremendous shock, as if by a blow of an axe. In this case the person may be walking, when suddenly his face is observed to become very pale and livid, convulsions occur, his breathing becomes stertorous, and death may take place in a few hours, or even in a few minutes. When the stroke is not immediately fatal, a state of insensibility with stertorous breathing is produced; the eyes are open, or only half closed, the pupils dilated, and sometimes contracted—the dilatation from loss of power, and the contraction from irritation; than the latter there can be no worse sign; sometimes one pupil is contracted, and another dilated. The pulse in these cases is sometimes slow and full, and often hard. This is reduced sometimes as low as forty beats in a minute, and is then called, a labouring pulse. Sometimes it is irregular, intermitting, and frequent, a state of the arterial system which is only met with in the *thundering cases* of apoplexy. The symptoms I have described are accompanied by a state of syncope, the patients will not answer questions, nor do they exhibit any sign of feeling in being pinched. In extreme cases, the stools and urine are passed involuntarily. Swallowing is difficult, and sometimes the urine and fæces are retained. The body is warm, and the head hot. The coma produced by apoplexy terminates invariably at a period varying from two to three days, in death, or complete or partial consciousness. Complete consciousness takes place much sooner, when it is partial, it may take place in three days. In some cases, paralysis is a consequence of apoplexy: the tongue protrudes to the paralysed side, and hemiplegia and paraplegia are often the results of the apoplectic shock.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

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By Dr. COSTELLO,

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EXTACY.

"The word *extacy*, says Andral, pourtrays in some degree the physiognomy of this disease; for what do we observe in this state? Under the dominion of one idea, all the intellectual faculties of the individual are absorbed in it, and it would seem as if the nervous influence, as far as regards its development over all the parts of the body, had undergone profound modifications."

The exaggeration of religious ideas has especial influence in giving rise to extacy.

"It is not alone the intelligence that is modified in this state, all the other functions of the life of relation and nutrition, are equally affected."

In order to have a perfect idea of extacy, we must read its definition, or, rather, its account, by Saint Theresa:—

"At first the attention is concentrated by the reading of some work of piety, this is followed by a profound contemplation, or sort of quietude, accompanied by a feeling of intoxicating joy. In the third degree, it is marked by the most vivid, the most pure enjoyment; the effusion of the most ardent love; a species of exaltation bordering on madness. In the fourth degree, there is a sort of sinking, or complete swooning, the extatic delight has attained its utmost height of vividness and power; the breathing is suspended—the limbs are immoveable—the eyes involuntarily closed—the power of speech is gone—the use of the senses is suspended—while all the moral faculties are raised as it were to their utmost point of energy, or, rather seem to contract a sort of intimate union with the ideal object of those fantastic illusions. The feeling of ravishment is then so impetuous, that one feels as if transported to the clouds dwelling in heaven, and enjoying a foretaste of extreme felicity; the breathing is stopped—the pulse not to be felt—the limbs are rigid—the first position and attitude remain unaltered, and the state is one of apparent death. This is the moment of the outpourings of the most ardent love—of solemn promises—of heroic resolves."—*Phil. Nosog. Philos*, t. xi. p. 130.

"The extatics, whose names are recorded, have become celebrated from their love of poetry, the fine arts, philosophy, the sciences, religion, morality, or of the contemplation of God and nature. Extacy, like all the great passions, and the exaltations of the intellectual and moral faculties, is usually of short duration. It is favoured by solitude, silence, and that contemplation, which, by concentrating the attention on one object, has the effect of closing the senses to external impressions. Archimedes was in that state, when absorbed in the solution of a geometrical problem, he was dead, as Plutarch relates, to all natural wants, and deaf to the tumult of the foreign enemy that were sacking the city. Plato says, that Socrates remained 24 hours on the same spot, immoveable, exposed to the heat of a burning sun, and absorbed wholly in the depth of intuition.

"In the state of extacy, the visceral and cutaneous sensibility, and even the senses themselves, are completely abolished. In an extatic rapture, Paul the apostle believed himself to be transported into heaven, and had so little consciousness of bodily existence, that he did not know whether his body remained on earth, or was caught up to heaven also. There he heard things miraculous and ineffable, which it is not given to man to relate, or even to comprehend." Hallucinations of every kind may arise, and extatics describe their state with such energy and conviction, that it is impossible to refuse belief of their sensations. As regards the movements, the greatest variety of disorder may occur between the extremes of convulsion and paralysis.

The disturbances in the life of nutrition are quite as remarkable as those of the life of relation. Individuals in the extatic state may live without food for a certain time, just as persons labouring under fever do. The circulation becomes slow, the skin cold, and the secretions no longer take place with regularity.

"The state of ecstacy may exert an influence on the production of a certain number of diseases. Neuralgia, and various congestions may be ranked among the number. Like anger, or fright, extacy produces paleness in some persons, flushing in others.

"Extacy may be followed by the cure of certain diseases; it produces a profound perturbation of the nervous system, comparable to a certain extent with the action of narcotics. Extatics have even been known to effect the cure of their own diseases, by the power of the will; and I do not object to the admission, that the power of extacy may cure not only neuralgia, but even diseases that have laid deep hold on the system, such for instance as those ranked under the head of hyperæmia.

"It is, however, to be remarked that such cases have become more and more rare in the 19th century, while on the other hand, they abound in the dark ages, when it was easy to impose on public ignorance and credulity.

"The extatic state is sporadic, and often epidemic. The annals of science furnish three or four cases of epidemic extacy; in both, its forms are the same. The late Bertrand wrote a very good work on extacy. It contains some of the most curious cases that have astonished the world from the fabulous times of the mythology down to the period at which he wrote.

M. Calmeil enters also into some important considerations in his article on the subject, in the Dictionnaire de Medecine. "We cannot," says he, "refuse to admit different kinds of extacy. Those persons who are represented as *petrified*, merely from fright, or unexpected pain, do they not experience an attack of some peculiar extacy? These lovers spoken of by H. de Heers, and other writers, who could only be restored, to an active life, by shouting into their ears as loudly as possible, that no further obstacle should be thrown in the way of their happiness, were they not under the influence of some extatic passion? M. Dessessarts mentions a young Englishman who lost by starts the use of all his senses, and who could solve during the extatic crisis, mathematical problems of which he had not thought before."

"Mystical extacy is observed chiefly in fervent persons, given to fasting and prayer, habituated to want of sleep, and to a purely ascetic and contemplative life; and this is the case to such a degree, that one may by means of certain practices, acquire a nervous affection which may incontestably impair the reason. In this way the frequency of extacy is explained amongst pious cenobites, anchorites, and hermits, who for the most part, lead a kind of life, the conformity of which is remarkable. And thus too may be explained the severity employed at the time of the convulsions of Cevennes, and the miracles of the deacon Paris, against a woman whose efforts were specially directed to procuring for her fellow-creatures, raptures which she believed came upon her from God himself.

"Extacy usually occurs by fits its duration varies, and may be indefinitely prolonged, if the patient be not rescued from these mystical habits, and made to follow a more active and less austere kind of life. The termination of the fit is characterized by great prostration, and a decided feeling of weariness. Many of these persons have lived long; and hence it may be inferred that the extatic state does not produce an unfavourable effect on the purely physical functions, but the patients in the meantime must be fed.

"From the suspension of the voluntary movements, and of the exercise of the senses, extacy bears some resemblance to catalepsy. In the former, the sentiments and intellectual operations are exalted; in the latter, all the faculties of the soul are in the most absolute repose. By asking the patient who has just had a cataleptiform fit, to give an account of the intellectual phenomena, of which he preserves a remembrance, it is to form an opinion as to the nature of the nervous affection, whereas the external symptoms do not throw any light on the differential diagnoses between extacy, and catalepsy. Many hysterical women have visions and hallucinations much in the same way as extatics. At the end of the fit, or extacy, they sometimes complain of oppression, and shed abundant tears, as in hysteria, and hence these two affections also have several points of resemblance. Opium eaters are also in the habit of cleaving the celestial spaces, and of tasting all manner of beatitudes: but these persons betray by the petulance of their movements as well as by acts of violence, the internal transport by which they are agitated. Yet even hypnotism reproduces some of the phenomena that are more especially habitual with persons in the state of extacy. Hippocrates, however, does not appear to establish any important difference between extacy and phrenetic delirium. In the 4th century, some doubt was felt as to the soundness of mind of Simon *Stylites* whose extacies were sometimes of an alarming duration, and almost similar to catalepsy. Sennert attributes extacy to emotions of enthusiasm. To us it appears to constitute a variety of the [illegible] *delirium*. For instance, [illegible] not monomania [illegible] espe-

cially remarkable for the exaltation of certain sentiments, the concentration of the ideas and the rapidity of the hallucinations? The pious Baillet confesses, that even in the time of Saint Theresa, she was suspected of being possessed by a demon, and that it was debated whether she should not be exorcized. The extatic form of delirium is far from being rare in lunatic asylums, and indeed it is only in these establishments that one can learn to recognize all the lesions of the intelligence and of the affective passions, all the varieties of hallucinations which tend to suspend the exercise of the senses, of the voluntary movements, and to impress on all parts of the face and body, the expression that has been assigned to catalepsy. We have seen several of those patients keep their bed for months together, the head and neck stiff, the limbs inflexible and stretched, allowing themselves to be lifted up like a dead body stiffened with cold, and without obeying even when stimulated, any voluntary movement, manifesting neither hunger nor thirst, and only swallowing with extreme slowness, and at long intervals the semi-liquid food that had been introduced into their mouths. In our age, and under our climate it may be affirmed that the mystic extacy is the least common. It has, however, been observed amongst young seminarists, amongst some Irish protestants, and hysterical women. This disease may break forth amongst ourselves at any moment, under the influence of certain moral dispositions, and become diffused in the same manner as epidemic nervous affections.

"The phenomena of extacy all depending on lesions of the cerebral functions, arise, no doubt from a pathological condition of the great nervous centres. The incontestable predominance of amorous dispositions in certain extatic women, might lead us to suppose, that in some cases *a uterine* excitation had preceded the disorder of the encephalon, and had contributed to its production. But may we not also consider as a symptom belonging to extacy, that exaltation that prevails in certain affective faculties of extatic women?

"It is very difficult to obtain the guidance of pathological anatomy in extacy. When the phenomena are almost instantaneous, as for instance in the cases of St. Cyprian, Tasso, Mahomet, Cardan, &c., the cerebral lesion disappears at the same time as the fit, and the opening of the body afterwards shews no traces. In the insane, with whom the state of extacy is continuous, one is always in doubt whether the cataleptiform attitudes may not be commanded by the will; a patient hears the voice of God commanding him not to stir; another is under the influence of the idea that he will be put to death if he makes the slightest attempt to move; and thus the physician runs the risk of being mistaken as to the real nature of the malady before him, and if the patient die, he cannot decide positively, at the *post-mortem* examination, whether he has died at the time of the extacy. For this reason, therefore, we refrain from entering into any necroscopic details.

"The treatment of extacy that has become almost habitual, differs in no respect from that of other forms of monomania. Mystical extacy is dispelled by frequenting society, by a change of the habits of life, and by active labour, which prevents that fixed contemplation of a purely speculative and intellectual life. As most extatics feel a deep complacency in their extatic sensations, great perseverance and tact are sometimes required in the application of the means of treatment. Change of place, travel, exercise on foot, or an animated conversation at the time when the return of the fit is dreaded, will often prevent its invasion; the moment, especially when the senses begin to lose their excitability, is the most favourable for stimulating them, shaking the patient, forcing him to walk, and shocking him by dashing his face with cold water; when the fit has come on, the stimulation of the senses must be very moderate, indeed, it rarely produces any effect. The sounds of music, the smell of ammonia, loud shouting, or the application of sinapisms, suffice, in some cases, to put a stop to the extatic crisis. When the duration of the phenomena is prolonged, as hunger contributes to exalt the cerebral functions that remain active, it will be proper to introduce by the mouth or nostrils an œsophagus tube to convey nourishment, as also to protect the body from the effects of cold in the inclement season. Simon Stylites was almost dead from exhaustion and cold, and seemed far wasted, when he was taken down from his pillar almost a corpse. In the cases of females, particular indications are often sought to be fulfilled by the use of the hip-bath, composed of a decoction of the black mulberry, of camphorated enemas, or composed of marsh-mallow decoction and assafœtida, and by the use of cooling nitrated drinks. Bleeding is seldom proper, sanguineous plethora being but rarely coincident with extacy; very often on the contrary, we have to substitute for fasting, regular meals of nourishing food."

LESIONS OF THE INTELLECT IN THE STATE OF DEPRESSION.

These lesions comprise:—1° chronic delirium, melancholy, the lypemania of authors; 2° acute demency, acute stupor, or cerebral œdema; 3° simple demency, with or without paralysis; and 4°, imbecility.

CHRONIC DELIRIUM, MELANCHOLY, LYPEMANIA OF AUTHORS. (CHRONIC CEREBRITIS.)

When acute mania is not followed by cure, it degenerates into a chronic delirium, which is nothing more than the commencement of a demency, more or less remote. In this disease of the brain, as in those of other organs, the state of excitation is succeeded by a graduated depression which leads to a diminution of the faculties. The patient becomes silent, or at least speaks but rarely; the organic functions are performed with all the appearance of perfect health, but the intellect is profoundly altered; it has lost the energy which it can never regain. At certain times, a few exclusive ideas may still be detected as the chief feature of the delirium, and sometimes too the reason seems sound on other subjects. And this maniacal delirium often passes into the state of incurability, by assuming the appearance of a kind of chronic monomania, or by still continuing to exhibit some fragment of the intellect. This chronic state of insanity has been distinguished into two kinds, monomania with excitement, or monomania, or melancholia with depression, under the name of lypemania. In a physiological point of view, these distinctions are not entitled to the importance that symptomatologists have attributed to them; they embrace a well known period of insanity, of which the termination is but too certain. Whether this transition be long or short, whether it be marked by divagations of gaiety or of sadness, turning on a few ideas only, or on all, it always ends in demency. We here see the cerebral irritation which had been superacute in furious mania, passing into the chronic, indolent state with only some few moments of re-action, and presenting all the symptoms of chronic cerebritis, in which the brain, which at first had been only affected as an intellectual agent, becomes subsequently impaired in its functions of motility and sensibility.

It may happen before it degenerates in this manner, that the delirium may appear to remain stationary for a considerable lapse of time, or at least to offer only very slight variations in character or intensity. It is difficult in such cases to say whether they be still curable or not, and we should come to no definitive judgment on the question of incurability until two or three years have elapsed, without any amendment; beyond this period, instances of cure are very rare.

Let us now examine the prominent features of chronic delirium during this long period.

The derangement of the intellectual and affective faculties presents usually singularities, exacerbations, remissions, and sometimes lucid intervals, which might be taken for complete cure; but the improvement is of short duration, a fresh variety of the delirium soon succeeds to the old one, and these transformations may be multiplied to infinity. Some patients are sad, and apathetic for days, weeks, and months; and then all at once, they become turbulent, excessively loquacious, and their feelings of affection overflow with every variety of exaggerated protestation. The intervals of apparent reason may even admit of their resuming their usual occupations for a while; but afterwards the chronic delirium re-commences on the slightest cause.

Various influences may modify in the most singular manner, this uncertain and variable state of the cerebral faculties; great heat or intense cold alike have the effect of agitating the insane. Contrarieties, sudden emotions, and afflictions produce the same effects, and cause relapses, while, on the other hand, and by a happy contrast, the same causes have been known to produce an unexpected cure; but these are rare exceptions. In chronic delirium the catamenial period in women has much less influence than might have been supposed; they wash in cold water, run about in their naked feet, they commit, in fact, all the imprudences that their delirium suggests, without producing any influence either on the discharge, or on the state of their reason.

The influence of accidental diseases is much more marked. Esquirol has known the ablation of a cancerous breast, and the inflammation resulting from it to be followed by the cure of insanity. Georget mentions a similar case, and several others are recorded, in which chronic delirium had disappeared after a violent fall, or a commotion of the brain. This reaction is much more manifest, although much slower, through the effect of accidental maladies: thus, we see, according as a chronic inflammation of the thoracic or abdominal viscera makes progress, the agitation of an insane patient becomes calmed, his delirium disappears, and it is not uncommon to see a patient who has laboured under chronic delirium for years, at the approach of death return to the use of reason and memory.

Amongst external causes, the influence of the moon is supposed by some respectable observers to play a great part in the production of the paroxysms in chronic delirium: and hence the name of lunatics which is still in vulgar use as designating insane or eccentric persons. Daquin affirms with great *bonhommie*, that the new moon and the first-quarter, agitate the patients much more than the full moon, and the last quarter. Esquirol, during his long experience, has observed nothing of the kind. At the Bicêtre and the Salpetrière, containing together upwards of three thousand patients, daily experience has shewn that this influence is null: all that can be said on the point is, that during some nights the insane are more agitated than usual by the unusual light that enters their rooms, and the images which it seems to them to form on the walls and windows.

But whatever in other respects, the action of external influences may be in chronic delirium, it pursues its usual slow course, with the accompaniment of its own peculiar symptoms. The patient seldom loses the faculty of perceiving objects; but he mistakes their qualities—sometimes taking a stranger for a relative, a friend, or an enemy, or transforming the house in which he lives into a palace or a prison. His hallucinations are also frequent, but they give rise only to tranquil conversations; he answers in an under-tone the voices that speak to him, or he imagines that he is acted on by secret influences of chemistry, physics, or even of the police, and he protests against them with a concentrated fervour.

The affective sentiments constantly present remarkable changes; they are either perverted or null; these changes may date from the very dawn of the malady. Love, or filial affection, are supplanted by sentiments of hatred or repulsion, without motive.

Persons formerly remarkable for elegance and refined taste, no longer feel anything but a profound disgust for occupation, pleasure, walking, or society.

The change of the habits, and usual ideas, is so characteristic in chronic delirium, that, in spite of the appearances of reason, we cannot pronounce for certain the patients' cure, so long as they persist; the return to the natural tastes and feelings can alone give assurance of this happy moment.

The passions become the more imperious, the less they are controlled by ideas of propriety and natural modesty. The morbid exaltation of the propensity to a union of the sexes is betrayed by all the symptoms of erotomania and nymphomania.

In others, we observe the most singular contrasts of joy, sadness, or terror: some, always gay, sing, dance, and laugh incessantly, and nothing can disturb their happiness; others, habitually sorrowful or morose, believe themselves to be the dregs of society, or the victims of calumny and persecution. Some are timid, frightened at anything, and give themselves up to despair, or to lamentation and shedding tears.

All these symptoms but shew too plainly the general depression of the intellectual and moral faculties: and thus it is that persons in this state are incapable of comparing objects, or of forming a judgment as to their respective qualities, in the great majority of the cases. Peaceable monomaniacs may still be able to reason, or follow up a certain number of ideas on the same subject; but it is easy to see that the principle of their reasoning is erroneous, and besides the slightest contradiction frets and irritates them, and causes them to wander again.

The remembrance of circumstances anterior to the disease appears to be wholly lost on some patients; or if they retain any confused traces of them, it is only to pervert them, recurring to them incessantly as the subject of all their disordered thoughts. It is the contrary in acute mania: the patients when sincere, recollect very well all they did during the delirium, even to minute details, and the most secret motives of all they may have said or done, but these avowals are not easily obtained from women.

In chronic delirium, the consciousness of the present state disappears, and the patient gives way to the most ridiculous exaggerations. Almost all believe themselves to be in perfect health; they are astonished and indignant at the steps taken concerning themselves, more especially as regards the medical treatment they are ordered to follow: in their own opinion, they don't require a physician, as they eat and drink well and have no complaint, and that if they sleep badly it is owing to the forced situation in which they have been placed. Others, however, though few in number, acknowledge that there is something wrong in the head, that they cannot longer think, that their actions are wrong, but that they cannot help it; sometimes this feeling of impuissance and decomposition throws them into the deepest discouragement.

They have no longer any will; they act without any sustained motive; or if, influenced by their ideas, they are impelled to reprehensible acts, which are merely the offspring of false and evanescent sensations. Amongst almost all of them, we observe an apathy and an irresoluteness which prevent them from coming to any precise determination; their will and memory are alike impaired; they forget, or remember but imperfectly, the knowledge they had acquired formerly in science or art.

It has been asserted that all these intellectual disorders are derived from the lesion of a single faculty, the attention. Undoubtedly, the attention is always impuissant in delirium, because it supposes a continuity, a force of will that is no longer possible; the attention is null in the maniac, while it is but too deeply fixed in the monomaniac, and in the latter it is the effect, and not the cause of the cerebral disease. Such are in general the alterations of the intellectual faculties which constitute chronic delirium, the varieties of which are multiplied to an endless extent by their combination with each other: they form one of the most numerous classes of the insane. They may also be observed in people living in society, but under forms that are scarcely apparent, and with shades of oddity so delicate, as almost to escape detection. Thus we constantly see persons who surprise us by the strangeness of their manners; it sometimes shows itself in a levity of words and actions which has some analogy to demency, or in a dullness of spirit that borders on it still more; we meet with passions, tastes, imperious and tenacious habits that resemble monomania; sometimes it betrays itself by an impulse for speaking, obliging, throwing everything into confusion, a muscular excitement, a rapid succession of fatiguing ideas, to which we are constrained to submit and even to respect, through the fear of detecting beneath it a real insanity. How many persons in good society, but ignorant and uninformed, who take a pleasure in occupying the attention of their hearers with stories of pleasures, pains, hopes, and persecutions, that have never existed, save in their own imagination, and this too with such assurance, vividness, and sensibility, that we are deceived up to the very moment they belie themselves? What is the limit between these erroneous reasonings and the false judgment of chronic delirium? In such cases, great tact and experience are necessary to discern what is natural from what is morbid; but in the one case as in the other, we recognize, unhesitatingly, a poor and feeble intellect.

OBSERVATIONS ON VARIOUS DEBATABLE QUESTIONS ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.

By Dr. Clay, Piccadilly, Manchester.

No. I, Second Series.

(Written expressly for the "Medical Times.")

Subjects:—*Uterine Structure—Arguments in favour of its Muscularity—Supply of Nerves—Arrangement of the Uterine Textures—Different Contractions arising from the different Arrangements—Gestation—Parturition—Protracted Gestation—Natural Labour—Definition of Natural Labour generally erroneous, &c. &c.*

It appears almost incredible, and yet it is no less a fact, that so important an organ as the uterus (which even in an unimpregnated state is of considerable size) should, in reference to its anatomical structure, be so little understood. Many writers maintain its structure to be decidedly *muscular*; whilst others, as rigidly maintain that it has not the characteristics of a true muscular organ—consequently, in their opinion, it is *no muscle*. Now it is certainly true, that if the definition given to muscular bodies by many of the older, as well as more modern writers, is to be considered the *sine quâ non* of perfection, and that all structures, not falling strictly within that definition are to be considered as something else; we must search for some other explanation, as to the cause of these powerful contractions to which this important organ is subject under the various circumstances of parturition, &c. I believe if this question were to be decided by practical accoucheurs, a very large majority would be found to give their opinion in favour of its muscularity,—and of those that deny it, they do so with considerable qualification. I think few will be disposed to deny that the uterus in a gravid state is of a fibrous texture, and those who deny its muscular action, offer no satisfactory explanation as to what the action is which they wish to substitute *for* muscular; certainly, there is not anything more analogous to what is commonly termed muscular action, than that exhibited by the fibrous texture of the uterus when in a state of action, as in parturition. It requires a wide latitude of the imagination to reject the principle of muscular action, whilst endeavouring to explain how this powerful organ expels its contents—a latitude that I feel no inclination to indulge in, since I have long been of the opinion that the uterus is *a muscle*; that its action, when excited, is truly muscular; and that there exists no other known law to explain the manner by which it is enabled to expel its contents. The different layers of reticulated fibres of which the coats of the uterus are composed, will, I think, when duly considered, explain the plan of action to which these fibres are subject, and which, to my mind, satisfactorily point out its muscularity, viz.:—by the reticulated character one fibre not only acts as a fulcrum on which another's action depends, but also acts as a point of insertion to a third, and so on throughout the whole series of fibres stimulated, ensuring the contraction of the whole mass, or at least that part of it which is supplied by one class of nerves, proceeding from one particular source. Much discussion has arisen as to the source from whence the uterus is supplied with nerves; some authors considering its supply to be directly cerebral, others, chiefly spinal. I have been led, chiefly from practical observation, to believe that it can be demonstrated, that the supply is both cerebral and spinal in pretty nearly equal proportions; that the distribution of each of these nervous tissues is on different parts of the uterine organism, and different results are produced from stimulating one class of these nervous tissues to what are observed from stimulating the other. It is also probable that the lateral walls of the uterus are supplied directly from the cerebral mass, and comprise the transverse circular reticulated fibres of the uterus, which, when in action, produce those grinding pains observed in the earliest stages of parturition, familiar to nurses and midwives as belly pains, requiring, as yet, no interference on the part of the accoucheur, but which, in true natural labour, precede all other kinds of pain. It is during the action of these fibres that the process of dilatation is accomplished. Dilatation of the os uteri is the special object of these particular contractions, and any other result is not in strict accordance with the rule, which Nature, in her wise laws, has set down to be followed. On the contrary, that portion of the uterine structure supplied by the spinal class of nerves is chiefly from fundus to cervix, these longitudinal fibres are most probably arranged in another and distinct portion of the uterine coats, and when stimulated into action, produce pains of a very different character to those before spoken of, and in truly natural labour succeed the transverse, or primary dilating pains. The secondary pains I am now speaking of are marked by strong bearing-down efforts, the result of which is, the expulsion of the uterine contents. Such pains are felt in the loins and down the thighs, accompanied with spasmodic affections of the muscles of the thigh, and leg, indicating to the practical attendant a rapid progress of the case towards the completion of parturition. It will be my endeavour to prove in the following observations, the truth of these speculations by practical demonstration. In true natural labour then, the first step of nature is, to excite the transverse muscular fibres into action, which is accomplished by their having arrived at the utmost state of tensity; perhaps no strictly limited period of time is necessary to produce this excitement to action; it has been stated thirty-nine weeks, plus one day, but it is quite possible, that this matured state of tensity may be arrived at, a day or two short of, or a day or two over, the time specified and still be perfectly natural. It is extremely difficult to procure precise data of the exact period of conception, and so long as that difficulty remains, there will always be an uncertainty as to the exact period of matured utero-gestation: it is this uncertainty that has led to so many absurdities in respect to protracted gestation, very many of such cases, having no foundation in fact, but the fertile imagination of enthusiastic minds; I have taken no little trouble for many years, to ascertain what credit can reasonably be attached to such recorded cases; and, I am convinced that a majority, (and that not a small one either) will not bear minute inspection, and are entitled to but little credit. As it is, however my intention to take up this subject shortly, I shall not at this time say more about it. The period of utero-gestation, may be, as we have stated, a little more or less, than that generally admitted, and still be natural, in consequence of the precise time of conception being uncertain; much allowance must also be made for the rapidity, and extent of growth of the uterine contents during gestation, the state of plethora, or debility of the maternal system, and of the morbid action that may be present in either the maternal, or fœtal systems. When the time has arrived for the uterus to expel its contents, the transverse fibres are first put into action, the result of which is the dilatation of the os and cervix uteri. When this is in a great measure or entirely accomplished, a new action is stimulated by the second class of nerves, taking their origin from the spinal column; this second order of nerves is roused into action by the descent of the membranes, and head, into the pelvic cavity, pressing upon, and stimulating into action a series of nerves hitherto held in a state of quiescence, the moment this secondary action begins, (which is the action of the longitudinal uterine fibres which

are arranged from fundus to cervix) the result is bearing-down pains, or efforts of expulsion, and in true natural labour should continue until the whole uterine contents are expelled. Thus, I am of opinion, that the definition of true, natural labour, is not yet correctly defined; for if by natural labour, is to be understood the progressive development of certain actions, necessary to the fulfilment of the object in view, every deviation from that true line of proceeding, must be considered as unnatural, and it would be well if teachers in midwifery would particularly bear this in mind. It has been too much the fashion to consider natural labour that which has a certain mechanical presentation, and the completion of the process within a certain limit of time. Thus, though writers express their definition by variously turned sentences of our language, yet the outline is generally this: *"when the head presents, and having made its descent into the pelvis the face turns to the sacrum, when the entire expulsion of the foetus and secundines is concluded within a period of 24 hours without any artificial assistance."* Some writers have been candid enough to admit, that, to this general rule there may be some exceptions. And it is with the view of pointing out some exceptions, that I have undertaken the following observations. It is quite evident, that all that is required by the definition may be strictly accomplished, and yet after all, the labour *is anything but a natural one*, as I shall now endeavour to explain.

(To be concluded in our next.)

PROGRESS OF FRENCH SCIENCE

FROM OUR OWN CORRESPONDENT.

Paris, March 27th, 1844.

On Accidental Contraction of the Limbs; by Dr. Morel Lavallée.—(Causes continued.)—Rheumatism has been considered a cause of this affection. Delpech only looked upon it as a secondary cause, possessed however of very great power in inducing this deformity in the fibrous and muscular tissues. MM. Duval and Bonnet as well as the author, have recorded cases of contraction arising from the same cause. To its influence also must be ascribed the production of contracted joints in arthritic and scrofulous swellings of these parts, rather than to the liquid effusion within the joint. The deformities produced by a totally different disease have been by authors erroneously ascribed to the influence of rheumatism, and accordingly they have confounded both under a curious compound name, *syphilitic rheumatism*. Syphilis, it is true, affects the muscles, and manifests itself by some of the pathognomonic signs of rheumatism; a fact which almost all the authors who have written on this subject, from Petit Radel down to Dr. Ricord, have mentioned; the former expresses himself thus, (*,) "The pain which syphilitic rheumatism produces is sufficient, when it lasts some time to cause a contraction, very difficult to get rid of." Professor Chomel (†) states that "contraction of the muscles is often consecutive to rheumatism, neuralgia, convulsions, syphilis, &c." Dr. Lagneau goes still further, for not only does he mention the influence of syphilis on the muscles, but he likewise defines the species of lesion with which these organs are affected. "The venereal disease" says this author, "when it affects the muscles of the limbs produces a chronic phlegmasia, which causes permanent flexion, known under the name of syphilitic contraction, it is however an accident which has been but seldom observed."

But it is principally to Dr. Ricord that we are indebted for having again brought to notice, this neglected if not totally forgotten disease. This he accomplished, by giving a detailed description of facts which had hitherto been mentioned, but particularly, by indicating the means of curing a disease which was so rebellious to the various remedies known at the period when Petit Radel practised. All the patients that came under the observation of Dr. Ricord, presented symptoms of tertiary syphilis, with indurated chancres. The contraction appeared in one case three years and in the other ten years, after the cicatrization of the chancres. A man, ætat 30, was affected with an indurated chancre, which having been neglected, was followed in about two months after by secondary syphilis. A mercurial treatment was then prescribed and a radical cure was supposed to have been obtained; ten years after, the patient was attacked with nocturnal pains in the bones and muscular contraction of the flexors of the left fore-arm. Six months before he consulted Dr. Ricord, the fore-arm formed a right angle with the arm, preventing extension. This distinguished surgeon prescribed the iodide of potassium, and five weeks after, the cure was complete. A year has since elapsed and no relapse has taken place. * Unfortunately in other cases the interval between the date of the primary sore and that of the muscular contraction, is not so exactly noted. Syphilitic contraction exists sometimes alone or is accompanied at other times with deep seated tubercles in the throat.

Position generally acts simultaneously on the two orders of tissues, but its influence may be divided under two heads, according as it is an instrument employed by nature or the physician. But evidently in the retraction of the palmar aponeurosis, position is not near so powerful a cause as compression. In the feet, the compression produced by too small a shoe produces the disorder in a peculiar manner. Thus a dandy is often affected with contraction of the toes from wearing tight shoes; it must not however be forgotten that this infirmity may be produced or at least favoured by a hereditary disposition, (Boyer and Dupuytren.) The Chinese, it is said, squeeze into a narrow space the toes of their little girls, to prevent their infidelity when married. This deformity being rendered permanent by long continued pressure, walking is almost impossible. Among the latter causes, the simplest is that when, on account of a different limb, a healthy articulation is kept motionless for a given time. Whether the limb is bent or extended, its stiffness is always produced by contraction of the muscular or fibrous tissues. From thence arises the impossibility of bending the knee on the removal of the apparatus for a fracture of the thigh, when it has been kept extended, or of stretching it when it has remained bent during the treatment. In sprains, in addition to the immobility caused by the pain, each movement produces *engorgement* of the injured tissues: thus a sprain treated without rest is sufficient to cause contraction as will be shewn in a case of Dr. Jobert de Lamballe. Fractures, luxations, wounds, abscesses and other lesions of the limbs, produce in various ways the union of these two influences, but unreduced, accidental and symptomatic luxations, have also another and special manner of action; the extremity of the bone displaces certain muscles, shortening them by causing them to deviate from their normal direction, and at the same time their antagonists may be relaxed by the diminution in the distance between the parts to which these extremities are attached.

In order to study the mechanism of the contraction of normal tissues, taking a rapid synthetical review of what has been said, we will perceive that the shortening of the parts is sometimes *primitive*, and at others *consecutive* to a faulty position of the limb; that these two species may be by turns cause and effect. Thus, when muscular retraction has its source in a disturbance of the central nervous system, what takes place, and how is it established? The equilibrium is destroyed between certain muscles and their antagonists, and the limb yields to the action of the strongest. This predominance of power is made manifest at first by spasms, convulsions, contractions, &c., all of which, however, do not yet prevent muscular relaxation, but if these spasms of certain muscles, are frequently repeated and that for a long time, then the part becomes gradually and permanently contracted. This is the origin of most club feet. The muscles spasmodically contracted are capable of again resuming their former healthy state as soon as the exciting cause of the spasm has ceased. Should this, however, continue in force for any considerable period, organic, may take the place of what was before but functional lesion. The muscle now becomes permanently shortened and atrophied; and any attempt at extension can only succeed by a display of force sufficient to cause rupture of the contracted muscle. This assertion has been verified by the result of those cases in which M. Louvrier's apparatus for remedying muscular contraction, has been tried.

3° *Accidental fibrous tissues.*—The causes of contraction of the limbs by accidental fibrous tissues or cicatrices will be now briefly enumerated. The albuginous layers or bands under the integuments on the back of the hand, observed by Dr. Bourier and others, are not newly formed products, but merely an hypertrophy of the fascia superficialis, or as professor Gerdy expresses it, a condensation of the cellular substance, and its change into fibrous tissue. These bands, which commence in the aponeuroses, act in a similar way as those of the hand and foot, being attached to the envelope or some other portion of the tendons, without exercising in the generality of cases, any direct action on the skin. On the contrary, cicatrices are intimately united to the integuments, and it is by its medium that contraction of the limb is produced. When a wound, without loss of substance, heals by the first intention, the fresh substance interposed between its edges produces no apparent effect, and the extent of surface is not diminished; but if suppuration takes place, a cure can only be obtained by the development of an accidental tissue, which, while filling up more or less, the space left by the solution of continuity, tends to diminish its size, and to accomplish this, draws towards the wound the skin, and surrounding parts which it covers. The cicatrix may thus form a band which projects generally in proportion to the contraction it has produced. It is unnecessary to recapitulate all the lesions which may produce these results, but merely to mention the most frequent, namely, *burns*, for they are almost always followed by this accident, on account of their size, and the highly developed contractility of their cicatrices.

Prolapsus Uteri, Cured by a New Operation: by Professor Chaumet of Bordeaux.—In attempting a cure of prolapsus uteri, the principal object to be kept in view is to confine the uterus to its usual position. This, when the prolapsus is recent and not very considerable, and the patient young, a cure may be obtained by appropriate injections, or as Dr. Pontan, a distinguished practitioner of Luchon, has proved, by sea-bathing and injections with Bareges water; but when the organ has become completely prolapsed and hypertrophied, these remedies are of no utility. In these cases, Professor Chaumet recommends the following operation:—1° Remove a portion of one side of the walls of the vagina, as advised by Marshall Hall and performed by Drs. Gerardin and Laugier, Professors Velpeau and Berard; 2° Amputate the whole or part of the cervix uteri. The advantages to be derived from this modification are: (*a*) a modification in the size and weight of the uterus; (*b*) a decrease of the hypertrophy, first by the loss of blood which will necessarily follow the operation, and, next by the suppuration which inevitably takes place; (*c*) the contraction of the cicatrix of the remaining portion of the cervix and its union with that of the vagina. In a case operated on by Professor Chaumet, the result was in every respect satisfactory, and although eight months had elapsed and the woman had been occupied in the most laborious duties, she continues cured. *Case.*—Catherine R., ætat. 35, of a sanguineous temperament, and strong constitution, five years ago, after her first accouchement accomplished without difficulty, was notwithstanding affected with descent of the uterus, which gradually increased until the prolapsus became complete. On entering the hospital on the 8th May 1844, she presented the following symptoms; emaciation, extreme debility, small pulse, pale skin, inversion of the vagina, the mucous membrane of which was thicker, darker, and dryer than natural. The uterus hung between the thighs, forming a tumour of the size and shape of the fœtal head. This descended half way down the thighs when the woman stood up. The cervix uteri was considerably hyper-

* (6) *Petit Radel, Cours des maladies syphilitiques*, p. 12, 1812.

† (7) *Dictionnaire des termes de medecine*, Paris, 1828. vol. 2.

* *Gazette des Hôpitaux*, serie 2 vol. 4, p. 8. 1842.

trophied, the lips were swoln and of about twice their normal size: through the os uteri, which hardly permitted the introduction of a gum-elastic sound, a muco-purulent, ropy, and odorous liquid escaped; two ulcerations existed on the tumour, one about an inch in diameter, on the anterior, the other about nine lines in diameter on the posterior lip of the cervix: finally, above the pubis, the integuments had sunk in, and the rest of the abdomen was flattened. After removing the complications by baths, enemata, gentle purgatives, a tonic diet, rest, locally emollient poultices, and frictions with mercurial ointment, united with belladonna, the operation was performed as follows. The patient was placed as for lithotomy, a square portion of the vagina about an inch in diameter extending from the labium to the cervix uteri, was removed, two arteries that were divided were next tied, and the edges of the wound united; the cervix was then cut off with the bistoury and the uterus reduced. On the introduction of the finger, this organ was found to be about three inches from the vulva. A plug of lint covered with a bit of linen smeared with cerate was introduced into the vagina, and kept in situ by an appropriate apparatus; compresses, wetted with an emollient lotion, were constantly applied to the hypogastrium: and to obviate the inconveniences arising from the flow of urine over the wounded parts, a sound was placed in the bladder. To check the leucorrhœa, injections were thrown up into the vagina twice or thrice a day, they were at first emollient and cold, afterwards tonic and astringent; the patient was placed on an inclined plane, the inferior extremities being at the summit: she was kept in this position for six weeks. In three months and a half after the operation, she was permitted to get up. No consecutive accidents took place. The actual cautery was employed, to consolidate the cicatrix. In order to procure the return of the catamenia, the following remedies were prescribed: mustard foot-baths; dry cupping to the hypogastrium and internal portion of the thighs; ℞ extr. gentian grs. iij aloes. socotorin., hydr. chlorid. aa. gr. j. pilula mane nocteque sumenda.—(*Bull. de l'Acad. Royale de Méd.*)

On the Presence of Iodine and Bromine in Mineral Waters containing Chlorine: by Dr. Cantu, Professor of Chemistry at the University of Turin, presented by Professor Dumas. In 1823, the author announced the presence of iodine in the sulphureous mineral waters of Piedmont. Since then, by a series of experiments on this subject, he considers that it may be established as an axiom, that in all substances which contain chlorine, iodine and bromine are also contained in the state of bromide and iodide.

On the Presence of Arsenic in the Fœtus and its Dependencies: by M. Louis Audouard of Beziers. —From a series of experiments on rabbits, the author concludes: 1° That poisons, when soluble, penetrate into the fœtus, provided that the death of the mother does not take place immediately after the ingestion of the substance. 2° That whenever it may be supposed that a female with child has been poisoned, the poisonous substance must be sought for not only in the mother, but likewise in the placenta, the amniotic liquid, and the fœtus.

On the poisonous effects of the Vert de Schweinfurt, by Dr. Blandet.—This memoir is written to illustrate the poisonous agency which the above salt—a compound of acetate of copper and arsenious acid—exercises on the men who use it in stained paper manufactories. In these factories men are employed, whose business is to brush the paper after the colours have been laid down, in order to make them look the more brilliant. It is on these that the above and other poisonous pigments produce the most deleterious effects. The fine particles of colouring matter disengaged by brushing, float in the atmosphere, and are inhaled and swallowed at each act of inspiration. In a short time these poisonous particles produce their usual deleterious effects. The workmen suffer from coryza, swelling of the nostrils, lips, and eyelids, these parts frequently become the seat of a papular, or inflammatory pustular eruption, the head aches, the strength fails, cholic sets in, and in the more advanced periods of the disease, the scrotum becomes œdematous, and the seat of an eruptive disease. The antidote which the workmen themselves use to remove the injurious effects of these poisonous paints are altogether useless. The antidote on which they place chiefest reliance is milk, instead of which, Dr. B. recommends the hydrated peroxide of iron, which experience has sanctioned as an arsenical antidote.

On the dry distillation of Butyrate of Lime, by M. Chancel. The researches of this writer on butyrone and aldehyde butyrique lead him to conclude that there exists a great analogy between the compounds of butyric and acetic acids, for not only is there a striking resemblance in the re-actions to which they give rise, but likewise each product evolved in the destructive distillation in the one, has a corresponding product in the other.

On the circulation in Mollusca, by M. Souleyet.—The facts announced by Messrs. Milne Edwards, and Valenciennes at the former sitting, tend to establish that the circulatory apparatus in the mollusca is always more or less imperfect, and that the veins do not exist in certain parts, but are replaced by hiatus or the larger cavities of the system. But in reality, let the blood circulate as it may, it follows the ordinary circuit, *i.e.* after having been carried by the arteries into the different parts of the body, it is brought back to the respiratory organs and from them to the heart; in short the circulation in animals of this class is as perfect as possible. The *semi-lacunary* circulation therefore must not be confounded with its absence or its imperfection, as stated to exist in the phlebenteria, by M. de Quatrefages. M. S. concludes by stating that the intervention of the digestive organs in the function of respiration and circulation, on which phlebenterism is founded, is an opinion completely erroneous.

On Chemical Combinations, by M. Laurent.—The conclusions of the author are, 1°, that all the compounds which contain a certain number of atoms of azote are divisible by two and not by four, and contain an equal proportion of atoms of hydrogen, divisible by four. 2°, that if the number of atoms of azote are divisible by four, those of hydrogen are equally so. 3°, that if the compound contains one or more metals, the total of the atoms of hydrogen, and that of these metals must be united. 4°, that if the compound contains chlorine, brome, iodine, and hydrogen, at the same time, the total of all their atoms will be a quotient of two or four, according as the number of the atoms of azote are divisible by two or four. 5°, that the same law is applicable to compounds which contain arsenic or phosphorus, instead of azote.

On the treatment of articular swellings in Horses, by Iodine Injections, by Messrs. Thiery and Leblanc. To obviate the deformity caused by the firing iron, when applied to swellings of the joints in horses, the writers guided by the success of Professor Velpeau, performed numerous comparative experiments on the utility of injections of iodine and wine, and of the application of the actual cautery, in the presence of that distinguished surgeon and Dr. Rayer. These prove that iodine injections may be advantageously employed in affections of the *bursæ mucosæ* of horses, and that in the generality of these cases, it ought to be had recourse to, in preference to the actual cautery.

Two Lusus Naturæ. M. Joly, Professor at the Faculty of Sciences, Toulouse, has written a paper, containing an account of two species of monsters, of which he calls the first, Chelonisoma, or tortoise-bodied. In this monster, the anus is situate in the abdomen, or in the centre or sides of the thorax. The sternum is cleft throughout, and the ribs which form the thorax are shortened and some of them united by cartilage. In this cavity are contained the scapulæ, pelvis, and greater portion of the monster's tail. The urinary organs are wanting and the genital apparatus imperfect.

The second, which he named Strepsisoma, twisted-bodied, was a foal, in which the lumbar spine was twisted, so that the posterior extremities were in a direction opposite to that which they should occupy. The abdominal and thoracic organs were contained in membranous sacs which hung out of the abdomen and thorax.

Academy of Medicine, Sitting of the 25th March, M. Cavent ? in the chair. Professor Dumeril addressed a letter in the name of the section of anatomy and physiology, in which he proposes presenting a list of six candidates for the vacant seat, whose rights would be mentioned at a future sitting. Adopted.

Gluten as an Aliment. M. Chevallier read a report in reply to a letter of the Minister of Commerce, relative to the utility of vegetable gluten as an aliment. The conclusions of the report are that this substance may be advantageously employed, especially in the making of ship-biscuits.—Adopted.

On Gout. Dr. Martinenq, of Toulon, read a memoir on this disease, which he considers with Drs. Roche, Reveille-Parise, and most modern authors, to be produced by too rich a blood, and by the derangement of the digestive organs. The treatment he recommends, is that by which the blood is rendered less nutritious.

On Paracentesis Thoracis; A memoir, read by Professor Trousseau.—The writer, after detailing the successful operation given in my last, remarks that dyspnœa does not render the operation absolutely necessary—that the symptoms which indicate the danger are dilatation of the chest, change of the position of the heart, diaphragm and mediastinum. In these cases, great necessity for the operation does not exist; but the case is altered when the effusion passes the median line, or if there be with the other symptoms, considerable orthopnœa. As to the inflation of the compressed lung, which occurs after the evacuation of the fluid, Professor Trousseau attributes it to the air rushing in and filling that organ.

On the Pathology of Lymph: by Dr. Bouisson, Professor at the Faculty of Montpellier.—The researches of this writer seem to prove that when an organ becomes inflamed, the lymph contained in its capillary vessels becomes modified; from being colourless it becomes red blood, in which the fibrine is increased in quantity. In acute and chronic angioleucitis, in cachectic or syphilitic diseases, &c., the alteration of the lymph is manifested either by a modification in its physical properties, or by a peculiar influence on the system. Several deductions are established, in which lymph is shown to contain blood, bile, urine, milk, &c., and that, in cancer, melanosis, &c., it is evidently more or less modified. The conclusions of the author are: 1° That the lymph evidently participates in the various pathological changes which the different organs assume. 2° That it is sometimes the cause, and sometimes the effect of the morbid symptoms observed. 3° That the part performed by lymph in the economy and its mode of formation place it within the reach of our therapeutical agents. 4° That venesection, regimen, purgatives, &c. in modifying absorption, likewise modify the production of plastic lymph.

Professor Gerdy gave the details of a case of a hydatid tumour removed from the thorax of a child three years old, which also contained a substance of a doubtful nature.

GARLAND DE BEAUMONT, D.M.P.L., & S., &c
Honorary Physician to the Spanish Embassy.

EXTRAORDINARY MEETING OF THE PARISIAN MEDICAL SOCIETY.

A numerous meeting of this body was held on Tuesday evening, the 1st instant, pursuant to a requisition inserted in *Galignani's Messenger*, to take into consideration the mode in which diplomas are obtained by unqualified individuals in certain German Universities, and to adopt such resolutions as may tend to afford security to the public, and at the same time to uphold the dignity and interests of the medical profession.

Amongst those present, were Baron Dubois, Clinical professor of midwifery to the University of Paris, Drs. Ricord, Lonnellan, Garland de Beaumont, Brierre de Boismont, Olliffe, McCarthy, Davison, Clancy, Taylor, &c.

The chair was taken at 7 o'clock, by the President Dr. M'Carthy, who having stated the object of the meeting, vacated it, and was replaced by the Vice President, Dr. Clancy.

The following resolutions were then unanimously adopted.

1. Proposed by Dr. M'Carthy, seconded by Dr. Olliffe:—That this Society feels itself called upon to notice two articles which appeared in the London *Medical Times* of the 8th, and 22nd March, 1845, headed "Value of a Giessen Diploma," and to denounce the traffic carried on by the University of Giessen.

2. Proposed by Dr. M'Carthy, seconded by Baron Dubois,—That a committee of three be appointed to communicate with the University of Giessen, to protest against the late disgraceful transactions.

3. Proposed by Dr. Kneeland, seconded by Dr. Ricord:—That it is the opinion of this Society, that no regularly educated medical man should meet in consultation, or recognize in any way, as qualified practitioners, individuals who have no other title than the Giessen diploma.

4. Proposed by Dr. Olliffe, seconded by Dr. Taylor:—That M. Orfila, Dean of the Faculty of Medicine of Paris, (whose efforts to protect the public from charlatanism and imposture, and to uphold the dignity and interests of the Medical Body at large, have at all times been so prominent,) be requested to extend his protection to the regularly qualified practitioners resident in Paris.

5. Proposed by Dr. Redfern, seconded by Mr. Webb:—That this Society denounces entirely the practice of granting diplomas by any University, without being perfectly satisfied, by a personal examination, of the fitness of any candidate for their degree.

PROGRESS OF GERMAN SCIENCE.

By Sigismund Sutro, M.M.

Fallacy of M. Weber's Test to Distinguish between Bitter Almond and Laurel Water.—This test, which is nothing more than the effect of aqua ammoniæ upon the above distilled waters, has been pronounced erroneous by Professors Martius and Osswald. Weber asserts, "that liquid ammonia produces no change when added to bitter almond-water, but that it changes laurel-water from a transparent to a cloudy milky liquid." Osswald not only denies this, but asserts the contrary. He says, that bitter almond-water becomes milky on the addition of caustic ammonia, while liquid volatile alkali produces, at first, no change in laurel-water, but renders it, after some time, slightly clouded. In experiments, which he had performed to investigate this subject, after the lapse of a fortnight, since the addition of the ammonia to the bitter almond-water, he found the test-tube, containing the mixed liquids, covered at bottom with a dirty-yellow, sandy precipitate; while that containing the laurel-water, which had been exposed to the ammoniacal re-agent, was but slightly coated at its sides with a dirty-white deposit. The smell of the bitter almond-water continued unchanged, while the laurel-water had completely lost its characteristic odour. May not this latter difference between both waters be ascribed to the fact, that bitter almond-water contains more ætherial oil than its analogue, laurel-water?—*Buchner's Repertorium.*

*Poisonous Effects of the Expressed Juice of Fresh Elder-Bark.**—A strange opinion prevails among the lower order with regard to the properties of elder-bark. They imagine, that this substance, if scraped from above downwards, possesses a purgative power, and that if, on the contrary, scraped from below upwards, it produces emetic effects. Having premised this statement, the writer of the present paper states, that Dr. —— was called to visit a married woman, 54 years old, of a bilious temperament. When he first saw her, she was constantly vomiting coagulated greenish matter, which she supposed was bile, and complained of violent cholic. On enquiry, Dr. —— found that she had been ill ten days before he was sent for, and that her husband had administered to her, as a purgative, about two tablespoonfuls of the expressed juice of elder bark, scraped from above downwards. To relieve the cholic Dr. —— ordered some compound infusion of senna, which was not taken, as the patient had several stools after his departure. Next day enteritis set in, and was followed by paralysis, under both of which the patient soon sunk.—*Medic. Zeitung. Russlands.*

* The bark of the dwarf-elder, Sambucus Ebulus, not that of the S. Nigra, must be that referred to in the present article.—Ed. *Medical Times.*

On the Astringent Properties of the Sporules of Fern.—In tropical countries, the sporules which cover the young fronds of the larger ferns, have been long prized as styptics. Some of these sporules, imported to England from the West Indies, have been used by English practitioners, and found to possess highly styptic properties. Hasskarl has lately brought to Holland a specimen of the sporules of the Javanese *Alsophila lurida* called by the natives *Bulu-kitang*, which have been very advantageously employed by Dr. Molkenboer, of Leyden, in the treatment of internal and external hæmorrhages.—*Dr. Seubert, in Buchner's Repertorium.*

Wöhler's New Mode of Preparing Benzoic Acid.—Benzoin is dissolved by heat, in an equal volume of alcohol, and to the hot solution muriatic acid is added, in proper proportion to form æther with the alcohol. On the addition of greater heat, benzoic æther passes over dissolved in alcohol, upon which some drops of undissolved æther may be perceived floating. The distillation is continued to dryness, when boiling water is added to the residuum in the retort, the process is begun anew, and continued as long as æther passes over. The hot water is next poured off, and deposits on cooling, some chrystals of benzoic acid. The distilled liquids are next mixed, treated with caustic potash, exposed to a heat sufficient to volatilize the æther, and finally saturated with muriatic acid. On cooling, benzoic acid is deposited in its usual chrystalline form. This operose mode of preparing benzoic acid, possesses no advantage over those in ordinary use, save the nominal one mentioned by Wöhler, namely, that by this process, benzoine is completely deprived of every trace of acid; nor does it divest the chrystals of their odorous principle, the oil, which is found equally in this as in the commonly prepared acid of benzoin.—*Annalen der Chemie und Pharmacie.*

On the Agency of Galvanism in introducing Remedies into the System.—The writer of this paper, reflecting on Davy's discovery, "that volatile substances, when connected with a galvanic battery, are invariably carried in the course of the electric current," resolved to try whether this principle might not be rendered subservient to the cure of disease. Iodine was the first remedy he determined to make trial with. After various experiments, he at length completely succeeded in introducing this substance into the system by the agency of galvanism, and effected cures in five instances in which he employed this compound therapeutic agent. As the result of his experiments, he concludes by stating, that this novel mode of employing medicines possesses advantages over the ordinary method which ought to entitle it to a trial. As not the least of these advantages, he mentions, 1°, that the topical effects of iodine or any other drug can be most readily perceived when used in this way. 2° That any injurious overcharge of the remedy used, will pass off by the negative pole; and 3°, That the constitution suffers less from remedies administered in this than in the ordinary manner.—*Dr. Klenck of Braunschweig, in Werner's Zeitschr.*

On the Importance of placing Nervous Patients in the Magnetic Meridian.—Dr. Von Eisenstein states that the earth is a large magnet, a reservoir of magnetism, which, like electricity, is both positive and negative. The human body from being subject to its influences, becomes highly magnetic, and as a consequence, electro-magnetic processes are constantly in action within it. If in the human body the different varieties of electro-magnetism preponderate not one over another, health is the result; whereas disease, developed through the nervous system, must ensue if this equipoise is not preserved. Dr. Von E. has witnessed the most beneficial effects in the treatment of nervous diseases, by directing his patients to be placed in the course of the magnetic current, with their heads towards the north.—*Opere Citato.*

THE MEDICAL TIMES.

Saturday, April 12th, 1845.

"This is neither begging, borrowing, nor robbing,
Yet it hath a twang of all of them."
Massinger's Guardian.

That infatuated, doom-smitten cabinet of incapables—the Council of the College of Surgeons—give us this week, as a further earnest of their ruin, another of their laboured essays at self-justification. We have read it with the bitter melancholy with which a Jacques may be supposed to have heard his motley fool in the forest. Alas, poor humanity! Angels might indeed weep to see the fantastic tricks of these men, pranked out in a little brief authority. We must not only, as of yore, have our imbeciles above us, but be everlastingly convicted of the fact, on their own spontaneous confession. Every fool in luck, in those days of literature, must perk his ineptitude in our faces—and rulers can't be easy in their places till they have proved satisfactorily, in black and white, "with how little wisdom the world is governed!" The arrogance of mental insignificance never, surely, reached its climax, till this manifesto saw day. Forced, like others, to witness the multiform vanities of imbecility—we are yet literally astounded at the phase before us. The mindless Councillors of the College deliver their presumptuous follies with the grave consequence with which Roman senators gave forth the edicts that conquered nations. Nonsense in extremes never assumed a more solemn or insolent aspect.

But, amid all the gravities of official self-importance, how curiously do the lighter hues of childish ineptitude interweave themselves! What, psychologically, can be more interesting than to see these imagined statesmen condescending, ever and anon, in their grand diplomatic ultimatum, to teach the general practitioners—one of the great contracting parties—how to write English, magisterially putting right, collocations of words which were never wrong! Setting out with a majestic sneer at "the *Gentlemen* STYLING THEMSELVES the National Association," (those gentlemen whom they elsewhere "individually esteem," and "refer to as highly respectable!") they talk of a solution "requiring *nicer* distinction than the Association seems to have anticipated"—suggest complacently to that body "second thoughts" upon another of their views—waggishly declare that a question by the Association was "probably intended" to stand, not as worded by the Association, but as the Council condescendingly put it—and obligingly suggest what *might* BE "the *aim*" of the Committee "*when explicitly worded!*" Poor demented children! At this very moment, one of the noblest institutions of the Empire has been thrown, by their stupid mis-government, into the most imminent danger—and they occupy themselves in giving lessons in philology, after an impertinent fashion, to the very men who hold their fate in their hands! In great matters, as in small, it is always the same when government is lodged in the hands of presumptuous incapacity. While ruin, in the shape of insurrection or revolution, has been brought, by their puerilities, into fearful proximity, one brainless ruler embroiders petticoats, another plays the carpenter, this one fiddles, and a fourth gives lessons!

In this impolitic vindication of ruinous impolities, we are first told that the "alleged injustices" caused by the Council's *administration* of the New Charter were forced upon them by Government. This is a shabby excuse, and may be branded

without ceremony as a mis-statement. The Council themselves declare that the *Government's* aim was merely the provision of an electoral body. If an electoral body were all that was required, a certain number of senior members would have done as well as a certain number of any other members. The elective privilege so bestowed, while giving all the Government is said to have asked, would have required no new grade, no new title, no invidious promotion, no outrageous displacement, and if blamed for not proceeding far enough, would have caused no protest on the ground that personal injustice had been done to any man. It would certainly have been recognised as an improvement. But such a constituency, though it would have introduced into the College that responsibility in its new government her Majesty's ministers sought, would not have given electors necessarily under the thumb of the Council—would not have given the Council the patronage of their appointment—nor would it have enabled them, by elevating "the pures" singly, to make a stab at the public's increasing confidence in general practitioners. The *Government* wanted responsibility: the *Council* wanted patronage—and Sir James Graham has been so unfaithfully dealt with by those he has confided in, that they have got their aim, and he has lost his. He has not given us responsibility, but they have got patronage. This fact, proved by the universal discontent of the members, and lasting "*obloquy*" of the rulers—circumstances admitted in the manifesto—should set Sir James Graham a thinking. We have been cruelly injured—has he not been cruelly betrayed?

But they tell us that their selections were honest. We tell them, with unpolite brevity, they say false. Honest men *would* never, *could* never have accepted such a power of selection. It was a selection that COULD NOT be just—for no twenty surgeons of the metropolis, however extensive their acquaintance, or however little affected by it in their choice, could say who were the best five hundred surgeons of the empire. They could not do right to the worthy men that owned them as brethren—and as honest members, they should have resolutely refused to do wrong; and therefore we say, that the man who gave himself, by the abuse of royal prerogative, such a disgraceful piece of patronage, must have been very nearly a scoundrel, and that those acting with him in its exercise must be conscious of a transaction which, if a virtuous brother's peace and social dignity be anything to them, should leave them many a sleepless night. How DARED Sir Benjamin Brodie—how dared any men presume to set themselves as public arbitrators who were, and who were not, the good surgeons of the realm? What justified their robbing, pillaging, and plundering their fellow members of their right, and then saying to the people of England:—"Of all the men practising surgery among you, only we—the five hundred pillagers—are worthy of your confidence?" How dared they libellously and lyingly proclaim, in May last, that they would omit no one in the list of Fellows "held in esteem by the other members of the College for his surgical experience and scientific attainments," and then omit ten thousand gentlemen whose surgical skill they had themselves proclaimed? How presumed they thus to badge, as *un*scientific and *in*experienced, the surgeons of England—their own brethren—who had undergone as good an examination as themselves? Thus, then, stands the matter. The patronage was unnecessary—for seniority would have given an unobjectionable elective body. It was most suspicious patronage, for the power of distribution was used in secret, and was unchecked and irresponsible. It was a patronage that could not be justly exercised—for no power of man could discriminate the merits that called for preference. What, then, must we say of the *honesty* of those that sought the privilege—mendaciously praying for it in the name of those members of the College that detested it? Is it wonderful that patronage petititioned for with so much probity has been distributed with so much fairness and justice?—and what can Sir James Graham mean in handing over the profession to be devoured by incapable parasites, after so scandalous a fashion?

But, then, we are told, for our comfort, that the enormous wrong done to our surgeons will vastly serve surgery! Surgery is to be advanced by the injury of its cultivators! The less the Practitioners of this country are connected with a College of Surgeons, and the more they are forced by governmental interference to confine themselves to pharmacy, the more these select Solons think will be accomplished for surgery. The truth is, these small-minded gentry give opinions on matters to them far beyond the range of a clear conception. They neither know the nature of the surgery they talk about, nor the means that will best increase it. There is no such thing as "pure surgery" in an enlightened country, as there is no such thing as a surgery which excludes midwifery. *Pure* surgery is *pure* barbarism. Your butcher is your only *pure* surgeon. Why, Brodie, who talks in silly accents of medicine, and midwifery, and pharmacy as sciences NOT COLLATERAL TO SURGERY, has made one-half his fortune by medicine; and the idea of improving surgery by limiting its high posts to an extremely small body of candidates, is one of the wildest that could enter the brain of a bedlamite. Surgery as a science will never have its true development in this country, either in height or expanse, until every medical man in the empire feels that whatever the nature of his avocations, his surgical skill, if superior, shall be certain of carrying the bell. Believe those men, carry out their reasonings to their true extent, and surgery is nothing but a system of operations. Dismemberment not cure, would seem the object of their science: a patient to them would appear not a man asking health, but a carcase inviting carving practice; and the council would never be properly constituted unless monopolised by such men as Liston. Such medicine-mongers as Brodie, and Guthrie, and Cooper, follow far too *general* a practice to suppose of their being up to the mark! in pure surgery.

In another part of this verbose piece of audacity, we are told that our principal inducement to take their diplomas, was to have a certificate with their *names* attached! How comfortable a doctrine for *their vanity*? "What a dust we flies create!" And it is added, still further to reconcile us to the fellowship and to soothe "disappointment," that there is a bye-law excluding general practitioners from the council which we swore to observe. What can this mean? *We swear to observe* a bye-law which we can neither observe nor infringe? The thing is absurd, but we suppose this judicious council, would run into an absurdity rather than omit so good an opportunity of good-naturedly suggesting that in trying to get a bye-law altered, we are perjuring ourselves? If so, what did the council when they changed the old charter and bye-laws *they* had sworn to maintain? And will they permit us to ask, was there not *another* oath—that of defending their members intact in all their "*rights?*" Was the equality guaranteed us by printed circulars, no *right?* Was our "*displacement*" from our old position no infringement of a "right?" But they deny the "displacement." What says their own manifesto of May? "The question was not whether they" (certain surgeons) "should be *elevated* to a new position, but whether they should be *displaced* from one which they previously held!" By their own statement, then, omission from Fellowship and displacement from "*previous position*" are synonymous terms! Have they then—let us ask them—protected the "*omitted*"—secured the "*displaced*" in their full rights? If not, who justly can bandy about charges of perjury? The tyrant who has infringed the constitution he swore to observe, is always prompt to talk of broken oaths of *allegiance*—oaths which he himself has annulled.

The Council, in their very full wisdom, claim immense credit to themselves as having had the opportunities and occasions required for the special cultivation of surgery, "and as possessing consequently, the qualifications for regulating the education of surgeons, and for promoting the great public objects for which the College was founded," and to shew how they have regulated the education of their members, and promoted the great public object for which the College was founded, give us this delightful view of the gentlemen they have ushered in with us to the honour of confraternity. In a very *triumphant* tone, they ask, "Would they," the Association, "include "in the list of Fellows those" members "who "have *violated the laws of their country?* "*Would they include professional paupers, and* "*persons of notoriously bad character? Would* "*they include the puffers and vendors of nostrums* "*and secret remedies, and the writers of indecent advertisements? Would they include surgeon's assistants, or those who have connected themselves in* "*business with druggists and chemists?* Would they "*include the retail shopkeepers*, who expose for sale "*cattle drugs and perfumery?* Would they, finally, "include or exclude all those who keep open shops, "and who, though ill sustaining a professional "character, are yet not chargeable with any "moral disqualification?" It is difficult to fancy anything more coolly insolent! They made as much money as they could by letting in as Members, Felons,—indecent advertisers, *et hoc genus omne*; they then purify their own clique by adroitly erecting a higher grade, which absorbed themselves and friends, and when we claim admission in the same order, they assure us, that they really must decline—the difficulty is so great of discriminating us from the disreputable brethren they gave us! If a felon be good enough for a Member, *a fortiori* is he good enough for a Fellow. He is, of all men, the one calculated to administer in a proper spirit the most *felonious* document that the sign manual, perhaps, ever touched!

In closing our remarks on this most discreditable and impolitic manifesto, we feel bound to present it to our readers as the Council's final declaration of war against its Members. There can be no longer a minute's mistake. No further treating—no further negotiation. Let them have in plenitude the whole of that hostility they have so recklessly courted. *Delenda est Carthago.* Let no communion professionally be held with the Council.

Some of these gentlemen are said to be not ill disposed to us. We will believe it when we see them abandoning a post they can no longer occupy

with honour. The National Association must form the general rallying point. IT MAY BE A COLLEGE OF SURGEONS, AND MORE, if the profession will do its duty. All minor Associations should at once join it. The Provincial Association will not be true to its own principles if it shrink from an immediate coalition; and we would respectfully urge on the Defensive Association of Surgeons at once to join with the only combination which, in numbers, in respectability, and in energetic management, *has* existed, or *does* exist, with power to achieve every long desired improvement in the profession. We have heard with pleasure of the beginning of a movement by the extra Licentiates of the College of Physicians. Might it not answer their aims to swell the force of a body which should include in its pale the whole profession, and give it a consolidation, and aggregate power potent for every good? The curricula and examination of the physicians and the general practitioners have, for years back, been pretty identical. A thousand arguments show that it would be a great march in professional improvement, by which every medical man would be physician, or surgeon, or both. "Licentiates" and "Apothecaries" should be left to the back ages they belong to. Is it impossible, then, that—including all orders of the profession in one common University—the National Association may become a great National College of Physicians and Surgeons, and hold their sittings, so useful to the profession and society, in the very halls whence now proceed the act of atrocious injustice, and the document of imbecile insolence. We will not despair of even so vast a result; but whatever happens, it is clear that the Association is the great defensive power of the Profession, and that it will do good for us in the precise proportion in which its unanimity is maintained, its force is strengthened, and its mutually cordial good feelings maintained.

The wise fellow who first termed the practice of medicine a mystery, deserves credit for seeing further than others into a mill stone. No day passes, which does not bring us proof of the correctness of the apothegm with which he has graced our profession. Some two or three weeks since, we had the highest surgical authorities in the land, at fistycuffs in open court, about the propriety of a specific plan of treatment, in a very specific surgical disease. The example set by men of such professional *ton*, could not fail to be imitated by their humbler brethren. Accordingly we have had at Norwich, on the 5th inst., another Lawrence and Liston case.

An action was brought by a young lad named Gibbs, against a surgeon, Mr. Tunaley, to recover damages in lieu of a leg, which he stated to have improperly disappeared, during the defendant's treatment. The plaintiff's cart-wheel went over his foot, below the ancle joint, lacerating the posterior tibial artery, or some one of its branches. He was brought to the doctor's house, who dressed the wound with adhesive plaster, and directed the lad's friends to send for a Mr. Skolding, a chymist, if the bleeding returned. Mr. Skolding *was* called in, and bandaged the wound, in doing which he placed a knot over the anterior tibial, which, allowed to press upon the artery for a few days, caused mortification of the foot and leg, and amputation of the limb below the knee of necessity followed.

In support of the allegation of unskilful treatment, Messrs. Lewis and Colman, surgeons, of Wymondham, appeared, and gave it as their opinion that the lad was neglected, inasmuch as the gangrenous process should have attracted the attention of the person in care of the patient, fully six days before he ever seemed to have noticed it. Messrs. Mills and Nicholls, of Norwich, gave corroborative testimony; alledging that in such a case as that before them, the temporary application of a bandage might be resorted to, to check hæmorrhage, but that its continued application for seven or eight days, was indefensible, and highly injurious. They had examined the amputated limb and found the bones composing the ankle joint uninjured, though their cartilages were completely absorbed by the destructive inflammation excited by the treatment adopted.

The defendant, in justification, alleged that he had at first informed the plaintiff of the very dangerous nature of the accident which he had met with, and that his directions *not* had been attended to; that the bandage had not been allowed to remain on for a week, the plaintiff having removed it the Wednesday after the accident, when the wound was dressed, an operation which was repeated by the patient twice or three times. Messrs. Crosse, Norgate, Johnson, and Dr. Evans, all of Norwich, gave it as their opinion that the case originally was one of injury to the ankle joint, which, though not fracturing the bones, had detached their cartilages, which were consequently absorbed. They stated, in addition, that the mortification was the result of the original injury, not of the treatment adopted.

The jury after a lengthened consultation, gave a verdict for the Plaintiff, damages ¼d.

This trial affords matter of comment on more grounds than one. Without doubting for a moment the surgical knowledge of such a man as Crosse of Norwich, we beg to offer our humble opinion, as to the impropriety of receiving his evidence under the circumstances in which it was given. Nothing appears in the report of the trial which could lead us to think that he ever saw the lad Gibbs, while labouring under the effect of the accident. Had he been called in to see him, no doubt we should have had Mr. Tunaley referring to his opinion. But no such thing occurred. We find him and some four other medical practitioners coming forward to do what? To give their opinions upon the propriety or impropriety of Mr. Tunaley's deputy's treatment on the strength of the representations of both or either of these gentlemen. But suppose that neither Skolding nor Tunaley ever spoke to them on the matter—and that Mr. Crosse and his friends gave their opinions according to the evidence they had heard during the progress of the trial, we say again, *that not having seen the injury either from the date of its receipt, nor later still, when the limb was obliged to be amputated, they had not a shadow of right to give any opinion, nor should such an opinion as they gave be allowed to go in evidence before a jury.*

Here, as in Lowe's case the matter did not resolve itself into the discussion of a dogmatic point. The case stood simply thus: was gross neglect exhibited or, not, in the treatment of the lacerated wound of Gibbs' ankle? Now Mr. Crosse not having had the personal experience which would have enabled him to solve this query, could scarcely be correct in his opinion, on the ground that the intensity of the inflammation as exemplified in similar accidents might produce all the unfavourable results of the case before us.

A patient is brought to Tunaley, whose anterior tibial artery has been laid bare, and lacerated. Mr. T.'s treatment consists in covering the wound with sticking plaster, and sending the lad about his business, telling him, however, if anything untoward occurred, to call on a chemist, who in all probability knew as much about the matter as the lad himself. The chemist is called in, bandages the wound, we will suppose on the second day after the receipt of an injury which according to Mr. Crosse separated the cartilages of the ankle joint, from their attachments, and bandages too, at a period when inflammation is most naturally looked for in such injuries. Would Mr. Crosse adopt such practice in the Norwich Hospital? We are certain he would not. Would he, if his own ankle joint were denuded and his *anterior tibial* torn through remain quiet under the application of a strap of sticking plaster to the wound? We can almost fancy him, after the primary shock of the accident had subsided, with the heel of the wounded foot slightly raised, uneasily lying on his *Arnott's bed*, and watching, with the impatient and fitful eye of suffering, the evaporation of the *lotio lythargyri*, tepid or cold, from the wound, while all the appliances of surgery to keep down inflammation are ready at hand. Did Mr. Tunaley direct any thing of this sort for Gibbs? Rumour sayeth not. Did Skolding, the chemist, during his week's attendance, prescribe or direct the applications of any one of the routine remedies used on such occasions? His master's silence would lead us to infer a negative to this query. For this sin of omission he is not to be blamed—the defendant directed him to be called in—thrust honour upon him which it is no no man's nature to refuse; and, in our opinion, the defendant should not be allowed to pass scatheless for the effects of his deputy's ignorance. A farthing is rather a low estimate of the value of a labourer's leg, supposing even that he had a horse and cart; and we would humbly suggest that our Courts of Justice should prepare a tariff of prices for human members—a graduated list of the value of each extremity—a very fitting substitute, we should think, for the old "lex talionis."

As a heading of the list, we would give—

A LABOURER'S LEG (*vide* GIBBS *v.* TUNALEY). VALUE—ONE FARTHING.

THE CONSPIRACY AGAINST THE NATIONAL ASSOCIATION.

A correspondent, on whose sources of information we have much reliance, gives us, as his settled conviction, that an eccentric Member of Parliament, whose ineffectual apostacy from the imperilled cause of the Profession is now matter of common derision, is under terms to get the Government Bill passed this Session. The policy of creating an apparent division in the National Association, as a diversion that the minister can take advantage of to press forward his measure, and the insidious, side-winded eulogiums of the Bill, and crafty suggestions of good points that do not exist;—this species of policy is assumed, our correspondent alleges, as the least dangerous and indeed most feasible mode of disarming and making ineffectual the Profession's opposition. It is but reasonable to suppose, that Sir James Graham, who feels his position as a statesman much compromised by the attitude of the Profession, will, if ultimately successful, testify his gratitude in a form still more substantial than that which testified to the service of this M.P.'s silence on the concession of the Charter. About the time of that useful silence, h's brother—a tradesman—got a government birth, Assignee of Bankruptcy. But *that* appointment was only worth from one to two thousand a-year.

No. 291 **SUMMARY.** April 19.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY,

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LECTURE III.

In a subsequent lecture, I shall examine the physiology of the human cranium and face, the skeleton of the head, in fact, as a whole: that lecture I shall base on the measurements and careful examination of about 260 crania of different races and nations. But as each individual part or bone of the human body has its special physiology, its own anatomical and physiological consideration, altogether independent of, and indeed, scarcely related to, those abstract and metaphysical speculations which have hitherto passed current for physiology, bringing it into total disrepute as a useful science, I shall proceed first with the examination of each bone of cranium and face, leaving out of view for a time those beautiful and probably correctly philosophical speculations which Goethe founded on the principles of analogy; principles known to Aristotle and Newton, but most clearly expressed by Newton as principles, and rendered intelligible to all by Goethe, who applied those principles to the details of animal and human structure.*

When the student has surmounted the difficulty of naming the various processes, foramina, plates, fissures, and cavities, seen in and about the frontal bone (a school-boy's task), with which, however, the student, it is to be feared, generally completes his view, mistaking the means for the end; learning anatomy as if it were a science in itself, and not a mere art leading to the acquisition of science; the student should now examine this bone and all others, with a reference to their physiological and practical history. It matters not how he proceed with it, provided he but keep the bone before him, and in his hand. By one surface it assists in enclosing the brain; by another, it forms a part of the orbits; and by a third, that of the nostrils. The superciliary arches (arcus superciliares) are two, somewhat rough, arched prominences found a little above the orbitar margins, proceeding from below upwards, and receding a little as they advance from these margins. They are not generally very distinct in the female cranium, nor in all males; nor are they peculiarly strong in any race of men I have examined. Certainly not in the negro race: their strength, or enlarged development, would seem then to be an individual variety merely, not confined to any race or nation, but occasionally seen in all. It is in the adult oran, however, and in the male baboon where I have fancied their development to be strongest, and conjectured this development to be somehow or other connected with strong sexual desires. It may, or it may not, always coincide, but this is my general belief. The texture of the bone in these superciliary arches differs from the adjoining structure; it is open, loose, and vascular, or at least full of foramina. It merits a more minute enquiry than what has been as yet bestowed on it; the elevation of these arches, I may further remark, is not necessarily dependant on, or coincident with, any increase in the size of the frontal sinuses.

The frontal protuberances are always pointed out to the student whether they be present or not; but in fact they are only occasionally of any magnitude. In the early years of those persons who show them large when grown up, rickets may be suspected to have prevailed: or if they have not positively prevailed, at least there has been that peculiar constitution disposing to them. Every anatomist knows that the earliest ossific points in the frontal bone appear in or near these protuberances, and that the osseous fibres, so to speak, shoot from these points like the radii from a circle's centre. On each side the smooth surface surmounting the nasal spine, an elevation appears, increasing and extended outwards under the superciliary ridges as age advances; these elevations mark the situation and growth or development of the celebrated frontal sinuses; cavities which have given rise to much discussion as interfering with the general parallelism of the tables of the skull at this particular part. The facts accumulated by many observers, both anatomists and amateurs, have not as yet led to any clear notions of the signification, value, or uses of these sinuses. To say that they are placed there to lighten the bones of the cranium, might satisfy the readers of the "Bridgewater Treatises," but not any sound anatomist. They form a part of a system of cavities which will require to be considered in a lecture apart; the sphenoidal, the ethmoidal, the maxillary, and the mastoid cannot be viewed separately from the frontal. This much may be said here; they are not peculiar to any race of men, nor is their development more marked in one race than in another. So far, then, their enlargement beyond the ordinary size seems to be "individual." Small generally in women, and scarcely existing before fifteen in either sex, hence the beauty of the youthful brow: such bony projections disfigure the brow when very prominent, and hence the loss of beauty in this part as age advances; age, marked by wrinkles and by an undue prominence of the skeleton, driving from the mind of the observer all ideas of beauty. To disfigure an otherwise beautiful countenance, we have only to let the outline of the skeleton become visible; high cheek bones; sharp angles of the jaws and chin; angular processes of the frontal prominent; how carefully are these concealed in the antique whether male or female! Ever so slightly observed, they destroy all form and beauty; the mind of the observer instinctively discovers the invisible, or that which nature intended should not be visible, and reverting probably to an inherent dread of dissolution, admits, though with pain, that beauty has fled from some beloved object—consoling itself however with the expression which may still remain, and with intellectual and other associations.*

On various sections of different bones which ought, if possible, to be placed before the student he will observe that those sinuses are not unfrequently very large; no external appearances would have led him to suspect this; and they are occasionally small, when from outward form he would have guessed the contrary. Their extent then varies exceedingly, nor is it possible as yet to reduce this to any physiological principle. One is occasionally much larger than the other, and occasionally one is absent. Their uses and their signification then are entirely unknown; the mucous membrane of the nose, or its epithelium, at least, passes into them, and air penetrates into these cavities no doubt. Berter seemed to think that these sinuses are really not formed between the tables of the skull, and I have myself seen appearances as if the diploe and a portion or layer of the inner table might be seen on the exterior wall of the sinus. But such appearances may, after all, be deceptive.

I come next to speak of the *planum semi-circulare* of anatomists, and of the frontal crest, crista frontalis, surmounting and circumscribing it superiorly and anteriorly.

The *planum semi-circulare* of the os frontis, is that portion of the bone assisting in the formation of an extensive and somewhat rough surface, to which the temporal muscle is attached. The parietal, temporal, and sphenoid bones, assist in forming it. As regards the frontal bone, it does not generally present any remarkable feature, excepting by the presence of that elevation or crest, extending from the outer angular process until it meets a similar one on the parietal bone, with which it is obviously continuous. This ridge or crest is generally but little marked in man, but in some quadrupeds, and occasionally, in man himself it forms a distinct crest; that is a fronto-parietal crest, having no reference whatever to the temporal muscle, but forming a remarkable feature of an unknown signification in those crania wherever it is found. I have called it the external frontal crest to distinguish it from one or rather two, which seem disposed occasionally to form *mesially*, that is running up the centre of the bone in the line of the proper frontal suture, with which suture, however, they have not necessarily any necessary connexion. These crests are not peculiarly strong in any race; remarkable in individuals merely of all the races. I think I have seen them strongest in the Hindoo skull, but this was merely on one or two crania, and not at all common to the race. The negro does not show them more strongly than others; nor the Australian. As they pass uninterruptedly from the frontal to the parietal, and from that to the temporal, they evidently in all, belong to one formation. They naturally induce us to attach less importance to the system of the sutures which also disappear with age, thus, shewing their temporary character; and they unfold higher analogical principles in the formation of the cranium than

* Dr. Thomas Traill, Professor of Medical Jurisprudence in the University of Edinburgh lecturer on a great variety of subjects, has denounced the whole of Goethe's doctrines to be "absolute nonsense; absurd." The joining an establishment seems to have affected the doctor's intellects.

* See the Theory of Beauty in a former No. of the *Medical Times*

the mere anatomist might be disposed to allow. But however, this may be, we shall find I think when we come to consider (as I shall do, when considering the ossa parietalia,) the whole system, of which these frontal crests form but a part, that their nature has not been carefully considered by the human anatomists, and that their analogies have been mistaken. The attachment of the temporal aponeurosis to them has nothing to do with their stronger or less development. The frontal bone in the fœtus and child to a certain age in uniformly divided into two equal parts by a suture running down mesially; this suture generally disappears with age, but sometimes it does not, and then we have a proper frontal suture; *sutura frontalis*. At other times the mesial part of the bone from the glabelle upwards is elevated into a ridge, continuous with one, or rather occasionally with two, traversing the parietal in the same direction. I have even found that occasionally the mesial frontal ridge shewed slight traces of duality. But be that as it may, it is but a portion of a system of crests developed more or less occasionally in individual crania—analogous to what we find in the lower animals, and particularly and especially in some quadrumana. The German anatomists speak of this mesial frontal crest as an elevation shaped like an ass's back, but this diverting comparison gives no insight into its nature.

Whilst the exterior of the frontal bone shows, generally, a comparative smoothness, it is sufficiently remarkable how frequently an opposite character prevails on that surface of the frontal bone which faces the brain. I do not allude merely to those elevations and depressions usually seen on the surface of the vertical and horizontal portions corresponding, as is said, to similar elevations and depressions of the brain; I allude more especially to those specimens sufficiently numerous and found most frequently, I think, in women, of a great increase in thickness of the skull or the inner surface of the vertical portion of the os frontis, by a successive deposition of osseous laminæ, often exceedingly rough and laid down irregularly. I have heard it said, that this singular appearance is found mostly in women who have had children, and that a layer of bone is laid down during each pregnancy. But it has not been remarked that women became more stupid on this account.

The vertical plate of the os frontis occasionally overlaps the parietal bones, or is overlapped by them. This very rare occurrence I have seen well marked only once, and I here subjoin a drawing of the preparation as seen in profile; this very valuable specimen is now in the museum of Dr. John Argyle Robertson, who has kindly permitted me to make use of the case.

The particulars of this case are extremely instructive; they are briefly as follows: A labouring man fell from a height on his head, and from that moment became insensible; having been brought into the Royal Infirmary, a depression was felt behind or in the neighbourhood of the frontal parietal suture, and a depression of bone being suspected, it was resolved, or at least proposed to apply the trephine. Before the visit, however, of next day, the man died; dissection revealed an extensive fracture across the base of the skull, but that which had been taken for a depression was merely an overlapping of the frontal and parietal bones. This overlapping of the bones of the cranium is a singular circumstance in their physiological history; we shall afterwards advert to it more especially when speaking of the occipital, the squamous plate of which is the bone which of all others overlaps most frequently and sometimes to a great extent. The facts I have collected in regard to this overlapping of the bones of the cranium are, that it rarely occurs in the dark races of men, being, in fact, chiefly confined to the European, and found most frequently in the Saxon race. The theory of its explanation offered by the German anatomists and flowing from the doctrine of analogies is, that it is merely an abnormal repetition in man of a structure which is normal in the lower animals and in the human fœtus. This, I myself believe to be the true explanation, although I have looked for it in vain in many crania of the higher orders of the vertebrata and mammalia. The cranial bones of the human fœtus are moveable, may readily be made to overlap each other: in making preparations of these, the brain being removed, they may be observed frequently to dry in this way, thus imitating on a small scale what we afterwards find occasionally to happen in the adult cranium.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary; formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c, &c.

(Continued from page 7)

Morgagni ennumerates many varieties of sputum: —Sputa with less analytical precision, (1), copiosa, xiii, 3; xvii, 10, 14; xviii, 17; xx, 11, 20, 22, 24, 26, 39; xxii, 8, 10, 14; lxiv, 12. Sputa serosa, xvii, 6: xx, 26; xxii, 10. Sputa viscida, lenta, tenacia, xx, 26; xlii, 2. Sputa crassa, xvii, 10, 14; xviii, 25, 34; xx, 9, 39, 49; xxi, 19, 30; xxii, 14; xxxv, 16. Sputa crassa, et pravi saporis, lxv, 3. Sputa catarrhalia, xx, 32, 39; xxxvi, 4; xxxviii, 6, 12, 13; xl, 23; l, 4; lxviii, 12. Sputa catarrhalia cruenta, xx, 32. Sputa cruenta, xvi, 28; xviii, 30, 39, 43, 57; xx, 3, 28, 33; xxi, 19, 35, 44; xxxv, 16; liii, 14, 29; liv, 39; lxv, 19; lxx, 7. Sputa cruenta viscida, xxi, 34. Sputa cruenta, spumosa, xxxvi, 17. Sputa cruenta cinerea; liii, 29. Sputa rosca spumosa, xx, 17. Sputa ex rubro flava, xiii, 3. Sputa flava, xx, 9, 39. Sputa ex flavo variegata, spumosa, xxi, 30. Sputa varie colorata, xxii, 24. Sputa ad viride inclinantia, xx, 3. Sputa cinerea et livida, xxi, 32; lxiv, 5. Sputa livida fluida, xx, 9. Sputa flava fluida, xxi, 30. Sputa rufa fluida, xvi, 36. Sputa nigra, xxi, 32. Sputa alba non concocta, xxi, 44. Sputa puriformia, lxiv, 12. Sputa quasi purulenta, xvii, 25; xviii, 34, 35. Sputa quasi purulenta, et interdum cruenta, xvi, 19. Sputa purulenta et cruenta, xv, 15. Sputa purulenta et rotunda, xx, 61. Sputa purulenta, xx, 5; xxi, 32; xxii. 6, 11, 14, 15, 16, 24; li, 18, 19, 20; liv. 6; lviii, 13. Sputa grave olentia, xx, 26; xxi, 32. Sputa materiæ illaudabilis, xxvi, 33. Sputa materiæ, sanguine nonnihil tinctæ, lii, 15. Sputa gelatinæ subrubræ, xvii, 21. Sputa particularum albarum quasi polyposarum, xxi, 19. Sputa salivæ erodentis, xviii, 17.

Sauvages, under the term anacatharsis, which he borrows from Hippocrates and Galen, recognizes several varieties of sputum. Anacatharsis biliosa, or choleptysis; anacatharsis azurea; anacatharsis phthisica; anacatharsis a vomica; anacatharsis puriformis; (tussis purulenta, Stahl.) anacatharsis asthmatica (asthma humidum); sputatio arthritica.(2)

Van Swieten treats of the following, and chiefly in connexion with pneumonia, pleuropneumonia, and pleuritis.(3) Sputum flavum, sincerum, viscidum, rotundum, vol. 2, p. 743-4. Sputum biliosum, valde cruentum, 2, 772. Sputum album, rotundum, 2, 773. Sputum spumosum, 2, 773. Sputum fuscum, amœrcosum, nigrum, 2, 794. Sputa a quibus supprimantur, 2, 794. Sputa purulenta subsanguinea, 3, 60. Sputum sanguinis, 4, 3. Sputum dulce (phthisis) 4, 71. Sputa insipida, 4, 72.

In 1809, Dr. Pearson published (4) the result of his inquiries concerning expectorated matter, of which these are a summary:—

"1.—The jelly-like, semi-transparent kind, of a bluish hue, excreted in a healthy state.

2.—The thin mucilage-like transparent matter, so copiously expectorated in bronchial catarrhs.

3.—The thick opaque straw-coloured, or white and very tenacious matter, coughed up in a great variety of bronchial and pulmonary affections, especially in that of tubercles.

4.—Puriform matter, secreted without any division of continuity, or breach of surface of the bronchial membrane, very commonly occurring in pulmonary consumption.

5.—The masses which consists of opaque viscid masses, together with transparent fluid; or the second sort above stated, with nodules of the third or fourth kind.

6.—Pus from the vomicæ of tubercles.

7.—Pus from vomicæ by simple inflammation of the lungs, and without tubercles."

In 1821, Andral published his Thesis, "Recherches sur L'Expectoration dans les differentes maladies de poitrine." In this work he rather treats of chest diseases as being distinguished by certain forms of sputa, than of the varieties of sputa which distinguish certain forms of chest disease. There is, consequently, no classification of expectorated matter. He merely observes, of the tracheal and bronchial mucous membrane,—"Ainsi selon la stimulation particuliere qui lui est imprimée, elle secrete un mucus visqueux, transparent et sanguinolent dans la pneumonie; limpide et incolore dans le catarrhe aigu; opaque et puriforme dans le catarrhe chronique; se concretent en fausse membrane dans le croup, &c." —p. 9.

In a communication made by Mr. Brett, of Liverpool, to the British Association at its annual meeting in 1837, the chemical habitudes and composition of different sputa are treated in detail, but without any attempt at classification.

"From the chemical examination of sputa," says Mr. Brett, "it is deduced that they differ from each other, in the proportion of soluble albumen capable of coagulation by heat, which they contain, as also in the amount of fixed or non-volatile saline matters. That form of expectoration met with in pituitous catarrh does not contain any free albumen capable of coagulation by heat, and for equal weight, less saline matter than anyother form of sputum; the solid matter also amounts to very little more than that met with in ordinary saliva, and sometimes even less, and although, for equal weight it contains less solid and saline matter than any other form of sputum, yet, for equal weight of dried extract, it contains more than any other form of expectorated matter. The sputa in chronic bronchitis differ from the last noticed, principally in containing a small quantity of free albumen, which heat coagulates; in the larger quantity of solid matter contained in it, being double that found in the sputum of pituitous catarrh; in the quantity of saline matter being less in proportion to the solid contents, although for equal weights of the two forms of expectoration, the difference is not considerable. In acute bronchitis, the albuminous matter found in the expectoration, probably arises from the presence of a muco-purulent secretion poured out by the inflamed bronchial membrane. Sputum precisely like the chronic bronchitic variety, occurs also in the different, but more especially in the early or middle stages of phthisis, with or without an admixture of softened tuberculous matter; in no disease, however, is free albumen, capable of coagulation by heat, met with in such abundance as in the latter stages of phthisis; the absence of such considerable albuminous impregnat on cannot, however, be taken as clear evidence of the non-existence of phthisical disease, for the latter may exist, and the expectoration still be of precisely the same character as that met with in chronic, or even acute bronchitis; when on the other hand, a large quantity of coagulable albumen is present, the existence of phthisis may be strongly suspected, a small quantity of the albuminous principle only being common to phthisis as well as simple bronchial affections unassociated with tuberculous disease. Genuine pneumonic expectoration always contains coagulable albumen which appears to be derived from the blood to which this form of sputum owes its peculiar colour. The quantity of solid matter is considerably greater than in any of the preceding forms of expectoration, amounting to more than double that met with in the chronic bronchitic variety.

(1) De Sedibus et Causis Morborum. Edit. Ebredum. 1779.

(2.) Nosologia Methodica. Edit. Amstel. 1768 tom 2, pp. 380-383.

(3.) Comment in Aphor. Boerh. Edit. Lugd. Batav. 1772.

(4.) Philosophical Transactions for 1809. Part 2, p. 313-344.

The extremely tenacious character of genuine pneumonic sputum is probably depending upon the existence of a very tough form of mucus resulting from a very active inflammatory condition of the smaller bronchial tubes. In phthisis, the expectoration varies much according to the stage of the disease, and it is only for the most part in the latter stages that it is generally found to differ in a marked manner, both as to its physical appearance and chemical habitudes from all other forms of sputa. In the earlier stages of the disease, it may be precisely the same as that met with in pituitous catarrh, or other decided bronchitic affections; in the latter stages, however, it will almost always be found at some time or other to contain large quantities of coagulable albumen, as well as the same principle in the solid form; so that in some instances it scarcely differs in appearance from ordinary pus, of which, in fact, it mainly consists. The origin of the puriform matter in phthisis is probably from different sources; 1st, from the perfect softening down or fluidification of tubercular deposits; 2ndly, a secretion from the bronchial membrane; and 3rdly, from the secreting lining membrane of tubercular cavities. One thousand grains of phthisical expectoration of a well-marked purulent character, being so diffluent that it might be poured *guttatim* from one vessel to another, possessing a distinct greenish tinge, were analysed with the following results:—

Water	967·300
Albuminous matter, with a little mucus	17·387
Animal matter soluble in alcohol, consisting of fatty matter, and a little extractive	6·177
Animal extract soluble in water	5·840
Salines, consisting of alkaline chlorides, sulphates, and phosphates, earthy phosphatic salts, and oxide of iron. The base of the alkaline salts was chiefly soda; a little potass was, nevertheless, present	1·813
Loss	1·483
	1000·000

The above exhibits a striking similarity between the puriform variety of phthisical expectoration, and actual pus. In both is an abundance of coagulable albumen, in both solid albumen, in both are extractive matters, both contain fatty matter, the same or nearly the same alkaline and earthy salts; and lastly, in both fluids a notable quantity of oxide of iron is found. Phthisical sputa, late in the disease especially, contain a considerable quantity of fatty matter soluble in alcohol and ether, and requiring a higher temperature for its fusion than ordinary fatty matters; other forms of expectoration, particularly that of the chronic bronchitic kind, contain the same substance, but never in such quantity as in genuine phthisical sputa.

That crude tubercular deposit is capable of being converted by the process of softening or fluidification into pus, is rendered highly probable from the chemical nature of hard tubercles, as well as that of the same deposit in the most complete state of softening. From a comparative chemical examination of crude tubercle and ordinary fibrine, as well as from the action of reagents on softened tubercular matter, the following is deduced:—1st, that crude tubercles, as met with in incipient phthisis, do not differ chemically from fibrine or solid albumen; 2ndly, that softened tuberculous matter differs not in its chemical habitudes from ordinary purulent matter."(5)

(5.) Report of the Seventh Meeting of the British Association for the Advancement of Science. p.p. 125-128.

(To be continued.)

Mr. Bishop, well known by his paper on Motion, in the "Cyclopædia of Anatomy and Physiology," has just received from the French Academy of Sciences 1,000 francs for his paper on "The Human Voice," and another sum of 1,000 francs for a paper on the "Comparative Physiology of the Human Voice."

Sir James Graham has written to say that Graduates of any Scotch University may register as physicians without joining any College of Physicians.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

In order to make out the essential pathology of apoplexy, we must make a comparison of its morbid anatomy. In some cases, on examination after death, of persons who have died of apoplexy, no morbid condition is found; and this is the case where apoplexy is caused by narcotic poisons, there being apoplectic stupor in connexion with it. For example, where alcoholic liquors are taken in excess, the person drinking so great a quantity may fall down in a state of coma and die: opium in some degree will produce a similar effect, and aconite is said to cause death in the same way. Suppression of the excretions sometimes is accompanied by symptoms of coma, and a state of apoplexy: sometimes mental shocks have been known to produce it without leaving any appearances after death. Electricity seems to have a similar effect; the injury done by this is an irrecoverable one to the nervous system. Apoplexy caused by opium is rather complex: where it proves fatal by causing asphyxia—and here there is not nervous apoplexy alone, but congestion of the vessels of the brain—it approaches to the character of congestive apoplexy. Whenever, in cases of apoplexy, there are no traces of lesion found after death, it is called nervous apoplexy, something injuring the nervous function directly, without causing any material change in the condition of the blood vessels, or any discoverable change in their structure. In the second variety of congestive apoplexy, all the vessels of the encephalon are extremely large, and the vessels of the scalp are often, also enlarged in a similar manner. This is indicated before death by the red and flushed appearance of the face. With this distension of the vessels there may be some serous effusion; in fact it may end in serous effusion. Now this congestive apoplexy may be produced by the various causes of mechanical congestion, as well as the other causes which I have mentioned under the head of General Pathology. For instance, from obstruction to the return of blood through the veins, as in the case of disease of the heart, either by tumours pressing on them, or by aneurism. Cupping and bleeding have been known to produce congestive apoplexy; and it has been caused by intense cold, in which case the brain is generally engorged with blood. It is also apt to occur in cases of partial congestion from a languid circulation and very cold extremities; and general plethora may lead to it. It affects persons predisposed to affections of the brain more than the vessels of any other parts. It has been remarked by Andral and others, that a deficiency of fibrine and an excess of the red particles seem peculiarly to predispose to apoplexy.

Now the congestive form of this disease is often preceded by symptoms of congestion, either general or partial fulness. The symptoms may be comparatively slight, until, from some exciting causes, straining, stooping, or any obstruction, the congestion is suddenly augmented, and what is called a *blood stroke* generally takes place in the head, the vessels being usually distended. This implies an increased quantity of blood in the head, and no one who seen a case of congestive apoplexy can doubt that there is an increased influx of blood to the head under such circumstances. There has been some dispute about the presence of any quantity of blood in the head at any time, but there are several circumstances that seem to prove that it is capable of holding more blood at one time than at another. It is not true that it is totally inexpansible; it looks very hard, and it is a very tough material; but there is no structure in the body that does not admit of a certain degree of flexion and tension; and though you would be ready at first to say that the power of the blood could not produce any impression on such a firm resisting mass as this, it is not quite accurate. You remember the power of the hydraulic press on a small force, producing an expansion over a comparatively large surface; just so the blood pumped up into the brain in small orifices can expand and increase the distension of the whole head. To give a practical illustration, you know that on straining or stooping, people instinctively put their hands to their heads to hold it, or tie a handkerchief round it to give it resistance. The fact is, the bones of the skull are a little yielding, and the brain will hold more blood at one time than at another; and though the greater part of the skull does resist to a great extent, there are orifices leading from it in which there is no resistance, or but little; accordingly, when the blood accumulates in the head, the pressure, however much resisted on the whole surface of the skull, is not resisted in the *foramina*, and the tendency is to squeeze the matter out of the foramina, and therefore there is a peculiar pressure on the foramina, the medulla spinalis, and the various parts that go out through the base of the skull. Take another case: the quantity of moisture and serum in the encephalon is not always alike; the difference in this respect is sometimes very extraordinary. In general, apoplexy is accompanied with a good deal of humidity. In the next variety, hæmorrhagic apoplexy, you often find, on first looking at the brain, that on the upper surface there is an absence of serum; it is a complete, compact mass, in which the convolutions are compressed together; in the ventricles you find no serum; and remember, the brain is composed of somewhat about nine-tenths of water. This argument will show how the brain will hold more blood at one time than at another. There is another mode in which coma may be produced by apoplexy, that is, the blood may occupy one set of vessels more than another, and whenever that is the case, the circulation will be impeded; although there may not be a great quantity of blood altogether in the whole brain, yet the effect of the distension of some vessels will be to compress the others. Hence, where there is venous distension, there will be comparative compression of the arteries. On the other hand, determination of blood produces, under some circumstances, fits of coma. It is accompanied sometimes by an expanded state of the arteries, and that expansion is greater in proportion than the expansion of the capillaries; and in some cases you will have strong pulsation in the carotids, and the ascending aorta, and the pulse at the wrist will be very weak and feeble, and this irregular distribution of the blood in the very arteries themselves, when acting on the head, may tend to derange the circulation; instead of propelling the blood through the whole of the vessels, it unusually distends some, and cuts off the motion to the others. These considerations, however, wholly fail when applied to medicine. Now, congestive apoplexy, which occurs without any rupture or lesion of the vessels, and substance of the brain, is, of course, of a more favourable character than the hæmorrhagic variety, and sometimes it is at once removed by blood-letting; after twenty or thirty ounces of blood are drawn, the patient gradually recovers consciousness:—this is another proof of actual pressure. But if the apoplectic stroke, even from congestion, be strong and severe, or especially, if it be not soon removed and the patient remain in a state of coma for a considerable time, the blood-letting will not remove the symptoms altogether. There are left after this partial paralysis and epilepsy, and frequently this congestion leads to inflammation, and softening. This is especially apt to occur where the congestion has been induced by exposure to heat. I do not describe serous apoplexy distinct from the present form, because it is apt to be associated with the congestion I have described already, or else with the different cases of chronic hydrocephalus and dropsy. Congestive apoplexy is one of the mildest forms of apoplexy, and occurs in combination with other diseases, constituting coma and fever. In congestive apoplexy the brain is found greatly congested, and this is the cause of the oppression of the functions. The third variety of apoplexy is the hæmorrhagic, and is dependent on an increase of blood, not in the vessels of the brain, but effused into its substance, and on its surface. The exciting causes of this are much the same as

hose of the congestive form. On examination after death, we find when the calvarium is taken off, the brain commonly full and large, and the convolutions flattened and dry; the substance of the brain feels very firm, and is getting rid of a good deal of its liquidity, which may be squeezed out of it, and in various parts of the brain there is found blood usually in clots, and partially liquidated. In case of thundering apoplexy, the sensorial function, and those concerned in the support of life are attacked. Sometimes the effusion is in many parts, and not in a large clot in the manner before described, but forming *punctiform capillary hæmorrhage* as it has been called; hæmorrhage of many vessels at once. The situation of these effusions varies considerably, but the most common situation is the substance of the hemispheres, about the *corpora striata*, and the *optic thalami*. For instance of 386 cases of hæmorrhagic apoplexy, in 292 the clot or effusion was in the substance of the hemispheres, the others on the surface; and of these, 161 were in the corpora striata, and 35 in the optic thalami. Well now, what is the cause of the hæmorrhage? They are circumstances that cause congestion to terminate in that way. Excess of determination of blood, or excess of congestion; where this arises, in some degree the vessels break and give way. In the greater number of cases, this giving way will not take place without disease of the vessels, or of the substance of the brain, or diseased condition of the blood; and accordingly, we find, on examination of the vessels of the brain, in cases of hæmorrhagic apoplexy, atheromatous patches on their coats, or actual ossification, so that they are more fragile than usual, and sometimes they are dilated into little sacs. A case is given by Dr. Thompson, in which a little aneurism was formed in connexion with one of the arteries of the brain. Another circumstance is determination of blood, connected with a too strong ventricle of the heart; and hypertrophy of the left ventricle is found to occur in many cases of hæmorrhagic apoplexy, the force with which the vessels are distended being here exaggerated. This tends not only to increase the force of the determination of the blood to the head, but also to alter the structure of the vessels. There are other diseases—or disease of the substance of the brain—which lead to hæmorrhage. In some cases apoplexy has been preceded by inflammation: phrenitis; and the connexion I have insisted on between determination of the blood in the first stage of inflammation, may be such that the vessels give way. In other cases, it does not take place in connexion with determination of blood, but afterwards, when the brain has been injured or softened by the inflammatory process, which is the result of local inflammation. Partial cerebritis is the common cause of hæmorrhagic apoplexy. Sometimes there is *ramollissement* of the brain preceding the stroke of apoplexy; the brain has not only a clot in it, but a considerable softening around the clot. In many cases it is easy to distinguish the priority of these lesions; the softening bears marks of considerable age, the substance being discoloured to a considerable extent, and altered in appearance; whereas the clot may have been quite recent. No doubt the clot tends to produce inflammation, and the softening may ensue.

There are some differences in the appearance of the clot; the recently effused blood is of a very vivid colour, like fresh blood; but if the clot is old, it becomes lighter and browner in colour, particularly at the surface; there is a sort of cyst round it, whilst the cerebral texture exhibits various appearances betokening inflammation. There is a reddish brownish colour; sometimes yellow softening, interspersed with a little greenish discolouration. Where the mischief has remained long, it leads to softening and atrophy of that portion where the clot is. This shows that hæmorrhagic apoplexy may not be immediately fatal; a sort of healing process may take place after the clot has occurred. In some instances, the clot appears to be organized, forming a sort of tumour, and there is sometimes hardening of the brain. The symptoms of hæmorrhagic apoplexy may be sudden; sudden coma, without prior symptoms, especially where a very plethoric state has preceded it. But sometimes it is preceded by symptoms of partial softening. The immediate symptoms of hæmorrhagic apoplexy are of two kinds: there may be sudden production of coma like congestive apoplexy; stertorous breathing, a slow full pulse, and suffused face. Sometimes the symptoms are more those of syncope: the person attacked falls down, the face is extremely pallid, the breathing may be stertorous, with the pulse irregular; instead of slow and full, it is weak and intermitting. These are the cases in which the patient dies of syncope; the mischief obviously arising from the injury done to the brain alone, and directly affecting the heart's action. If pressure was produced on the whole brain at once, death would be caused by coma. Sometimes the symptoms are those of coma at first, and then suddenly in the midst of those, there occurs syncope. This is where the hæmorrhage takes place gradually.

Now after hæmorrhagic apoplexy you may well suppose there is much more likelihood for the production of paralysis. Here is an attack of apoplexy, depending on external injury from a depressed portion of the skull. The effects are varied, according to the pressure, and they may be complicated with hæmorrhage or with mechanical mischief done to the brain. Besides the exciting causes of apoplexy which I have mentioned, there are others that predispose to apoplexy. Hypertrophy of the left ventricle, for example, obesity, stoppage of the evacuations, diminution of the excretions, and chronic degeneration of the kidneys.

The diagnosis of apoplexy is to be founded chiefly on the state of the circulation, and the complete abolition of the functions, the congested state of the brain, and the slow character of the pulse on the one side, or its irregularity accompanied with pallor of the face on the other side, and by these conditions being accompanied by stertorous breathing, often slow and irregular, and at long intervals. Sudden loss of consciousness is another thing to be considered, distinguishing this from intoxication, which in a very high degree resembles apoplexy. The state of the pupils is not much to be depended on. The prognosis is to be determined by the duration of the coma; if it has lasted long and the breathing become stertorous, and the circulation affected more and more, there is little hope of recovery. If the apoplexy has fully passed off and consciousness begins to return, the prognosis may be formed by the amount of paralysis and injury left. It is not of the to be relieved by depletion or other remedies, if there is much injury. When there is disease of the other parts of the body, the prognosis is worse. The treatment should be regulated by a fair view of the cause, the previous habits and condition of the subject, and the present state of the individual. Bleeding is supposed to be one great remedy for apoplexy, but it is sometimes detrimental at the first occurrence of the paroxysm. If the pulse is weak and irregular, and there is stertorous breathing, blood-letting may kill him; his state is that of extreme depression, and he is dying under these circumstances, from syncope and coma. It may be necessary sometimes to give stimulants, but in that you must be guided by the state of the pulse and the aspect of the countenance. Where the pulse is full and the countenance congested, no doubt bleeding freely, until an impression is produced, and the pulse falls and is more frequent, is beneficial. It is remarkable what a large loss of blood patients who have congestive apoplexy will bear, and from 40 to 50 ounces may be drawn without weakening the pulse. Blood-letting may be carried on until symptoms of consciousness return. Purgatives, calomel and croton oil, are useful. Cold water thrown on the head is a useful expedient, together with the measures I have mentioned. There is great danger in congestive apoplexy, where there is no syncope, arising from the state of the respiration: although the medulla oblongata is mostly oppressed by the disease, its action may be excited by operating on the accessary nerves, connected with the respiratory apparatus; dashing cold water on the head has the effect of relieving these symptoms. The state of the countenance is to be watched, and, if necessary, the remedies are to be given again and again. After blood-letting, pallidity may come on, and even in a short time after blood-letting, it may be necessary to give stimulants. It is of great consequence to distinguish between the states of oppression and depression. After the immediate symptoms of apoplexy are removed, there will occur hemiplegia, which is another evil. Inflammation from re-action, too, is exceedingly apt to arise after apoplexy. This occurs about the eighth day, and the case must be watched, and the treatment kept up to prevent it. Antiphlogistics and mercury should be given, cold should be applied to the head, if it is at all warm, and cupping, blisters, and so forth should be employed. These remedies are to be continued more or less until there is relief, as paralysis and hemiplegia are apt to arise. A free action of the bowels should be secured, the living moderate, without actually starving, particularly in old people, avoiding all excitement of body or mind, and keeping the head wrapped up. These are the chief means by which a cure is calculated upon. Returns of apoplexy are to be prevented by cupping and leeching the neighbourhood of the head and back of the neck, keeping down the action of the heart by digitalis and medicines acting on the secretions. A seton may be used. In gouty persons colchicum is useful.

MATERIA MEDICA.

Some Account of the Medicinal Properties of the expressed Juice of Missletoe-Berries in the Treatmen[t] and Cure of Facial Neuralgia, and Affection[s] Analogous in their Nature to Tic Douloureux.

By R. W. Hardy, Esq. Lieut. R.N., Bath.

(Read before the Royal Medico-Botanical Society.)

Few disorders are more painful to witness i[n] others or to experience in ourselves than tha[t] which passes under the general name of *ti[c] douloureux*, in whatever situation of the body it ma[y] show itself. It is said to be of much more frequen[t] occurrence latterly than in former years; and i[f] this be true, a safe remedy is the more needed. The immediate causes which conduce to th[e] disease are not probably more numerous tha[n] heretofore: irritation of the *primæ viæ*, vitiate[d] secretions, and various constitutional disturbance[s] are among the most active; and the effect produce[d] is usually distant from the seat of the primar[y] disease.

But the origin of the morbid phenomena which in cases of *tic douloureux*, are present to th[e] senses of the patient, are not in many case[s] either so deeply-seated or so distant as might b[e] supposed: an inflamed gland or small lymphati[c] vessel, or the irritation produced on a nerv[e] by a diseased or decayed tooth, are cause[s] sufficient to account for sufferings experienced i[n] the face or other part.

I need not enumerate the remedies, some toni[c] some alterative, which it has been though[t] expedient to prescribe for the eradication of thi[s] formidable enemy; neither need it be mentione[d] that they generally are little better than palliative[s]. The object therefore which I have now in view i[s] to propose a *new remedy* which *in the majority* [of] *cases*, will moderate or cure the sympatheti[c] affection, and I trust it will recommend itself [to] the favour of the Council, and of the Professi[on] by its simplicity and its cheapness, the ease wit[h] which it can be applied to any part, and abo[ve] all, by its safety. It consists of merely a plaste[r] composed of *bird-lime* and yellow wax, which is [to] be put upon the part sensibly affected. *The reli[ef] obtained is almost simultaneous with the application [of] the plaster.*

Let it not however be supposed that I wish [to] impose upon the most credulous person the beli[ef] that the mere application of a plaster is sufficie[nt] for the removal of organic disease. It would [be] indeed hopeless to expect that a disordered functio[n,] an affection of the brain or spinal nerves, morb[id] irritation of the gastric and intestinal nerves, [or] any disease of structure can be benefited by [it]. Nevertheless, my experience warrants me [in] asserting that, let the primary cause be what [it] may, the secondary or sympathetic affection w[ill] *in a majority of cases*, be effectually, and, in ma[ny]

even, permanently relieved by it; and this, too, without aggravating the real disease.

It is now fit that I should give the *directions for the preparation of the plaster.*

Expressed and concentrated juice of missletoe-berry, one part; yellow wax, two parts.

Melt the wax in a large iron vessel, and add the *bird-lime* in small quantities at a time, till both are combined. Then run the fluid mixture into moulds of any convenient size.

Mem.—As there is between wax and bird-lime no common bond of attraction, and as they cannot be made to unite without considerable difficulty, the specific gravity of the two bodies being different, it is necessary, for this purpose, to attend to the following RULES.

First, put a small piece of wax into the melting-cup, place it over the fire, and when dissolved, add to it a very small quantity of the *bird-lime*, at the same time withdrawing the cup from the fire, stirring the mixture rapidly with an iron rod, that the moisture of the *bird-lime* may slowly evaporate. If this operation is performed too rapidly, or there is too much the *bird-lime* added at a time, the expansion of the steam raised by the heat will overflow the contents of the vessel. As soon as the vapour ceases to rise, replace the pot on the fire, and add more wax, and then more *bird-lime*, in manner as before, and so on alternately till all be dissolved. The pot must now be continued on the fire, and the mixture kept stirred till the two substances be thoroughly incorporated, the one with the other, which will take about one hour to do; and they will not afterwards separate.

Before running the liquid mass into a cup, it should be made to pass through a fine sieve in order to separate particles of sand and other impurities usually contained in the *bird-lime* of commerce. This done, the plaster is fit for use, and may be spread on linen, cloth or paper, secundum artem.

Directions for using the Missletoe-berry plaster.

Take a piece of spread plaster of any required size, as large as half a crown, or larger, and place it immediately over the spot where the pain is felt, whether in the face, the eye or elsewhere, and confine it there with a bandage or other cloth; for otherwise, as it will not adhere to the flesh, owing to the wax, it will presently fall off. It must be kept on till the pain has subsided, which will be in a few minutes. However, for precaution sake, lest the pain should relapse, I generally recommend that the plaster be kept on a whole day, and even longer in very bad cases.

As soon as the plaster is removed, it is necessary that the patient rub, with the finger's point, a very little oil of sweet almonds on the place that had been covered, as a protection from cold. And further, if business require him to go out of doors before the pain ceases, and he object to have his face bandaged up, the plaster may be placed on the upper portion of the large lateral muscle in the neck, and there worn night and day; or it may even be put over the first joints of the spine, and there worn as long as may be desired.

Absurd as these directions may appear, the practitioner who shall carry them out, will, in three cases out of five meet with the reward to his own feelings which success in a laudable object never fails to bring.

But the dry carbonised powder of the juice of the missletoe-berry or bird-lime may be employed alone, by rubbing it on the part affected, either with the finger, or, the pressure of that member being too great for endurance on so tender a part, with a camel hair pencil. Some patients however, cannot bear even this slight friction, on which account I find it best to give the plaster prepared according to the above formula. For wax, as being without any irritating quality, is free from the objection which attaches to many other substances.

Permit me to say, that many valuable vegetable substances lose their efficacious property by being combined in the form of plaster with *resinous* bodies, which are all more or less irritants, and especially unfit for nervous affections, such as those now under consideration. For it must be observed, that such substances stop up the pores of the skin that their orifices are prevented from discharging the insensible perspiration. In general sufficient attention is not given to this matter; and I have no doubt that it will be found that *people are more or less sensible to change of weather) from moist to dry, from the more or less spongy state of the skin, and not to a peculiar nervous temperament, as is usually thought.*

Independently of what has been said of the unsuitableness of *resinous* substances except under peculiar circumstances, for external applications, it is right to add that thick plasters cannot in general be removed without tearing away a portion of the skin, thereby leaving the orifices of innumerable small capillary vessels exposed to the injurious action of the atmosphere—a circumstance that must be highly improper.

No evil of this kind results from the plaster I have recommended, seeing that while the cutis is preserved in its integrity, the exhalants, though slightly impeded, perhaps perform their functions with sufficient activity.

One of the most singular features of the missletoe-berry plaster is, that neither time, nor climate, nor repetition in use diminishes its effective and sanative properties. The same that has been used before may be employed again and again with perfect confidence and advantage, until its substance be entirely worn away by frequent repetition—this fact is not less startling, than the analogous one of the durability of power in glass of antimony.

In proposing a new remedy, it is usual to offer an opinion as to the *modus operandi*; but herein I feel my own incompetency to make a suggestion. I will therefore only describe a few of the sensible effects which patients have experienced from its employment in cases of *tic douloureux.*

Some have complained of a feeling of extraordinary heat after having the plaster put on; and at the end of the third day, have been obliged to remove it on this account, expecting to find a blister raised beneath it: and were not a little surprised that there was not even the slightest appearance of redness. This gave them courage to re-apply the plaster, and after a short time they were relieved of pain. In other instances, especially when the plaster has been put upon the face or temple, or even the neck or spine, they have almost immediately felt a sensation of a dreamy fluttering and delightful lulling of the senses, spreading and extending like a wave over the whole head, and, without inducing sleep, creating a repose of the whole system, and taking away pain. These sensations are more frequently experienced when the pain has been felt in the throat and nose, or on the tongue.

It would be absurd, as it would be unphilosophical, to assert, that the same benefit would result to each patient from the use of the missletoe-berry plaster; but herein, as in other cases, the exception establishes the rule. I can, however, confidently assert, that no case has come under my observation in which *some* benefit has not been derived from it, and not one in which injury has resulted.

Before closing these observations, I beg to remark that, like most other vegetable substances, the missletoe is capable of yielding an alkaline body, which readily forms a salt with sulphuric, and some other acids; and it is highly probable that it may be found, on a careful analysis, (which I hope will be undertaken at the desire of the Council) to be a distinct body, *sui generis*; and that it will prove highly beneficial, when given internally, in many nervous disorders which have hitherto baffled the Physician's skill.

In a letter which was read afterwards, Mr. Hardy mentioned having obtained the active principle of the bark of the ilex aquifolium by maceration in rain-water and subsequent evaporation.

CASE OF RUPTURE OF THE HEART.

(To the Editor of the Medical Times.)

SIR.—I am desirous to record the following case of rupture of the heart, if you think it deserving a place in your columns, not only on account of the comparative rarity of this mode of sudden death, but because many more cases are required in order to determine the relative frequency of its predisposing causes.

On the 17th of March, an old woman, nam[e] and age unknown, was seen running along th[e] Strand in a westerly direction, when she fe[ll] against the gates of King's College. She re[-]mained motionless, froth issued from her mouth and one gentleman thought the pulse was per[-]ceptible. She was immediately removed on [a] stretcher to the hospital. When first seen her the body was still warm, but no pulse nor breathin[g] could be distinguished; the face was pale, an[d] the lips and tongue were bloodless; the pupils wer[e] neither contracted nor dilated. An incised woun[d] of the scalp, an inch in length, was found over th[e] posterior portion of the left parietal bone; th[e] periosteum was also divided, but the bone did no[t] appear to have been injured; about half a te[a-]spoonful of blood, only, had been lost; there wa[s] a pin in the hair and cap immediately over th[e] wound.

About forty-eight hours after death, Mr. Dun[-]can, the house surgeon, and myself and severa[l] others, made a *post mortem* examination of th[e] body. No fracture of the base of the cranium could be found; the brain was firm, and, in ever[y] respect healthy; there was no vascular engorgemen[t] and no ecchymosis, either coresponding to th[e] external wound, or on the opposite surface of th[e] brain. On opening the chest, some pleuritic ad[-]hesions were discovered on the right side, and [a] few tubercular deposits in each lung; there wa[s] an old adhesion, about the size of a sixpence, be[-]tween the left pleura and the pericardium. Th[e] pericardium was distended with a large clot of blac[k] blood, at least four ounces in quantity; the hear[t] was collapsed and entirely surrounded with [a] clot; both its ventricles were empty, but th[e] auricles contained small clots of blood. On th[e] posterior surface of the left ventricle, not quit[e] half an inch from the septum, about the middl[e] there was a rough aperture, about a third of a[n] inch in length; there was slight ecchymosis aroun[d] the lips of this aperture, and a black spot on th[e] surface of the ventricle, about a quarter of a[n] inch from it; on examining with a probe, th[e] aperture was found to communicate with the lef[t] ventricle, passing obliquely upwards and toward[s] the left, and opening internally behind the pos[-]terior fold of the mitral valve; no ruptured orific[e] could be seen internally, but the probe could b[e] made to pass readily through several of the open[-]ings between the columnæ carneæ, no ulceration of the internal coat of the ventricle could be dis[-]covered. The mitral valve and aortic semilunar valves appeared healthy, excepting a small cartilaginous thickening on one semilunar valve; the aorta was very large, and dilated on its convexity; there were numerous atheromatous deposits around that portion where the great vessels are given off, and there the structure was so much injured as to allow the artery to be torn by very slight force. The muscular structure of the heart appeared to be softer than usual; the entire surface of the right ventricle was covered with fat, which, towards the auriculo-ventricular septum, was almost half an inch in thickness. The left coronary artery was completely ossified.

On referring to the articles on Diseases of the Heart by Dr. Joy in the Library of Medicine, edited by Dr. Tweedie, this case, interesting at first from its novelty, speedily became much more so; and it is with the hope of assisting to determine questions not yet settled, that I wish to add a few remarks on the comparison of this case with the statements there made.

There are present, more or less strongly marked, four of the predisposing conditions of rupture of the heart, enumerated in the work just mentioned; softening of the muscular structure, excess of fat, aortic obstruction, hæmorrhagic effusion, or apoplexy of the heart. The increased action of the heart produced by running, or even by the fall itself, supposing that to have been the result of accident merely, was the immediate determining cause. There was ice on the ground at the time of the fall, but the previous extensive disease of the heart and large vessels, allows of no hesitation in considering the rupture to have been spontaneous, and not the result of direct violence. In this respect, there is no deviation from the general rule that, "this lesion, when occurring spontaneously,

has been observed, in a great majority of cases, in the left ventricle." The seat of the rupture, too,—the middle, and not the apex of the ventricle,—confirms the opinions of M. M. Andral and Ollivier as opposed to that of Dr. Townsend.

It is important to remark that there was no ulceration present, which is one of the causes of rupture, and, according to Laennec, "by much the most usual one." The softened condition of the muscular structure of the heart was the only cause that required any nice discrimination in the examination, but the excess of fat present, which ordinarily much reduces "the thickness and firmness" of the heart, gives a degree of certainty to the sense of touch in this case which it would not otherwise possess. But, perhaps, the most efficient of the predisposing causes was the existence of apoplexy of the heart; one spot of ecchymosis was clearly seen, and most probably the rupture itself took place in the very seat of a previous hæmorrhagic effusion. Whether, however, there was more ecchymosis around the rupture, than could have taken place after its formation with so rapid a termination of life, cannot be authoritatively determined. I cannot conclude better than by quoting in full, one paragraph from the excellent articles that have furnished the substance of the above remarks. "The heart is occasionally the subject of *hemorrhagic effusion*, either in the form of patches or petechiæ, on one or both of its surfaces, as has sometimes been observed both in land and sea scurvy, and in putrid fevers; or blood may be poured out in larger quantities, and either infiltrated into the very substance of the organ, or collected into a factitious cavity formed by the separation and laceration of its fibres, constituting the disease spoken of by some authors, under the title of *apoplexy of the heart*. Cruveilhier, who has seen many instances of it, believes it to be much more often than inflammation and ulceration, the cause of rupture of the heart. Hitherto, it has only been observed in the left ventricle, and generally in connection with hypertrophy."

I am, Sir, your obedient servant,
HENRY BROWNE, M. B., M. R. C. S. L.
Physician's Assistant to K. C. H.

RESUSCITATION OF STILL-BORN INFANTS.

(To the Editor of the Medical Times.)

Sir,—As your correspondent, to whom Dr. Guy alludes, (page 397 of the last volume) permit me to offer to that gentleman, and his coadjutor, Dr. Farre, my thanks for the attention they have given the subject, and the manner in which they have presented it to the profession.

It was with no vain curiosity, but from a sincere desire to receive information, that I put the question;—What is the best mode of practising inflation in the still-born infant? Whether viewed in reference to the anxious feelings of the fond and suffering mother, or to the influence which the individual may exert on the future fortunes of the world, the subject is worth more attention than professional men have as yet given it. Many, I know, seldom make any effort to resuscitate the still-born child; not from any Malthusian prejudice, nor from any lack of the best feelings of human nature, but rather from a prevailing conviction that all efforts will be unavailing. But in all cases where there is not indubitable evidence that the child has been dead for some time, endeavours to resuscitate it should be made, and continued for at least twenty minutes.

I am disposed fully to appreciate and practice the preliminary treatment, and the manipulating command of the chest and glottis which Dr. Farre recommends; but I must demur to the use of the operator's mouth and breath, and do think that it is very objectionable to use deteriorated air when pure may be obtained. Dr. Farre objects to the use of the tube because "the air entering more slowly, becomes deteriorated by being delayed in the lungs of the operator longer;" he thus disapproves of "the deep inspiration," and thinks "if the air is rapidly inhaled, and again quickly expelled into the lungs of the infant at short intervals, quite enough of *pure* air is contained in the portion thrown in to restore animation if other things are favourable." This is very doubtful. I believe that the power of the larynx and bronchial tubes upon the air is more essentially involuntary than that of the pharynx upon the morsel of food submitted to its grasp. Add to this consideration, the law of the diffusion of gases, the permeability of tissues, the suction power of the lungs assisted by the diaphragm and intercostal muscles, and it will be difficult not to conclude, that the successive small volumes of inspired air are as completely changed, as the larger volume of a deep inspiration. Let an individual make rapid inspirations, and he will be conscious that the air passes the larynx, and then—whether we adopt the opinion propounded by Black and Lavoisier, that the formation of carbonic acid takes place in the lungs themselves, owing to the contact of the oxygen of the inspired air with the blood contained in the capillaries; or that of M. Magnus, who supposes that the oxygen is merely absorbed there, the chemical change taking place in the course of the general circulation, and that its products are given off from the lungs:—we know that no part of the oxygen remains; but it is given out again in the form of carbon or of hydrogen.

Blumenbach says "however pure may be the air entering the lungs it *instantly* undergoes remarkable changes by which it is contaminated and rendered unfit for another inspiration unless it is renewed."

There is no doubt that carbonic acid in large proportion is eliminated from the lungs. Davy states that a man expires 13 cubic inches of it in one minute.

Instead then of there being "quite enough of pure air," or of its essential constituent oxygen, "in the air rapidly inhaled and again quickly expelled," I believe there is none, and if so, it would possibly be better to use carbonic acid undiluted, than diluted and insidious:—the former might produce such a painful impression as to arouse the dormant action of the lungs: the latter is known to produce depressing and soporific effects. But we should always if possible choose that stimulus, to receive whose action the vital powers are naturally adapted and intended. This is obviously *atmospheric air*.

The objection Dr. Farre makes is scarcely tenable. It may be very much modified by taking care that the particles of air are not rapidly propelled—but, as the ordinary cause of the first inspiration is attributed by physiologists to the novel impression of *cool* air upon the external surface—why should it not be as efficacious when brought to bear upon the internal surface? Especially is the objection obviated when we remember the chemical axiom that in whatever way carbon may combine with oxygen, the act of combination cannot take place without the disengagement of heat. It is a matter of indifference whether the combination take place rapidly or slowly, at a high or at a low temperature, the amount of heat liberated is a constant quantity.

But if requisite, by dipping the pipe of the bellows in heated water, a degree of warmth may be communicated to the air as it passes out, and the temperature of the child may be kept up by its being "placed in a pan or tub of warm water, immersed to the shoulders."

As to the delay and inconvenience attendant on the substitution of the bellows for the mouth:—the accoucheur when he has reason to anticipate a still-birth ought to have warm water in readiness, the bellows can be as easily at hand; few families are without such a wasteful household article, or it can be obtained of a neighbour, or it may be a question whether the practitioner ought not to carry with him a suitable instrument. Most certainly it will be found to be more useful and less dangerous than some of those which are too frequently found in his pocket.

After trying the ordinary simple means and finding them unsuccessful, I should place the child in warm water, command the chest and glottis in the manner so plainly explained by Dr. Farre, and having placed the nozzle of the bellows or other instrument in the mouth of the child, I should commit it to an assistant with directions to force the air, slowly, gently and at intervals into the chest, whilst I alternately pressed its walls with my hand.

This plan I take leave to think is physiologically and chemically more likely to prove successful than that pursued by Dr. F.; I should be glad if it were more frequently and perseveringly tried, and the results of such trials recorded.

I may just mention that I am not anxious to propound any views of my own or to differ from Dr. Farre, except that I am persuaded it is only by cool, deliberate, and disinterested discussion that the true value of any mode of practice can be elicited, a sentiment, the expression of which by Dr. Guy in his first communication, encouraged me to put the queries contained in my letter to yourself, in No. 272 of the last vol. of your useful, independent, and well conducted periodical.

I am,
Your's respectfully,
A. W. CLOSE.

Manchester, Feb. 22nd, 1845.

HOSPITAL REPORTS.

SURREY DISPENSARY.

Low Continued Fever.—William F. æt 24, servant, residing at Broker's Row, Borough, was admitted under the care of Dr. Aldis, March 8th, 1845. Pulse very feeble, hands tremulous, tongue black and dry, the patient is unable to protrude it beyond the teeth; motions passed involuntarily as well as the urine; has been convulsed and has bled profusely from the nose and mouth, by which the pillow and sheets were several times saturated with blood, no sleep, lies on his back.

Ailing a fortnight. Illness commenced with shivering, headache, and delirium, when he was removed from "his place" in the city; afterwards leeches were applied to the head on Sunday and the hair shortened; a rash appeared on his body the same day.

℞. Hydrarg: c. cretâ
Pulv. Doveri ana. gr. iii. bis de die ad quatuor vices.
℞. Ol. Ricini ℥ss. cras et alt. mane.
℞. Æth: sulph: f ʒss.
Tinct. Serpentariæ f ʒj
Mist. camphoræ f ʒxi. 4tis horis.
℞. Vini rubri. f. ℥ ss. ex aquâ 6tis horis.
Beef tea and arrow root.

10th.—Pulse quick, easily compressible, always sleeping, tongue dry and warm, no trembling, jactitation frequent, slight delirium last night, bowels moved twice to day, no petechiæ.

Applicat. Emp: canthar: nuchæ.
Rep. Hydrarg. c. creta; omisso Pulv: Doveri.
Perstet in usu. misturæ.

11th—Pulse quick, tongue black, bowels open once to day, motions very offensive. Takes beef tea, arrow root, and chocolate, but no wine and water, gums slightly tender.

℞. Garg. aluminis.
Rep. oleum et mistura.

12th.—Pulse 90, no delirium, but appears much weaker; arms tremble, opens his mouth, but does not protrude his tongue, says he cannot, motions last night voluntary, urine much in quantity, very turbid, slips down in the bed, dorsal decubitus.

Rep. hydrarg. c creta gr. iii. c. ipecac. t. d.
℞. Ammon. sesquicarb. gr. iii.
Tinct. serpentariæ ʒj.
Infus. gentian. ℥j. ter die.
Emp. canth. pone aures.

13th.—Tongue cleaner, bowels open, motions more healthy, urine free, voluntary, pulse quick. Takes wine and water.

Rep. mistura et oleum; omisso pulvere.

15th.—Much improved, tongue clean and moist, protruded easily, is cheerful, and says he feels much better. Pulse 96, weak; bowels freely opened last night; mouth tender.

℞. Acid. nitric. dilut. M. xv.
Aquæ f. ℥iss. ter die.
Rep. ol. ric. ℥ss. alt. mane.
Rep. Vinum.

25th.—Appetite very good; left his bed yesterday and Sunday for a couple of hours. Perstet.

April 1st.—Came to the Dispensary. Tongue whitish, fissured; pulse quick and weak.

℞. Infus. cascarillæ, f. ℥xi.
Sp. æth. nitrici. M. xv.
Syrupi. ℥i. t. d.
Rep. ol. ricini.
5th.—Discharged cured.

Facial Paralysis. Lydia F., æt. 15, residing at 4, Essex-court, Park-street, admitted under the care of Dr. Aldis, March 18, 1845. On Friday morning observed the right side of her face to be drawn to one side; no fit, nor pain in the head, there is much discharge of watery fluid from the right eye, the inferior eyelid being everted; the right angle of the mouth is lower than the left, hesitation of speech, sensation the same on the right side of the face as on the left. Pulse quick; catamenia regular. Has not been exposed to cold.

Applic. hirud. vi. pone aures.
Postea cataplasma lini per horam ½.
Emp. canthar. nuchæ cras.
R. cal. c. jalap. gr. x. statim et alt. mane, ad duas vices.

20th.—Pulse 108 soft; skin cool; pupils contractile, no pain in the head now, but has experienced very severe pain behind the right eye; cannot move the muscles on the right side of the face; on endeavouring to laugh when told, she moves the muscles of the left side of the face only. Retains her water with difficulty.

Ung. Sabinæ parti exulcerat.
H. cath. alt. mane.

25th.—Pulse 96; tongue white; bowels not open since Sunday, paralysis gone, no hesitation of speech: blistered surface discharges freely. Omitt. ung. sabin. H. aperiens bis die.

April 1st, discharged cured.

PROGRESS OF GERMAN SCIENCE.

By Sigismond Sutro, M.D.

The Effect of Wax upon the Odorous Principle of Musk.—M. Kallhofert, in following up the investigation on this subject previously made by M. Pfeffer, found that the odorous principle of all the varieties of musk is absorbed by wax. He folded a quarter of a grain of purest Tonkin musk in a piece of waxed paper, and found that the drug became completely inodorous after being wrapped up for an hour and a quarter. In his second experiment, half a grain of genuine Oriental musk, triturated with twelve grains of sugar, was enclosed in an envelope similar to that used in his first investigation. After an hour and a quarter had elapsed, though not quite scentless, the musk had almost lost its perfume. The experimenter found, that exposure of the waxed paper to ammoniacal vapour, was successful in again restoring, though not completely, the vanished aroma of the musk. From this he infers, that paper coated with wax, or wax itself, possesses the singular power of absorbing the odorous principle of musk. Other substances, which he has discovered by later researches, also possess this power; among these, he reckons golden sulphuret of antimony, sweetened emulsions, quick lime, and precipitated sulphur. Heat, as well as ammonia, causes a re-evolution of odour from scentless musk. M. Kallhofert concludes, by stating it as his opinion, that the above substances deprive musk of its odour, chiefly on account of the affinity they entertain for the ammonia, which enters into the composition of the drug. He declares it his intention to prosecute still further the investigation of this curious subject.—*Kallhofert of Swanndorf, in Buchner's Repertorium.*

Preparation of Protoxide of Copper.—Though the property which sugar possesses of reducing persalts of copper to protosalts of that mineral, has long been known to the world of science, it is but a few years since, that it has been applied to practice by M. Bottger, the able chemist of Frankfort. He has succeeded in preparing a protoxide of copper, in the moist way, by the following process:—Nine parts of peroxide of copper are added to a heated solution of twenty parts of cane sugar in sixty parts of water, previously alkalised by potash water, containing eighteen parts of hydrate of potash to sixty parts of distilled water. These substances are kept for some time at a heat above 200°, and are then removed from the fire; as the liquid cools, the protoxide is deposited as a ruddy amorphous powder.

To this *modus operandi* objections have been however taken, on the ground of the expence of the chemical so prepared. To remove this obstacle to the common employment of the cupreous protoxide, the writer of the present paper, following up Trommer's idea that "sugar of milk reduces the persalts of copper with more facility than cane sugar," adopted the following plan:—One part of sulphate of copper, and an equal quantity of sugar of milk are added to ten parts of distilled water. Aqua kali purum, sp. gr. 1·333 is next added, until the precipitate thrown down by the first portion of that alkaline liquid is again dissolved. The solution, now of a bluish colour, is gradually heated with constant stirring, until it assumes the following shades of colour—greyish-green, greenish-brown, light-brown, and, finally, vermillion; when the vessel containing it must be immediately removed off the fire. The precipitate is separated by filtering, pressed, washed, and dried, when it presents the appearance of an amorphous powder, with the peculiar colour of the metal of which it is a salt. If the solution from which it is obtained be exposed to further heat after it has once assumed the vermillion colour, the peculiar ruddy appearance of the protoxide is lost, it changes into a dirty crimson colour, while its state of powdery shapelessness is exchanged for one definitively chrystalline. It is conjectured that in this state it is no longer a protoxide, but a combination of the former with peroxide of copper. When prepared agreeably to the first directions, the protoxide is perfectly anhydrous, rutulent as the metal copper, readily soluble in muriatic acid, and unsullied by the slightest trace of organic matter. A less expensive method than either of the above has been suggested for the preparation of this compound, but the resulting salt is always impure, being invariably adulterated with variable proportions of the peroxide; it consists simply in placing sheets of copper in a crucible in a furnace, and exposing them to a red heat until their surface becomes oxygenized. They are then withdrawn, the mixed oxide scraped off, and again replaced in the furnace; this process is adopted until the copper-plates are so thin as to be quite useless. This mixed oxide is of a greyish-crimson colour, and generally contains about one twentieth of its weight of protoxide.—*Dr. Wittstein Opere Citato.*

Experiments to Ascertain the Effects of Fuselol on the Lower Animals.*—In these investigations the fuselol employed was of the sp. gr. 0. 8, and completely free of alcohol. The first experiment was performed on the small intestines of a dead rabbit, the mucous membrane of which, under the action of the fuseol, became studded with numerous minute angular points, which gradually assumed a circular shape, and ultimately vanished. Live animals—rabbits and a dog—were the subjects of the succeeding experiments. The injection of two drachms of this substance into the respective stomachs of two rabbits, produced in each all the symptoms of intoxication, attended with coma, a state from which, they however recovered in about three or four hours. In these, as in all the animals afterwards experimented upon, the breath was strongly odorous of fuselol. Three drachms of this substance were injected into the stomachs of other rabbits, without producing any other effects than those detailed in the first experiment. Half an ounce and an ounce administered in like manner to two more of these animals produced death, with all the symptoms of apoplexy from drunkenness. In the latter instance, death took place in the unusually short space of four minutes. The last subject of experiment was a middle-sized dog, to which were administered four drachms of fuselol. The animal became perfectly drunk in about five minutes after the above substance had entered his stomach. In some few minutes after it became motionless—fell to the ground—exhibiting no sign of muscular power, save a few faint semi-rotatory movements of the hinder extremities. The poor beast howled, its respiration was laboured and quick, its pulse frequent, so as not to be counted, its pupils dilated, and its breath strongly redolent of the poisonous substance; this train of symptoms was followed up by coma, which terminated in the death of the animal, about six hours after the poison had been administered. The bodies of both animals, examined after perishing, presented, with but trivial difference, similar appearances; the mucous membrane of the stomach was not inflamed in either, but in both was smeared over with a quantity of viscid mucus, while the submucous membrane was evidently in a state of engorgement; the duodenum and small intestines, in both were empty and perfectly healthy. The lungs of the rabbit were congested, but the heart, liver, and kidneys, exhibited no trace of vascularity, while in the dog, the respiratory organs, heart, liver, kidneys, and brain, were perfectly healthy. As the result of his experiments, the writer of this paper thinks himself warranted in assuming, that the effect of a small dose of fuselol is drunkenness, with its subsequent loss of nervous influence. That this substance taken into the stomach, operates by sympathetic nervous action; a supposition proved true by the rapidity with which it produces its intoxicating effects; that is absorbed into the pulmonary, and, in all probability, into the systemic circulation. The former assertion is proved, by the odour which the breath acquires on expiration, the latter by the aroma which all the internal tissues of bodies poisoned by this substance exhale when exposed for *post-mortem* investigation. At present it is not easy to ascertain the additional degree of power which this substance—introduced into the circulation—would acquire in inducing intoxication. Doubtless, it would be very great.—*Dr. Furst in Pr. Verein. Zeitung.*

* A substance procured in the distillation of spirit from oats, &c., and upon which the peculiar flavour of the spirit depends.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, April 6th, 1845.

Luxation of the Maxilla inferior into the Fossa Temporalis by A. Robert, M.D., Surgeon to Beaujon Hospital.—A carter was admitted into the above hospital under Dr. Robert. He had fallen asleep on his cart, and was thrown to the ground. Before he could recover himself the wheel passed over the right side of his face. On being brought to the hospital, the left side of the face and temple was found much swollen, and the right cheek was bruised and scratched; there was also a small jagged wound about an inch above the angle of the jaw; the mouth was thrown open and could not be closed, the chin was considerably inclined to the left, and the condyle of the lower jaw could be felt as a bony tumour just above the arch of the left zygoma. It was impossible that simple luxation could produce the above appearances; some other additional cause was to be sought for. The body of the maxilla inferior, on further examination was found fractured near its ascending portion, the lower fragment forming a prominence in the buccal cavity. The mode in which the dislocation was produced can easily be explained: thus the left side of the head was on the ground, and the wheel in passing from behind forwards, first fractured the body of the maxilla inferior, and then forcibly pushing that bone to the right, the condyle slipped out of the glenoid cavity, and ascended outside the zygomatic arch into the fossa temporalis: the coronoid process being behind the zygomatic arch, this part was received in the concavity which existed between the two processes. Reduction was performed as follows:—The man was seated on the ground, the operator placing himself before him, introduced the right thumb wrapped up in linen into his mouth, whilst with the fingers he seized the angle of the jaw, endeavouring to draw the bone directly downwards; unable, however, to accomplish the reduction, owing to the internal edge of the condyle being hooked on the superior edge of the zygomatic arch, the thumb was therefore carried in so as to reach the inner surface of the branch of the bone—the fingers remaining in the position already mentioned. The branch of the maxilla formed a lever of the first magnitude. After some slight effort the condyle was unhooked from the zygomatic arch, and by gentle traction

downwards was made to glide into the glenoid cavity. In order to prevent a renewal of the luxation, a four-tailed bandage, and the usual apparatus for fractures of the lower jaw was applied, and to combat the inflammatory symptoms, powerful antiphlogistics were employed, and with such success, that the only consecutive accident was an abscess in the right cheek opposite the fracture. The apparatus was removed on the fortieth day; the fracture was found to be consolidated, the patient could open his mouth easily, and experienced only a slight stiffness in the dislocated joint; on the fifty-fourth day he left the hospital quite well. (*Arch. de Med.*)

Extensive Burn of the Scalp Complicated with a Fall of the Two Ossa Parietalia and the Os Frontis. — The following curious case, which came under my notice at a late professional *reunion* at Dr. Amussat's, is perhaps unique and worthy of being recorded not only on that account, but because it may serve as a warning to mothers, and prevent them confiding their children to mercenary hands. M——, 11½ months old, born of young and healthy parents, was, as is too frequently the case in France, confided to the care of a nurse who resided at some distance from the father and mother; the child, previous to the accident about to be related, constantly enjoyed good health. About four months ago, the nurse left her house, locking up her own three young children, and the other young child which she left in a low chair near the fire. On her return—she had been absent at least half an hour—she found the infant lying on the hearth insensible, its sinciput exposed to the action of the fire and its forehead resting on the fender. How the accident had happened, or how long the child had been in that position, it was impossible to say. Its black silk cap and the portion of the scalp covering the two parietalia, and the upper part of the frontalis were completely carbonized into a homogeneous black mass; the burn likewise extended downwards on the forehead, the temples, and cheeks. A medical man who was called in ordered an oleo-calcareous liniment to be applied to the scalp, the bowels to be kept open, and a few leeches to be put on behind the ears. The child remained perfectly insensible for four days, after which it gradually recovered and soon took the breast with as much avidity as before. An abundant suppuration, as might naturally be expected, followed so serious a lesion, and detached by degrees the two parietalia, and the ossified portion of the os frontis, laying bare the dura mater. The pulsations of the brain were distinctly perceived whenever the child cried. About a month ago, the child made a sudden movement while the mother was dressing the wound, and having involuntarily touched the left parietal bone she heard a sharp noise as if something had snapped, and immediately an abundant venous hæmorrhage took place. Shortly after, a small tumour appeared on the left side of the longitudinal sinus, just above the forehead. It gradually increased, and is now about the size of a walnut; it is soft and compressible, and whenever the child cries, pulsations similar to those of the brain are visible. The different practitioners present at the meeting coincided with Dr. Amussat that the tumour was a species of aneurismal sac formed by dilatation of the internal membrane of the longitudinal sinus and filled with venous blood. This diagnosis proved to be correct, for on making gentle pressure on the sides of the swelling, it burst, and through the opening a little coagulated blood escaped. The opinions with regard to the treatment were far from being unanimous, some preferring the ligature, others cauterization; the majority, however, agreed with Dr. Amussat in employing pressure alone by means of a plate sufficiently large to cover the whole of the denuded portion of brain. What is extraordinary in this case, is that there were no convulsions or any other serious cerebral or general symptoms, and that the intellectual faculties and physical powers are as highly developed as they usually are in healthy infants of the same age. About one half of the ulcerated surface has already healed. I shall watch this case carefully to its termination and let you know the result.

Professor Piorry will commence his summer course of lectures on pathology on the 8th instant. All the medical or surgical clinical facts relative to percussion will be passed in review, and the physical signs furnished by plessimetry will be compared, with the other diagnostical signs obtained, by various other means.

Academy of Sciences; Sitting of the 31st March. M. Elie de Beaumont in the chair.—The election of a corresponding member in the section of botany, vacant by the death of M. Bouché, of Abbeville, took place. M. Lestiboudois, of Lille, having obtained the majority was declared duly elected. The other candidates were MM. Moquin-Tandon, of Toulouse, Feé, and Schimper, both of Strasburgh.

On the Circulation in the Mollusca: Class Brachiopodæ. By R. Owen, Esq. F.R.S., &c., presented by Mr. Milne Edwards, M.A.S. Since the communication of his former memoir to the Zoological Society in 1833, (1) the author, in prosecuting further the anatomy of the *brachiopodæ*, met with a condition of the central organs of circulation in these mollusca, which he considered as a peculiarity, until the perusal of of Mr. Milne Edwards' observations (2) on the diffused venous system in other orders of that sub-kingdom, showed him that it formed part of the general rule, and that the *brachiopodæ* are an important link in the chain which connects the molluscous with the sanguiferous classes of animals. Each auricle in the *terebratula flavescens* is a capacious receptacle with muscular parietes, which the act of contraction throws into numerous fine radiated folds. Its form, in this contracted state, is that of an oblong depressed cone, which is perforated by the auriculo-ventricular orifice, and communicates directly and freely with the peritoneal and visceral cavity by the wide aperture at their base, or rather, with the wide and irregular venous sinuses which line that cavity, surround the intestinal canal, and insinuate themselves between the lobes of the liver, and the commencement of the glandulo-generative masses. From the lateral parts of the general visceral sinus, the large venous prolongations are continued under the form of vessels upon the mantle lobes—two trunks upon the upper, or dorsal lobes, and four upon the lower, or ventral, lobes—and along these trunks, or prolonged sinuses, the sperm-cells in the male, and the ova in the female, are developed, and are bathed in the blood contained in these prolongations from the great central sinuses or peritoneal receptacle, where the commencement of the generative organs is lodged. If the terebratula be dissected from the dorsal aspect, the imperforate valve, and corresponding mantle removed, and the membranous wall of the visceral cavity, or peritoneum, cut off, the auricles are seen above, behind the stomach, and extending to the sides of the commencement of the intestine; and the wide basal openings are immediately exposed. The delicate membrane attached to their margin and continued from it upon the adjoining parts of the visceral cavity, must be regarded as peritoneal, or as analogous to the internal tunic of a vein or sinus dilated co-extensively with the proper peritoneal membrane of the visceral cavity. In a lateral dissection of the terebratula, a portion of this membrane is left, partly covering the wide opening of one of the auricles. The plicated walls of the auricle seem capable of great dilatation; a small portion smoothed out, or flattened, presents, under the microscope, a delicate layer of external transverse fibres, and still finer internal longitudinal ones radiating from the apex. When the circulating fluid has accumulated in the great visceral sinus, it may be presumed that it is drawn into the auricles by an action analogous to that of suction, and then propelled by the successive contractions of the transverse sphincteric fibres of the simple ventricles. From these cavities, the blood is driven chiefly to the pallial arteries, and returns by the commencement of the wide venous system, which constitutes the pallial veins, or ovarian sinuses, from which it passes into the still wider and more diffused visceral sinuses. In the *lingula anatina* after removing the glandular masses which surround the intestine, and which most probably receive from it the nutritious fluid analogous to chyle, the blood mingles directly, and without the intervention of a chyliferous system, with the blood contained in the sinuses which are continued from the intestinal sinus into all the interspaces of the abdominal viscera, and the blood in which is finally received by the widely opened abdominal orifices of the plicated contractile auricles, whence, as in the terebratula, it is propelled into the ventricle, and exhausts its impulsive force chiefly upon the pallial and branchial circulation. After several learned remarks on the alimentary canal, and the nervous system of the brachiopodæ, this interesting communication terminates thus. "The Brachiopodous family of mollusca being the most widely diffused over the earth's surface and extending to greater depths than ordinary bivalves, are interesting on account of their extensive range through space; nor are they less remarkable for their duration in time, being amongst the oldest existing forms on this planet. 'Every particular theory, therefore, respecting a plan of organization which can accommodate itself to the varying conditions of one of the most diversified provinces in the geographical distribution of animal life, and which has so long been able to resist the great destroyer of things, *tempus edax rerum*, will be acceptable to the philosophical naturalist, and the additional observations here presented will be particularly interesting as they add another instance of the prevalence of that diffused condition of the venous system which the important discoveries of Mr. Milne Edwards has shewn to be a general characteristic of the whole of the molluscous sub-kingdom."

(1) Zool. Trans., Vol. V., p. 145.
(2) Comptes Rendus de l'Acad. des Sciences.

On the Digestion and Assimilation of Sugar and Amyloid Substances. A memoir read by M. Mialhe.—The author, after shewing that his ideas, researches, and theories on the action of alcalis on sugar or amyloid substances considered with respect to their assimilation, are anterior to those of MM. Bouchardat and Sandras, presented on the 20th January, 1845, and different from those of M. Chevreul, details in the second part of his memoir the results of further researches which confirm his former ones, and "that the essential parts of the alimentation in animals is formed of three distinct substances: albuminous; fatty; and saccharine—that these substances must remain in the gastric or intestinal cavities, and undergo a sort of fluidification or fermentation, a physico-chemical action to which the term *digestion* has been given—that notwithstanding the researches of Reaumur, Spallanzani, Leuret and Lassaigne, Tiedemann and Gmelin, Eberle, Schwann, Deschamps, &c., the mode in which the gastric function acts on this substance is far from being well known." It is admitted: 1° That albuminous substances are assimilated by the aid of the gastric juice, which by its acidity causes the azotised substances to swell and by means of its *pepsine* to be liquified; 2° That fatty substances are assimilated by means of the bile. But for feculent and saccharine substances nothing positive has been advanced, and it is this hiatus which the author seeks to fill up, and he considers that it can be explained by the discovery of the active principle of the saliva. This principle is solid; white, or greyish white; amorphous; insoluble in pure alcohol; soluble in water and diluted alcohol; its aqueous solution is nearly or entirely insipid, neutral, not precipitated by the sub-acetas plumbi, spontaneous decomposition changes it into butyric acid, or a substance very similar to that acid; it exerts no action on azotised principles (fibrine, albumine, caseine, gelatine or gluten) or on the ternary neutral substances (cane-sugar, inuline, gum arabic, and lignine); has a powerful action on starch, producing with anhydrous fecula, dextrine and glucose. Added to fecula mixed with seven or eight times its bulk of cold water, this substance, by a digestion of several days, completely dissolves the starch. This effect may be more readily obtained by keeping the mixture at a steady heat of 170° F. The starch thus dissolved is no longer coloured blue by the addition of iodine; potash heated with it produces a darkish brown colour, indicating that the fecula

has been changed into dextrine or glucose. The quantity of these two substances may be ascertained by filtering the liquid and treating it with six or eight times its weight of absolute alcohol, the glucose is dissolved and the dextrine precipitated. Its action is so powerful that one part is sufficient to convert 2,000 parts of fecula into dextrine or sugar. As to the analogy between this principle and *diastase*, the numerous experiments detailed in the memoir tend to prove that they are identical in their chemical properties, consequently the author proposes to call it *animal or salivary diastase*, as a contrast to the active principle of the cereals which he proposes calling *vegetable or amylaceous diastase*. *Mode of preparation*: filter the saliva, treat the filtered liquid with five or six times its weight of absolute alcohol, as long as a precipitate takes place; the diastase is deposited in flakes; after being separated from the alcohol it must be dried on a glass plate in air heated to 122° F., and kept in a well-corked bottle. From the facts contained in this memoir, it may be concluded that Professor Dumas has indicated the true character of the chemical phenomena of digestion, in placing them in the class of fermentations, since the dissolution of *azotised substances*, takes place by means of a ferment, *pepsine, that of fatty substances*, probably by means of a ferment contained in the bile, and that of feculent substances by means of the active principle of the saliva. In a future memoir, the author purposes giving the result of his experiments on the saliva of a great number of animals of different species.

On the Action of the Papaver Somniferum on Animals. By G. V. Lafargue, M.D., of St. Emilion.—The author fed several rabbits with this plant, and remarked that instead of its producing any bad effects, that on the contrary it proved to be a wholesome aliment, since they increased in weight. The plants eaten were very active, for a child was killed to whom a decoction of a single capsule was administered as an enema. The number of plants consumed every day was five or six; occasionally the powdered capsules mixed with bran were given the rabbits as food; and finally, grs. iv. of the acetate of morphine dissolved in ℥iv. of distilled water mixed with lb. ij. of bran were given without injury.

On Hydrophobia. By Dr. Fourcault.—The author recommends, when cauterization is not possible, circular compression above the wound, washing it with a strong aqueous solution of chloruret of lime or ammonia, with cupping; at the same time the person ought to be made to sweat profusely, by means of hot air and abundant drinks.

On the Volatilization of Zinc in Copper Foundries. By A. Becquerel, M.D.—The following fact proves that this substance exercises its influence not only on the workmen employed in the foundry, but likewise on persons who live in the neighbourhood. M. and Md. X—— and two workmen occupy a shop next door to a copper-foundry in which zinc is employed. The melting is performed twice a week, and on those days the four persons are always ill. Md. X——, who is the most seriously affected, complains on the evening of those days of violent shivering, accompanied by intense headache, lasting for about an hour. This is followed by considerable fever, lassitude, prostration, and pains in the limbs, which terminate by an abundant perspiration, leaving the patient very much exhausted on the intervening days. Md. X—— is pale, or of a yellowish hue, feels fatigued by the least exertion, walks with considerable difficulty; no organic lesion exists to which these disturbances can be attributed. The author considers them to be produced not by the metal itself; but by the oxide formed during its volatilization.

Academy of Medicine. Sitting of the 1st April. M. Caventou in the chair.

On the Microscopical Examination of Accidental Tissues By Dr. Rochoux.—The writer says—"I cannot refrain from condemning the faulty methods adopted by certain microscopists in studying accidental tissues. Thus, they examine with the microscope bits of degenerated tissues taken from cancerous tumours of the size of the fist, or tubercles of the size of the tip of the finger. But before these parts became so voluminous, these two kinds of morbid productions were the seat of various kinds of decomposition of putrid fermentations, which render it impossible to say what was the nature of the original tissue. For instance, when a tubercle is examined at such an advanced stage, the observer sees, in the midst of the drop of water in which it is placed, globules of pus more or less changed, blackish globules, presenting inequalities like the mulberry, which are supposed to be the final appearances of the tubercle or cancer. Such tissues are a detritus, in the midst of which any one can, like Adesson and Lebert, see all that they desire, and which teaches us the real character of accidental tumours with as much certainty as the examination of the refuse of vegetables can teach us botany. If the primitive tubercle is examined with the microscope, it is found to be of a globular, circumscribed shape, about 0·15 to 0·20 of a millimetre in diameter, buried, as it were, in the midst of the healthy pulmonary tissue which surrounds it. At this period, it may be extracted without breaking the numerous filaments which, composed of the remains of the pulmonary tissue, its vessels and nerves, form around it a sort of downy nest. Its colour, which at a later stage is of a dull greyish white, is now similar to that of gelatine, with a rosy tint which grows darker as the tubercle is smaller. After cutting it in two, if its surface be examined with a glass whose magnifying power is equal to 50 or 60, the morbid tissue seems to be homogeneous, like a jelly, or a solution of gum about to harden; but beneath a glass whose power is equal to 500 or 600, it presents a very different aspect. It is then found to be formed of filaments,—minute as those of the cellular tissue—interlacing each other, and containing no liquid in their cellular intervals; their texture is regular, and resembles, to a certain degree, that of the crystalline lens; the surface is of very pale-orange colour, and presents a metallic lustre. These peculiarities, which do not exist in strumous tumours, are only to be seen in tubercle in its nascent state. At a later period, and when it has reached the size of a millet seed, an effect produced by the reunion of several smaller tubercles, rather than by the growth of a single one, the pulmonary tissue contained in the interspace is changed, crushed, and pus subsequently is formed, in which those numerous and various products, so little noticed by the generality of microscopists, are to be met with. To avoid this error, into which others have fallen, we must impose upon ourselves the indispensable obligation of studying, at their earliest life, those accidental productions which degenerate like tubercle and cancer. As to those which, like fibrous tumours of the uterus, undergo little or no change, they without any inconvenience may be studied at any, or a very advanced stage; this, however, is but an exception, and does not prevent our admitting that almost all that microscopical anatomy has done towards investigating accidental productions, requires to be repeated.

On the Localization of the Faculty of Speech in the anterior Lobes of the Brain. By Dr. Belhomme (one of the candidates for the vacant place in the section of anatomy, and physiology). The conclusions of the author are 1°. That lesions of the faculty of speech depend either on a cerebral affection, or on some derangement of the organs of communication between the brain, and those which serve the purpose of articulation. 2°. That sudden loss of speech depends on hæmorrhage, or some other lesion of one, and especially of the two anterior cerebral lobes. 3°. That care must be taken not to confound the convulsive and paralytic phenomena which pervert the faculty of speech with sudden loss of remembrance of words, and subsequent difficulty of utterance. 4°. That in the disturbance of the anterior lobes of the cerebrum, the act of speaking is suddenly rendered impossible, and it is only when a cicatrix is formed in the brain, that the organ regains more or less its normal functions.

Dr. Reybard, of Lyons, began to read a memoir on intestinal suture, in which he criticised the report presented by Dr. Jobert de Lamballe. He was interrupted by the President, and many of the members, and was finally obliged to retire.

On the Solidity of the Bones and the Mode in which they resist the Influence of Foreign Causes; by Dr. Chassaignac.—The conclusions of the author may thus be resumed; 1° that the different modes by which foreign causes overcome the cohesion of the osseous tissues are, *tearing off or elongation, incurvation, crushing, twisting*; 2° that whenever any exterior force bends a bone, the convex fibres are elongated, and the concave shortened, but between the two, there are intermediate ones, which retain their normal length, so long as the curve is not carried beyond certain limits; 3° that the long bones being all of a prismatic form, possess the general conditions of the solidity of the triangular prism; 4° that a triangular prism offers greater resistance when any force acts on its angles than on its surface; the proportions being as 1 to 1·712; 5° that the tibia resists more when one endeavours to break it by acting on one of its faces than on its edges; 6° that the edge of the prism possessing the greatest power of resistance is that on which exterior causes act the most frequently; 7° that the bones are so arranged that almost all the exterior causes which tend to break them act on the part which presents the greatest resistance; 8° that from the shape of the bones, it is almost impossible that there should be parallelism between the *rupturing* cause and the osseous fibres; 9° that the apophyses of the extremities of the long bones are almost always continuous with one of the edges of the triangular osseous prism, and form as it were the base of a long pyramid, added to the central portions of the bone, and firmly fixed to it; a circumstance which gives it great solidity; 10° that in fractures which act parallel to the length of the limbs, the principle of their action is applicable not only to the contiguity, but also to the continuity of bones; 11° that the characteristic properties of the anatomical neck of the bones, with respect to their power in overcoming causes of fracture have never been indicated in a general manner. These are five in number, viz. (*a*) to offer a smaller diameter than any other part of the bone, (*b*) to be placed immediately under an articulation, (*c*) to occupy constantly that extremity of the bone situated near the trunk, (*d*) to form an angle more or less oblique with the body of the bone, (*e*) to present no muscular insertion between it and the articulation; 12° that the diminution of solidity in the central portion of the long bones, is compensated by the greater compactness of the osseous tissue in these parts; 13° that the long bones, twisted at the same time in the direction of their axis and their diameters, assume a spiral form, which constitutes the means of resistance against vertical pressure; 14° that there is a period at which the bones attain their maximum of solidity, after which gradually it decreases; 15° *fragilitas ossium* in old age does *not* depend, as stated, on the presence of an adipose substance in the tissue of the bones; 16° that three causes produce *fragilitas ossium* in old age: (*a*) the interstitial absorption of the osseous tissue, (*b*) the relative predominance of phosphate of lime during a certain time, (*c*) and at a later period, the partial absorption of the phosphate of lime itself, a cause which has never been remarked before.

Dr. Jobert de Lamballe gave the details of a case of fistula of the urethra, cured by the autoplastic method; the patient was present and was examined by several members of the Academy. This case will be given at length in my next.

GARLAND DE BEAUMONT, D.M.P.L., & S., &c.
Honorary Physician to the Spanish Embassy.

ON THE NATURE AND TREATMENT OF SYPHILITIC DISEASES.—At a meeting of the Surgical Society of Ireland, held on the 15th of March, a paper was read by Mr. Egan, surgeon to the Westmoreland Lock Hospital on the Nature and Treatment of Syphilitic Diseases, in which the views taken by Mr. Carmichael many years ago in his great work on Syphilis were fully established; though, as Mr. Egan candidly confessed, he had been at the outset of his investigation prejudiced against Surgeon Carmichael's doctrine. At the conclusion of the business of the evening, Mr. Carmichael rose to acknowledge the compliment paid him by Mr. Egan, which, coming from

such a source, was truly valuable. As they had nothing to do, perhaps they would listen to him for a few minutes while he gave them an account of the interested defamation of his work, which had appeared from the pen of a London reviewer, on its first publication. The reviewer was a young house-surgeon at the London Lock hospital—which was at that time attended by Mr. Pearson—to whose doctrines on syphilis, those promulgated by Surgeon Carmichael were completely opposite. He then entered into a detailed account of the unfairness and illiberality with which his work was treated by men of the highest character in the professional world, but over which it ultimately triumphed; and now stands an enduring evidence of his scientific skill and discrimination. He sat down after giving a brief resumé of the principal indications which should guide medical men in administering mercury for the cure of syphilis in all its various forms and stages. Familiar, as the profession must be, with Surgeon Carmichael's plan of treatment in syphilis, we take the liberty of presenting to them again an epitome of his invaluable opinions on the subject:—

1st. He does not think mercury necessary in the treatment of the simple primary ulcer without induration, nor for the papular eruption, and other constitutional symptoms it produces; but should the eruption linger into the fourth or fifth week after it has desquamated into scaly spots or blotches, mercury in alterative doses, either in the form of Plummer's pill or the proto-ioduret of mercury, will be of service in clearing the skin of the eruption, and in removing the pains of the joints, which are constantly present in this form of venereal. It should never be employed at the period when the eruption first appears in its papular form, at a time that it is usually preceded and accompanied by considerable fever, like all the other exanthemata, to which class of Cullen it obviously belongs. If mercury is exhibited prematurely during the eruptive stage of this as well as the other forms of disease, the scaly excepted, the skin may be cleared of the eruption, but in all probability it will return again and again to the great disappointment of the patient and perplexity of the medical attendant. 2nd. Mercury should be given in iritis so as to excite its full effect upon the system; the usual antiphlogistic measures to remove this dangerous inflammation are not to be neglected. 3rd. Mercury is to be given for the removal of nodes, for which purpose the iodide of that mineral is superior to any other preparation. 4th. In phagedenic primary ulcers mercury is always most injurious. They are most successfully treated by the application of strong nitric acid, immediately followed by a douche of cold water. The same application is also the most efficient for phagedenic ulceration of the throat, which if not checked will soon extend over the velum, uvula, and back of the pharynx, from whence it will spread upwards into the nares, and downwards into the larynx. Instead of the douche of cold water, in this situation inadmissible, a probang must be used, the sponge of which, moistened in a solution of soda or potash will neutralize any superabundant acid applied to the ulcers. During the eruption of pustules or tubercles which cause those crusts termed rupia, mercury is decidedly injurious, although its exhibition may at first flatter both patient and surgeon that the disease is yielding to this remedy. But the natural tendency of this eruption is also to become scaly after it has existed several weeks or months. This scaliness is a sign that the disease is on the decline, and indicates that mercury in alterative doses may then be employed with safety and advantage. Should any of the constitutional ulcers on the skin spread after the rupia crusts fall off, their progress may also be effectually checked by the application of nitric acid to their phagedenic margins. They of themselves first show signs of healthy reparation in their centres, which need not therefore be meddled with. Mercury in this stage of the disease, should not be exhibited. Hydriodate of potash, sarsaparilla, country air, and the tranquillizing effects of opium, should the patient be harrassed by extensive ulceration, are the constitutional means most to be relied upon. 5th. For the true Hunterian chancre with hardened edge and base, and for the scaly eruption which attends it, as well as the deep excavated ulcer of the tonsil, nodes and other symptoms belonging to this form of disease, mercury may be esteemed a certain and expeditious remedy.

NOTICES TO CORRESPONDENTS.

V. Q.'s *poetry is very curious, but not fit for our pages.*

Mr. Fitzgerald.—*The publisher knows of no applicant to suit.*

An Apprentice.—*No reference is made in the proposed Bill to the selection of Apprentices or Students. They will have to acquiesce in the law exactly as it may stand at the period of their examination.*

S. D.—*About 60 guineas.*

A Subscriber, M. B. *may register it is now said either as a Surgeon or Licentiate of Surgery and Medicine. The Bill will allow him to register as physician, if now legally practising as a physician; and the Council of Health will sit in judgment on the question of what constitutes "Legality." Our correspondent will see that we have no data to give him a specific answer. The Bill is on these, as on many other points extremely defective. The Registration List will be kept in London. There will be annual fees we apprehend.*

Mr. Obre's *address to the National Association has been received. We regret to say that numerous claims on our space must prevent our giving it insertion.*

Honestas.—*Should the integrity and honour of a certain Editor be doubted, Mr. Lawrence's evidence will at once settle the question.*

Civis.—*The public are much indebted to Sir J. Graham for preventing M. P—rical interference with the duties which properly belong to, and have always been exercised by Magistrates.*

A.—*An Irish apothecary, we consider, would be an eligible candidate for the vacancy in the Bethlem Hospital. The other fact suggested shall not be overlooked.*

T. C. B. *should apply to the College for a certificate of the grant of a diploma. The registration by the Council of Health could not, we imagine, be effected without documentary proof of qualification.*

Medical Enquirer.—*By the new Bill, we think no person in our correspondent's situation could practice as surgeon or accoucheur, if he (himself) assumed the ordinary appellation of a qualified medical man. On the other query, our correspondent should address himself to Mr. Belfour, the Secretary of the College.*

Mr. Wilson.—*We have no space for the responses the queries would bring us. The chemical theory in no way affects the orthodox treatment of phthisis now followed.*

Dr. Lewins has addressed to us a brief but satisfactory response to Dr. Clay's note. He protests against the tone and temper of that learned physician's reply, and remarks that the charge of recommending his son to surgical practice is best answered by the fact that that son is in H. M. S. in a remote part of the world on the frontiers of Southern Africa. Here we part finally with this unpleasing episode in our scientific correspondence. We are happy to add that our next number will contain an article from Dr. Lewins on uterine and ovarian disease, promised to us some time since, and which, though written before Dr. Clay's letter appeared, the learned author thinks its best practical commentary.

Mr. Warrene's *paper on mesmerism shall be published, if we can contrive to make room.*

We have to acknowledge with our best thanks, the following subscriptions to "The Medical Times Defence Fund."

	£.	s.	d.
Dr Costello	5	5	0
Mr. Turner	2	0	0
Mr. Wood	1	1	0
L. R. F. (a Friend)	2	0	0

N. B.—*We shall feel obliged if gentlemen will kindly withhold any subscriptions they may propose sending in this matter till the result of the trial be known.*

Several notices and replies are precluded admission till our next, including several reports of meetings.

THE MEDICAL TIMES.

Saturday, April 19th, 1845.

Grande et conspicuum nostro quoque tempore monstrum.

A distinguished surgeon, writing in one of the morning journals, declares that the "*tracasseries* of the medico-political mountebank" (Mr. Wakley) "are beneath the dignity of discussion." True—*very* true—and yet (sad to say!) they *must* be "discussed." The "*mountebank*" will not allow one to take refuge in "*dignity*." His impudent jugglery breasts us till, in mere self-defence, we pocket our "dignity," and coolly knock him down. We must "discuss," and examine, and condemn, or the "*tracasseries*" will pass with those who cannot think, and those who have not time to think, for exercitations of public virtue. Every instinct within us may shrink from the repulsive duty, just as the well-dressed passenger avoids the affray of the insolent sweep obstructing his pathway; but there is no help for it. "Dignity" is made a luxury far too costly and perilous to be safely indulged in. We must tread on the viper, or recoil, leaving in full play its slime and venom;—we must do a justice that revolts one's sympathies, or give restless wrong a disgraceful triumph. *Marat*, the "medico-political mountebank" of the French Revolution, would have lived harmless to hundreds of heads, if Lafayette (respectable man) had not thought—and in practice, too,—the journalist "*tracasseries*" of that incendiary' beneath the dignity of discussion." The best use to which you can put your really noxious animal, is to scotch him, and the worst use to which you can put your "dignity" is to let it prevent you. The office of moral executioner may give one's gentility a sad pang, but it saves a great deal of after trouble and useless repentance.

The last "*tracasserie*" of our humoursome "mountebank" is a violent attempt to assassinate that object of so prolonged and ardent a courtship, the National Association of General Practitioners. The Committee-men, it would appear, by a monstrous metamorphosis more wonderful than any known to Ovid, have become transformed, all of a sudden, from forms the most angelic, to shapings the most brutal and diabolical. It is really shocking to sensitive nerves to hear into what atrocities these once lovely creatures have suddenly leapt. We who for months had seen "the mountebank" weekly exhibiting them "from his *camera obscura*, as, so fair, so perfect," that even old friends should, at any expense of honor, be sacrificed for them, stand horror-stricken at the picture of deformity he now gives us, as their *vera imago*. Poor, honest, simple soul! how sad that he should have been so deceived in them! How grievous to see the contortions of his Charlatan countenance, while compelled to describe *that* to-day to his admiring audience as hideously black, which yesterday he protested was lily white! How visible his tears—how audible his groans—how credible his tortures! But they are not for himself—virtuous soul!—they are for the infatuated Committee-men, who will not—*really* will not—be exactly what he wishes them! Tasteless wretches! they will not return his love! Tears and sighs, prayers and threats, love and hate, admiration, vituperation—are all in vain! Like Shakespeare's Helena,

"The more his prayer, the lesser was his grace!"

Alas! why will not the Association be ravished by a love which shews the sincerity of its excess by the madness of its victim! Hard-hearted, unkind Association!

There was a time when the "*mountebank*"—half conceiting himself a medical O'Connell—(and really as much and pleasingly like him as the ape to man)—exclaimed "Hurrah for President Pennington!" There was a time when "the demand for an Incorporation of General Practitioners by Act of Parliament," under "the *venerable* Mr. Pennington," was declared the most "righteous claim ever raised by a *high*-minded body of scientific men!" There was a time when the Committee was praised because putting forth their "Suggestions" without calling a public meeting, they wisely severed the responsibility of them from the body in whose name they acted. There was a time when the ruling body of the Association was described as a "Committee consisting of gentlemen of the highest position and character in the Profession, and whose rank, emoluments in practice, and independence, SHIELD THEIR PURE AND HONORABLE MOTIVES FROM EVERY TAINT AND IMPUTATION OF SUSPICION!" But those halcyon hours of hopeful love are past;—the coldness—the scorn—the contempt that met each advance have produced, at length—after months of heroically borne indignities—their effect, and when the last desperate effort at possession—the generous offer of ten guineas!—turned out as fruitless, as the verbal wheedlings and ingenious intrigues that preceded it, the gentle passion gave way forthwith to rage—the *spreta formæ Junonis* came into full play—all the woman took possession of his soul, and we have had ever since an insensate vengeance harmless to all but himself! Poor, poor *thing!*

Such "tracasseries" are *indeed* beneath the dignity of discussion. It is sad to think that they can even be essayed, in brazen-faced confidence, to gentlemen, our fellow members of a learned calling. For, what mind but must revolt to see personal spleen, with motives of the lowest and most sordid character, impudently protruding themselves as public virtue, and demanding from a learned Profession support and countenance at the very moment that a miserable and unprincipled egotism is placing in jeopardy our dearest interests? What now is charged against the National Association, which months ago could not quite as justly be brought against them? What if the members, in greater part, live west of Temple Bar? Does east or west of that mystic barrier change the interests of the medical denizens in the welfare of the Profession? Is right or wrong in medical politics so geographical a quality, that it is one thing to western, and another to the eastern residents of the metropolis? Above all—supposing it evil—how did the expulsion of Wakley from the Committee—he a *western*—first fling light on this *crime* of occidental preponderance? The omission of *adding* to the fault should, at least, not have been used as the first occasion for its punishment. The truth is, that beyond the mere differences of opinion on principle and action, which must ever exist where large masses of human beings are concerned, no single ground of cavil can now be advanced against the National Association with any show of reason or propriety. Nobody has ever dared publicly to doubt that the Committee, as a body, is composed of very high-minded and independent men, and we will do them the justice of saying, that never before, did gentlemen, with actual injury to their *own* immediate pecuniary interests, devote themselves with more industry and good feeling to promote the general welfare of their order. Individually, we know that no medical Bill that may be passed can affect a single iota, the practice of the majority—including *every* member of the sub-committee—and from the quiet, unpublic character of their past lives, it may safely be predicated that nothing but generous feeling for the endangered well-being of their younger brethren, could have induced them to take an active share in the present agitation. We trust therefore, that, as long as they pursue that independent and fearless course of action which has marked their past proceedings, and which so well befits their character and social standing individually, that no aid, in the power of our brethren to render them will be withheld. This is the greatest occasion for setting our profession on its true footing that Parliamentary history has known; and if marshalling all our forces, we support, in serried ranks, the first great central body that has so happily been organised for the Profession's Protection and Government, we cannot fail to have crowned with success every one of our reasonable expectations. The interview with Sir James Graham, given in another page, is an encouraging augury of the splendid results within our grasp if we *be wise, and divide not!* The price demanded is surely not too dear for so promising a purchase!

"Verum contra, qui graciles, et temperamenti biliosi, aut melancholici, sanguinem acrem, aut retorridum, cerebrum calidius, atque spiritus animales nimis incitatos, et irrequietos habent, a potu isto Thea, prorsus abstinere debent."—Willis.

—"Licuit, semperque licebit,
Parcere personis, dicere de vitiis."—Horace.

It has been proved by physiological experiments that tea possesses, in a very marked degree, the power of affecting the nervous centres. It is upon the cerebro-spinal axis that its effects are chiefly manifested. Green tea, especially, is distinguished by this property. It is said that a strong solution of it, applied to the sciatic nerve for half an hour, has caused death. Introduced in only small quantity beneath the abdominal integuments of a frog, it produced complete paralysis of the hind legs lasting for some hours; and even on the following day, motion and sensation were not fully restored to the affected organs. Administered as an injection to a dog, it caused a perfect paralysis of the vesical and intestinal sphincters; a partial loss of power in the hind legs, and a total loss in the tail: this organ was for some time immoveable, and as it slowly recovered its sensibility and vigour, exhibited a variety of grotesque movements. A strong infusion of tea introduced beneath the integuments covering the left side of the chest of a dog, has occasioned a feeble and an intermittent action of the heart. A poultice of green-tea leaves applied over the human stomach has caused sickness and vomiting—over the abdomen, colicky pains and purging—over the heart, faintness and irregularity of pulsation—over the kidneys, diuresis. A strong extract applied to the inner surface of the eyelids produces dilatation of the pupil and indistinct vision: introduced within the ear, it occasions deafness and *tinnitus aurium*. It is believed to hasten the process of labour already commenced, and has even been affirmed to have produced abortion. An old couplet, says—

"Savine, rue, and tea beware,
Wives who'd have a mother's care."

A strong solution of tea, injected into the jugular vein of a dog, accelerates the heart's action for a short time and then depresses it in a much greater ratio; occasions convulsions, vomiting, purging, dilatation of the pupil, and paralysis—either slowly recovered from, or less slowly terminating in death, as the quantity and strength of the material may be. A similar solution introduced into the carotid artery, produces excessive convulsions and spasms, especially of the extremities, widely dilated pupil, stertorous breathing, irregular action of the heart, spasmodic respiration, hiccup, and final coma. These facts prepare us to receive the statements of certain authors concerning the injurious influence of tea upon the human constitution, and will prove confirmatory of certain further observations we ourselves have to make upon the same subject. Trotter says:—"There may be conditions of health, indeed, where tea can do no harm—such as in the strong and athletic; but it is particularly hurtful to the female constitution; to all persons who possess the hereditary predisposition to dyspepsia, and all diseases with which it is associated—to gout, and to those who are naturally weak-nerved.

Ye hipped, weak-nerved, and melancholy,
Tobacco or tea will speed your folly.

Fine tea, where the narcotic quality seems to be concentrated, excites nausea and vomiting, tremors, cold sweats, vertigo, dimness of sight, and confusion of thought. I have known a number of men and women subject to nervous complaints, who could not use tea in any form without feeling a sudden increase of all their unpleasant symptoms; particularly acidity of the stomach, vertigo, and dimness of the eyes." The observance of similar morbid effects from its use, induced Hermomane to call tea a "seminary of diseases." Millingen says of this herb, "in some it is highly stimulant and exhilarating; in others its effects are oppression and lowness of spirits; and I have known a person who could never indulge in this beverage, without experiencing a disposition to commit suicide, and nothing could arouse him from this state of morbid excitement but the pleasure of destroying something, books, papers, or any thing within his reach. Under no other circumstances than this influence of tea, were these fearful aberrations observed." Such, and so many, are the peculiar effects which tea is capable of producing upon the animal and the human species. It is pretty evident from them, that the action of tea is in some sort, intermediate between that of digitalis and opium. It approaches the former in its influence upon the heart, and the latter in its influence upon the brain. It may seem paradoxical that the same substance should combine the properties of stimulant and sedative, but though we cannot explain the anomaly, we are quite familiar with the fact. At the very time the heart is being enfeebled in its pulsations, at that very time also is the brain roused to extra vigour. Can it be that a depression of the mere animal or organic function leaves the intellectual more at liberty and unfettered? The idea is not without its probability, for it has some analogies in its favor. Prior to dissolution, when bodily strength fails, the eye will become brighter, the senses more acute, and the intellect more brilliant, than ever. So also the prostration of physical energy which immediately precedes fainting, is often the opportunity for the mind to exercise momentarily, but marvellously, its privileges. In that instant of time, imagination has sometimes performed gigantic feats—ideas, plans, and enterprises, have been conceived, not in outline, but in detail, which it would occupy an age to re-produce. We knew a student, of poetic temperament, upon whom strong tea produced so sedative an effect, that an extra quantity of it invariably caused him to faint. For the production, however, of those lively imaginings in which he was formed to indulge, he was in the habit of sipping tea until it rendered him, as he said etherial. He would sit in complete reverie for

hours, indifferently conscious of whatever might be passing around him, feeling no animal sensations, but possessed with the idea of imponderosity, and floating, as it were, in a gorgeous and boundless region of thought. The descriptions which he gave of these journeyings through ether, were of the sublimest kind—nothing material mixed itself with them—they were grand in the magnificence of pure mind, which seemed never to have been incarcerated, had received no earthly tutorage, but shed its lovely idealisms like sunshine, the issue, spontaneous and original, of its single essence. Nothing that I have ever heard or read has impressed my mind with a belief in the possibility of innate ideas so much as that student's account of his wakeful visions. We have known similar effects to be produced, though in a much inferior degree, upon others, whom tea affected chiefly by debilitating the nervous system, and we have known like consequences to follow the sedative action of tobacco and digitalis. We are therefore of opinion that the temporary increase of intellectuality which some people enjoy from a strong infusion of tea, is due not alone to a direct action upon the brain, (speaking of it as the organ of the mind) but partly to that action upon the animal system which lessens its vigour, and consequently its controul over the mental operations. There is a certain but an undefined relationship between physical and intellectual existences, as these constitute the mind and body of living man; there is a degree of controul which they are capable of mutually exercising over each other; and they are reciprocally each other's dependent. But though there is a balance between these entities which can only be broken by death, yet according as the one or the other may be educated, will it be powerful and predominant. There is a boundary which cannot be passed by either; but within that boundary reside many privileges, physical or mental, as constitution or habit may determine. What intellectual education does, progressively and permanently, upon all subjects susceptible of its influence, tea, and other like matters, are capable of doing *temporarily*, upon certain subjects. Education elevates the mind above the enthralling dominion of the physical powers—tea subdues these for a time, and gives the mind a freer opportunity of spontaneous exercise.—Hence it is that its intellectualising tendency is some test, either of the amount of cultivation or of the aptitude for it, in the individual upon whom it operates. Tea will not make a naturally stupid man intelligent, nor an ill-read man learned—but it will aid both memory and imagination, if the one be already well stored, and the other only fundamentally well cultivated. So much for one of the modes in which tea operates. Before proceeding to examine the other, it will be well to mention some of the evil consequences to which the sedative action of tea gives rise. First let us mention diuresis. Tea is not a diuretic, properly so-called—that is, it does not *directly* stimulate the kidneys to increased action as dandelion, broom, juniper, and other like vegetable substances do, but it acts through the agency of its depressing effect upon the system at large, whereby, as old Macrobius says, " the reins become as sieves through which the body wastes its gentle humours." In this respect tea acts like fear, melancholy, and those depressing passions which arise either from a disordered mind, or from a body depraved by indulgence and dissipation. The consequences of this diuretic action are very often either particularly unpleasant or painful. We once remember a popular Dissenting preacher who had attracted a large and fashionable assembly to hear his discourse, being compelled to vacate the pulpit for a few minutes in consequence of having drunk a large quantity of tea before commencing his service. This is a practice that Dissenting preachers are much addicted to; and whilst it seldom fails to visit them with immediate uncomfortableness, it too often lays the foundation for permanent mischief of a most disagreeable nature. Public men who find themselves easily affected by this beverage, should be careful to take it in only small quantities when they are likely to be placed for any time in a conspicuous position. Many a speech has been spoiled—many a sermon has failed of its effect—for want of an observance of this little caution. A celebrated barrister once complained that he had lost a cause from a too plentiful indulgence in " cups," " which," as he said, " neither *cheered* nor inebriated him." This unhappy property of tea is a very sufficient reason why it should not be taken at the commencement or in the course of a journey, especially if the weather be cold, or the individual much exposed, for then its effects are greatly increased. We attended a lady some months back, suffering from an infirmity which will never be remedied, and entirely occasioned by her having drank a large quantity of tea prior to starting on a long journey on the outside of a coach. In female schools, again, where tea constitutes an afternoon meal, the pupils are pretty sure to be taken a long walk immediately after it. Who knows what mischief may arise to future mothers from this imprudent (not to say cruel) discipline. Parents should always train their children to the common sense of these things, and to a right appreciation and observance of the simple laws of nature. Tea should never be taken in large quantity before going to bed. The chances are that it will prevent sleep, but should that not be the case, a diuretic action may follow, and the bladder be slowly distended, the sufferer not being conscious of it until his usual hour of waking, or if the body be well-clothed, an abundant perspiration may be the consequence—not only debilitating in itself, but capable, by repetition, of laying the foundation for habitual night-sweats.

THE PROFESSIONAL MOVEMENT.

Sixteen gentlemen-surgeons at Wolverhampton have petitioned against the Bill on the ground, that it does not remove the injustice inflicted by the recent Charter.—At Brighton a meeting was held on the 31st ult. in the Town Hall, on which occasion resolutions strongly condemnatory of the Bill were passed. Petitions were prepared for Parliament. The gentlemen speaking to the resolutions were, Mr. Drummond (in the chair), Messrs. Mott, Mitchell, Lowdell, Cordo Burrows, Trew, Harris, G. Weekes, Gear, and Seabrook.—On the 27th, at Tunbridge, another meeting was held—disappointment and disgust at the Bill were very strongly expressed. They insist not only that qualifications shall not be depressed but raised.—At Warrington, on the 2nd instant, a meeting was held, and resolutions here favourable to the Bill were passed; but several parts were suggested as calling for improvement.—Mr. Davis, the hon. secretary of a Medical Committee, Liverpool, has obligingly furnished us with a report of an interesting meeting held in that borough on the 8th instant. Sir Arnold Knight, M.D., occupied the chair, and the meeting was addressed by Dr. Dickinson, Dr. Watson, Dr. Inman, Dr. Sutherland, and Dr. Turnbull, as also by Messrs. Burgess, Neill, Haggerson, and Evanson. While a strong wish was expressed for the settlement of the question of medical reform—the speakers generally announced strong objection to several parts of the Bill; and censures, the most energetic, were expressed of the recent policy pursued by the College of Surgeons. Dr. Watson made some very good suggestions as to the Bill's deficiency under the head of midwifery, and Dr. Sutherland was particularly happy in his denunciation of the blunders of our Surgical College. A memorial was drawn up to Sir James Graham and accepted by the meeting—in which objections are stated to the constitution of the Council of Health on the score of its injustice to the general practitioner, to the proposed inceptorship of medicine, to the power of the Council of Health to specify what shall and what shall not be a qualification in medicine here for medical offices, to the mode fixed for registering the different grades—and to the invidious distinctions introduced into the chartered bodies. We have read the memorial with much care. The spirit of moderation, and evident partiality for the minister, in which it calls for the largest modifications of the Bill, ought, with the respectablity of the gentlemen acting, to give the document great weight with Sir James Graham.—A memorial has also been sent to us addressed to the Home Secretary by the medical practitioners of Bristol and Clifton. It is written in the spirit in which the National Association is now majestically acting, and calls for a College of Medicine and Surgery as the only means of appeasing that discontent excited so justly by the shamefully misused privileges of the College of Surgeons. At a meeting held recently at Birmingham, a report was read from a Committee favourable to the Bill in every point except in suggesting a further step towards suppressing empiricism. The Bolton Practitioners while thanking Sir James Graham for introducing the Bill, suggest all the changes our columns have been recommending. A memorial has been forwarded to us from the Isle of Man, insisting on Statutory and Collegiate preferment for all Surgeons equal to that of the Physicians. Several of the acting Licentiates of the College of Physicians—comprising among others, Drs. Clay, Thurnam, Laycock, Davies, Powell, Wintle, Prichard, Hitch, Corsellis, and Ashton, are stirring very actively to secure, that in the New Charter the extra-urban Licentiates may have their position placed on a perfect equality with that of the Licentiates intra-urban. In a judicious circular, widely distributed, they alledge strong reasons why this step should be taken by Sir James Graham, and invite a warm co-operation from their brethren. There can be no doubt that the concession of their prayer would remove one sad cause of division out of the many that afflict our unfortunate profession.—Mr. Bainbridge, of Upper Tooting, has sent us the copy of a letter addressed by him to the Home Secretary, setting out with an expression of gratitude for the Minister's kindly exertions about medical reform; he proceeds to shew that a general feeling exists for a new incorporation. That it pervades those who are not yet enrolled members of the Association, and that the restless dissentients are few, and only actuated by personal pique at their being contemptuously excluded from the honourable posts of which their discreditable characters disqualified them. He shews the *very* extended medical and surgical curricula required from their licentiates by the Apothecaries Company—of their consequent adaptation to *general* practice—the advantage of that arrangement to society; expresses his regret that the College of Surgeons, following the recent example of the Apothecaries Society, would not give up all rivalry save that of science. He concludes with a strong appeal for a change in the constitution of the Council of Health. A clever letter, signed " a Fellow of the College of Physicians," has been sent us, containing very strong censures of the new Bill as a *settled* measure of medical reform. It is so well written, that we regret we cannot further notice its contents.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

This Association has been indefatigable in its duties. Shortly after the expulsion of Mr. Wakley from the Committee, and their publication of the circumstance, that gentleman got up a requisition for a public meeting, and presented it to them at a meeting of the Committee. He was supported by Mr. Hillier, and Dr. Lynch, and was allowed to address the Committee. He was heard in the most chilling silence, and went off, taking nothing by his motion. The Committee told him plainly, that they would call meetings when it suited them—not him.

After considerable correspondence, an interview was had with the Apothecaries' Company on April 1st, in which the latter body expressed a very earnest anxiety to co-operate with the Association. The details of the future Charter were made matter for future consideration—the Society's abrogation of their own function being, in a great measure, made contingent on the principles recommended for the New College by the Association. On the 4th, another conference was held. It was, Mr. Fuller says, conducted in the most friendly spirit, and was most satisfactory in its results. Both sides felt that the College of Surgeons were contumacious beyond hope, and that a new incorporation was indispensible. It was settled (dependent on the members' approval on the part of the Association), that the body should be called "The College of General Practitioners in Medicine, Surgery, and Midwifery;" that the president should be elected from the present or past councillors; that the number of councillors should be 48, 24 for the town and 24 for the country: that qualification should, for men in practice, be one medical or surgical diploma; and that the first officers should all possess a double qualification. The only points of difference were, whether the franchise should be a five or a ten years' membership, and whether the councillors should hold office three or six years—points of no very essential importance, but on which the Association took the more liberal and politic view. On a subsequent conference (on April 12th), the Apothecaries' Society gracefully abandoned one point of difference—the latter, but still adhered to a ten years' franchise.

The Association and the Society agreed, that the following modifications in the Bill should be made:—

1. The total repeal of the Apothecaries Act.
2. The new Corporation to be placed on the same footing in the Council of Health, as the existing Colleges.
3. The Members of the new College to be registered in the place of the *Licentiates* under the Bill.
4. A more efficient Penal clause, which should consist of summary jurisdiction, with appeal to the Quarter Sessions.
5. The selection of Medical Officers for public Institutions to remain with the public, as heretofore.
6. No person to be admitted to examination under 22 years of age.
7. No person to be admitted to examination without testimonials of having devoted at least five years to Medical study.
8. The New class of Inceptor candidates to be dispensed with, and the clause expunged.

On the 12th instant, also, a deputation waited on Sir James Graham. This comprised the principal members of the various coalesced Associations, Mr. Bird acting as the spokesman, with a tact and success of which the deputation speak in very high terms. The following is an official statement of the interview:—

The Right Honourable Baronet stated, in the first instance, that he had already received a Deputation, accompanied by Mr. Wakley, which purported to represent the General Practitioners, and that he was informed by the gentlemen who then presented themselves, that the Committee of the National Association had not been regularly constituted, and that various other objections had been taken to its proceedings;—in fact, that it did not represent the feelings and wishes of the Members. In reply to this, it was stated to the Right Hon. Baronet, that an opposition to the proceedings of the National Association had been got up by a few individuals of extreme opinions, influenced by personal pique; that a requisition had been presented to the Committee, with a view to induce them to originate a *New* Bill, while the present ministerial Bill was under discussion in the House of Commons;—that the Meeting at which this step was determined upon, was not attended by Members of the National Association alone, but by others, and even by a body of medical students, who were allowed to vote; and that the requisitionists were few in number. The Honorary Secretary presented to the Minister a large file of letters and resolutions received by the Committee since the meeting of the requisitionists, and was permitted to read several of them, by which correspondence it was satisfactorily shown, that many of the requisitionists disclaimed the proceedings of such meeting *in toto*, having been induced to append their names to the requisition under a misrepresentation of the objects had in view; that the great body of the Members of the Association continued unanimous in their opinion, that an Institution founded on the Representative Principle, is essential to the interests of the General Practitioners of this Kingdom, and that they not only reposed the utmost confidence in the present Committee, but expressed in the most cordial manner their grateful acknowledgments for its exertions.

Sir James proceeded to admit that the last letter of the College seemed final, *too* final, and intimated his readiness to grant a charter of incorporation, if the breach could not be repaired, and that the country Practitioners and the Apothecaries Society concurred in asking for it. If the Society agreed to give up their claims to corporate existence, he gave a semi-pledge to concede the new college. In answer to Mr. Hawes, he wished the Bill to have its second reading sub-silentio, any opposition contemplated being reserved for the question of going into Committee. This arrangement seemed satisfactory, the more so, that it allowed the Association to take steps to assure Sir James Graham of the cordial co-operation of the Apothecaries Society.

A public meeting will be called immediately after the second reading of the Bill.

DENUNCIATION OF GIESSEN DIPLOMAS IN PARIS.

We, the undersigned British Medical Practitioners, resident in Paris, having had our attention directed to statements published in the London *Medical Times* of the 8th and 22d March, 1845, exposing the disgraceful manner in which the degree of Doctor of Medicine is sold by the University of Giessen, feel called upon to declare that we do not recognize, as qualified practitioners, individuals whose only title consists in the Giessen diploma; that the statements put forth in an advertisement, purporting to emanate from the faculty of Giessen, and published in the *Medical Times* of the 8th March, are unfounded; for it is a notorious fact, that constituted as that faculty is, any person however ignorant, or uneducated, may obtain from it the degree of M.D.

We also declare that the assertion contained in a letter, signed "John Bond" (see *Medical Times* of the 8th March), stating that "*many of the English practitioners in Paris have obtained the Giessen diploma through his means*" is untrue: and that, to our knowledge, only one individual practising in Paris possesses that diploma.

(Signed) Robert Alexander Chermside, Fellow Royal College of Physicians, London, M.D. Edinburgh, Physician to her Majesty's Embassy, Paris, K.C.H., K.R.E., K.L.H., &c., authorised by Royal Ordonnance to practise in France.

D. Mac Loughlin, M.D., Edinburgh, 1810, Knight of the Legion of Honour, and authorised by Royal Ordonnance (1821) to practise in France.

John Gunning, Fellow of the Royal College of Surgeons, London, Inspector-General of Army Hospitals, late Surgeon to St. George's Hospital, London.

Charles Higgins, M.D. Edinburgh, Physician to the Irish College in Paris, and authorised by Royal Ordonnance (1832) to practise in France.

J. F. Olliffe, M.D. of the University of Paris, late President of the Parisian Medical Society, Member of the Anatomical Society, &c.

Thomas Davison, M.D. Edinburgh, 1831, Licentiate of the Royal College of Physicians, London, 1832.

Daniel M'Carthy, M.D., of the University of Paris, late House-Surgeon to the Parisian Hospitals, President of the Parisian Medical Society.

J. C. Donnellan, M.D. of the Faculty of Paris.

Robert Verity, M.D.

Belfield Lefevre, M.D. (University of Paris.)

F. W. S. Packman, M.D. E.

Edmund Skiers, M.D., Paris, 1824, Licentiate Practitioner of Medicine, London, 1822, Fellow of the Royal College of Surgeons, Member of the Society of Apothecaries' Hall, London, 1820, Licentiate Practitioner of Midwifery, Edinburgh, 1819, &c.

REVIEWS.

Bibliotheque du Medecin Praticien, or, A Resumé of all the works on Clinical Medicine and Surgery, and of the various Monographs—ancient and modern—on Practical Medicine and Surgery, which have been published in France or Foreign Countries. Conducted by a Society of Physicians and Surgeons under the superintendance of Dr. Fabre, author of the "Dictionnaire des Dictionnaires de Medecine," editor of the "Gazette des Hôpitaux," &c. &c.

Before commencing anything like a review of this book, so remarkable for its research and erudition, it may not be amiss to give a short statement of the reasons which led to its composition.

It has long been a *desideratum* with professional men—the young as well as the old—the actively employed as well as their less busy brethren—to possess some work which would present to them in a compendious shape all the latest improvements in medicine and surgery. The task of reading all the medical periodicals which appear containing these improvements, is an impossibility to all classes of medical men: want of time preventing some, and want of pecuniary means debarring others from that gratification. Anxious to supply this deficiency, Dr. Fabre, on the completion of his "Dictionnaire des Dictionnaires," set about the task. Nor did he confine himself solely to giving an abstract of all modern works of merit; he enlarged the undertaking by determining to give the substance of every ancient memoir or monograph which treated medical or surgical subjects with talent, or contained anything really useful in promoting the practical part of the science of the profession to which he belongs. The advantages likely, nay, which must ensue, to medical and surgical science by the adoption of this latter plan are incalculable. While we bear in mind, that it is by modern observation and experience that medicine has attained its present exalted station, we must never be so ungenerous as to forget, that to the ancients we are indebted for the rudiments of knowledge of that science which we have now carried to such educational perfection.

Buried beneath the dust of centuries, monographs lie entombed, written by authors whose names the world of science has never heard, has never been familiar with—monographs

which, notwithstanding the neglect they have experienced, are in many instances of incalculable benefit in elucidating the darkness of medicine or surgery. In calling these again to life, and placing them in a French garb before his professional brethren—to many of whom the language in which they are written must render them perfectly useless—the editor of the "Bibliothèque" is of opinion that the character of the wor will be raised, and its reputation materially enhanced.

To attempt to give anything like an analysis of its contents would be at present impossible. We must therefore be satisfied with summing up the articles treated of in the chapters of the different parts of this work which have already appeared. Seven parts—three form a volume—have been published, the first four of which, along with a portion of the fifth, are wholly occupied with the history and treatment of female diseases. These are divided under two heads—comprehending many sub-divisions—each of which is treated with that minuteness which the importance of such subjects requires.

I. Diseases of the genital organs: 1° Of the external organs; 2° Of the perinæum; 3° Of the internal organs; (a) Of the vagina—in this chapter the author, after describing its malformations, enumerates at length the various diseases to which this part is subject; (b) Of the uterus—here are described the value and utility of the speculum uteri, its mode of application, the counter-indications against its use, and the treatment after employing it—percussion and mensuration of the uterus, and the use of the stethoscope—the errors of diagnosis and their sources, the various kinds of pessaries, and the diseases in which they are useful; diseases of the cervix uteri; 4° Of the tubæ fallopianæ; 5° Of the ovaries. II. Diseases of the mammæ and nipples. III. Diseases generally attributed to lesions of the circulation or innervation; such as, 'amenorrhœa, dysmenorrhœa, vicarious menstruation,' chlorosis, hysteria, nymphomania, &c. Finally, in a supplementary article, is given a description of an affection denominated by Dr. Jobert de Lamballe, "dropsy of the cervix uteri," but which in the author's opinion is a species of uterine catarrh.

The remainder of the fifth, the sixth, and seventh parts contains the commencement of the description of diseases of the urinary organs, divided as follows: Diseases of the kidney, its infundibula and pelvis, of the ureters, and of the bladder. The article "calculus" comprises all the improvements which modern French surgery has suggested for its treatment, and plates are added to give the reader a correct idea of the various instruments and their varieties, employed in lithotrity, according as the operation may require to be performed on adult males or females, children or old men.

In the remaining parts (which will follow each other in rapid succession) the diseases of the urinary organs will be terminated; after which will appear complete treatises on the following subjects: midwifery, diseases of children, legal medicine, syphilitic disorders, cutaneous affections, diseases of the eye, operative surgery, therapeutics and materia medica; with a dictionary of the terms employed in medicine, and a practical formulary.

The advantages of such a work are obvious without any notice. Its conductors, determined that no memoir or treatise shall find a place in it which is not really and practically useful, have resolved also to publish it at such a price as shall place it within the reach of the humblest member of the profession. They may without fear of contradiction assert, that the published parts of their work have already made an honourable character for it, which we trust will be further exalted by the merit of the forthcoming series. With a feeling of pardonable pride they may refer to the *dictum* of the University which has made their work a class-book in the different French faculties of medicine, and the preparatory schools of medicine and pharmacy throughout the kingdom.

A History of British Fossil Mammalia, and Birds. By RICHARD OWEN, F.R.S., F.G.S., &c. Van Voorst, London, 1845.—PARTS I-IV.

None but they who are conversant with the subjects which he was destined so admirably to illustrate, who knew something of their previous history, and of our imperfect knowledge respecting them, can estimate aright the labours of the immortal *Cuvier*, and the magnitude and the splendour of the services which he has rendered to the cause of the Natural Sciences. His noble contributions to Comparative Anatomy, Zoology, and Palæozoology,* a science which Cuvier may almost be said to have created,—constitute a proud and imperishable monument of his exalted and comprehensive genius, of his indomitable zeal and industry. We never utter the name of that truly great and admirable man; we never look upon the fine portrait beaming with intellect and beneficence, which adorns the walls of our library, without feelings of veneration, peradventure too strongly savouring of the fervour of idolatry,—without paying to the memory of the illustrious dead, the instinctive homage of a spirit which has never yet offered up a polluted incense upon the altar of the world's idols, and never yet bent at the tinsel shrine of worldly power or grandeur.

Upon the same commanding eminence, at the head of the order *bimanum*, stands, in our estimation, the venerable and the venerated *Humboldt*. For in our perhaps, not very courtly or orthodox, but purely scientific arrangement of that aristocratic order of the Mammiferous class, conventional distinctions of rank, must invariably yield precedence to the loftier claims of inborn power and greatness, the aristocracy of birth and fortune, to the inborn aristocracy of talent.

There is yet another name which never meets our eye, or escapes from our lips, without exciting equally profound emotions of respect, and eliciting the same forvid expressions of admiration mingled with, and exalted by the proud recollection that the bearer of the honoured name, is a native and denizen of our own glorious, but as respects the patronage of the sciences, most grievously neglected country. That is name RICHARD OWEN; a man who, if sustained and fostered, by the munificent hand of his Sovereign and her government, in a spirit of liberality at all commensurate with his genius and deserts,* would achieve for the scientific reputation and the literature of England, more than Humboldt has achieved for those of Germany, or Cuvier for France.

The four parts of the work by which this train of reflection has been excited, form the commencement of a volume which emanating from such a source, every enlightened Geologist will hail with pleasure, and peruse with avidity and interest. They contain elaborate notices of twenty-nine species of *Mammifera*, belonging to the orders, *Quadrumana*, *Cheiroptera*, *Insectivora*, *Marsupialia*, and *Carnivora*, and discovered in the supra-cretaceous formations of the British Islands. They are illustrated by numerous engravings, of the fossil remains of the various animals, got up in the style of excellence, so strikingly characteristic of the illustration of all the scientific treatises which have issued from the press under the auspices of the same spirited and enterprizing publisher; and bear the impress of the master-hand of the most distinguished Comparative Anatomist of his country and his age.

Upon the appearance of the remaining part of this most valuable work, we shall with pleasure, resume our critical labours, and exhibit to our readers, a slight but accurate analysis of the many important palæozoological facts which it contains, and a general view of the comprehensive and profoundly philosophic spirit with which some of the obscure and difficult parts of the subject have been reasoned upon, and illustrated, by Professor Owen.

* The term Palæontology is, as commonly as incorrectly, employed even by the most learned Geologists, to designate the science of fossil or extinct *animals*. Professor Owen has, himself, more than once, fallen into this laxity of expression. The following extract from the specimen of *An Hexaglot Dictionary of Geology*, lately transmitted for our inspection, by a Physician of Birmingham, will at once demonstrate the grounds of our objection to the term as so applied, and explain the origin of *Palæozoology*, now first, we believe introduced by that writer, into the scientific language of his country.

Palæontology Synonymes.—Lat. palæontologia, (ancient, a being, a discourse)—Fr. paléontologie, paléontologie — Ital. paleontologie — Germ. die palæontologie, literally a *discourse* upon *ancient beings*; but ordinarily employed, by British and Continental Geologists, to designate the science of, or a treatise on fossil *animals*. Yet as the term is alike applicable to all organized bodies, vegetable and animal, *Palæontology* is obviously susceptible of a more extended signification than it has heretofore, generally borne; and will thus comprehend both *Palæophytology*, the science of fossil plants, and *Palæozoology*, the science of fossil animals. In this more enlarged sense, it is in fact, employed by the best French and German scientific Lexicographers, by our learned Professor Ansted, and Dr. Humble. See Jourdan, *Dictionnaire des Termes, usites dans les Sciences Naturelles.* Art. *Palæontologie*; Krause, *Etymologisches Medicinishes Lexikon*; Art. *Palæontographie*; Ansted, *Geology*, vol. 1. page 248; and Humble, *Dictionary of Geology*; Art. *Palæontology*."

* "Hath not Professor Owen," we hear some patriotic reader exclaim, "had a most liberal stipend lately conferred upon him by our liberal Premier?" Some paltry two or three hundred pounds a year, we reply: a sum barely sufficient to purchase alcohol and glass for the conservation of the Professor's Zootomical and Zoological specimens; and, peradventure a trifle more than that with which the titled and luxurious aristocrat of our land is accustomed to remunerate the gastronomic services of his pampered French or Italian man-cook. Let us contrast with this ignoble pittance, the emoluments and the honours so profusely lavished by our government and senate, on the *Raptores* of the law, and the *Feræ* of our fleets and armies; and well may we indignantly inquire:—Are the brightest luminaries of science, the best friends and benefactors of the human race, less worthy of countenance and encouragement, in an educated and Christian land? Can we, moreover, forget the unworthy treatment which the widow of the illustrious John Hunter experienced in her day of bereavement and desolation, from the rulers of just and generous, and enlightened England? Gentle reader, ruminate well upon those humiliating, these disgraceful facts: "and, if thou have one blush to spare from thine own manifold follies and infirmities, be patriotic, and blush for thy dishonoured country."

Elements of Comparative Anatomy, designed especially for the use of Students. By RUDOLPH WAGNER, M.D. etc. Edited by Alfred Tulk, M.R.C.S. London, Longman, Brown, and Co. 8vo., 1844. Parts I. to III.

The want of a good elementary work upon comparative anatomy in the English language,

has long been felt and deplored by the student of medicine and the scientific zologist. Divers valuable publications, illustrative of the structure of lower animals, have, it is true, since the commencement of the present century, issued from the press of England. But, in general, these treatises have beed too elaborately and profoundly written for the puposes of elementary instruction, or too voluminous, and consequently, too expensive to be possessed by those for whose guidance and information they were, or should have been, especially composed. The almost only work,2, to which these objections do not apply, is rendered of comparatively little value, as not embodying the latest facts, and discoveries of zootomical science.

Under such circumstances, Mr. Tulk has in our opinion conferred a signal benefit upon the scientific literature of his country, by contributing to it a clearly-written and readily accessible epitome of all the knowledge accumulated to the present time, on the subjects of which it treats. The original *Lehrbuch der Zootomie* of Dr. Wagner, we have not yet had an opportunity of perusing; but Mr. Tulk's translation bears internal marks of having been executed with extreme care, correctness, and fidelity. Of the three *parts* now before us, the *first* forms a complete manual of the anatomy of the *Mammalia*; the *second*, of birds; the *third*, of reptiles. A *fourth part*, exclusively devoted to the structure of fishes, will complete the anatomy of the whole series of the vertebrata. Mr. Tulk then proposes to publish a small Atlas illustrative of the more striking peculiarities of structure, not in any one "class," we presume, as he has inadvertently written it; but in all the four classes of osteozoa or vertebrated animals. The value of this atlas will greatly depend upon its being published at the lowest price, consistent with a clear and accurate execution of the figures.

There is one very interesting subject of investigation to which we have long been anxious to direct the attention of comparative anatomists more auspiciously situated than ourselves, for the successful prosecution of such an inquiry. It has been stated as a remarkable fact in Zootomical Science, that, with one solitary exception, all the *Mammifera*, from the lofty-headed giraffe to the short-necked hog and whale, possess exactly seven cervical vertebræ. That exception is the Ai, or Three-toed Sloth, *Bradypus tridactylus*, which is expressly described by Cuvier and Wagner, 3, as furnished with nine distinct osseous pieces in the cervical portion of the vertebral series. Now, the well-known zoologist, Professor Bell, assures us that, in two skeletons of *Bradypus tridactylus* possessed by him, he has already made out the rudiments of two pairs of ribs, in the form of small elongated bones, articulated to the transverse processes of the two posterior cervical vertebræ.4. This peculiarity, if incontrovertibly established, would confer upon the vertebræ in question, a dorsal character, and, thus, by reducing the several pieces to the normal number, restore the three-toed sloth to the normal type of mammiferous structure. But the correctness of Professor Bell's description has been subsequently controverted, or denied by a French Zootomist, whose name we do not, at this moment recollect. Here the matter, at present, rests, and for the definitive settlement of a question so exceedingly interesting in comparative anatomy, we feel no ordinary solicitude.

It is, perhaps, not generally known by British Zootomists, that the *Manatus* and *Rytina*, among the Phytophagous cetacea, deviate from the common type of structure exhibited by the skeleton of the *Mammifera*, in possessing only six cervical vertebræ. This interesting fact, of which we were previously cognizant, has been confirmed, in the first part of the present work, on the indisputable authority of Professor Wagner.

1. A translation of the first two volumes of Cuvier's *Leçons d' Anatomie Comparee*, Home's *Lectures on Comparative Anatomy*, valuable only for the fine engravings with which they are illustrated; Lawrence's concise but masterly *Introduction*; Gore's translation of Carus' *Lehrbuch der Zootomie*; Grant's *Outlines*, and Todd's well-known and justly admired *Cyclopædia*, yet unfortunately incomplete, are the principal Zootomical works, worthy of enumeration here.

2. Lawrence's translation of Blumenbach's *Handbuch der Vergleichenden Anatomie*. A second and improved edition was published by Coulson, in 1827.

3 C'est (L'Ai) le seul mammifere connu jusqu, a, ce jour qui ait neuf vertebres cervicales. Cuvier, *Regne Animal*, 1 tome, 1 p. 285. See, also, Tulk's *Translation* of Wagner, Part 1. p. 9.

4 Todd's *Cyclopædia of Anatomy and Physiology*, Vol. II., p. 49.

Memoir on the Sex of the Child as a Cause of Difficulty and Danger in Human Parturition, By J. G. SIMPSON, M.D. F.R.S.E., Professor of Midwifery in the University of Edinburgh, Physician to the Edinburgh Maternity Hospital; Vice Præses of the Medico-Chirurgical Society, &c. Octavo pp. 55. Edinburgh 1844.

It is now some time since our attention was directed to this very able and most elaborate enquiry into the difficulties of labour in connexion with the sex of the fœtus. The question has long been looked upon as a matter of fact in obstetrical science; but mere assertion is not proof, and therefore it has been reserved for Professor Simpson to place the subject beyond the slightest suspicion of doubt by statistical demonstration, in which that gentleman has displayed a zeal and depth of research seldom equalled, and certainly not surpassed; and we earnestly recommend the perusal of this excellent pamphlet to every member of our profession who has a taste for information; to those who have not, it would in a great measure be useless. It is extremely difficult in reviewing statistical questions on medical subjects, to select portions for particular notice; for like a woven fabric every thread is so dependent on the whole, that it is as a whole it should be considered.

At first sight, the question here mooted appears one of no great importance, and so many may without reading this essay think it, but if they will only give it a fair portion of their time, they will find it one of immense importance; to prove which, we shall give an extract or two from the practical inferences at the conclusion of the pamphlet.

"Upwards of 7,000 deaths in all, namely, above 6,500 of the deaths of infants, during and after birth, and 500 of the deaths of mothers in childbed occurring annually in Great Britain, are referrible to the direct or indirect agency of the cause that we have been discussing, viz., the sex and larger size of the head of the male child."

Another quotation equally startling is this—

"Under the signification and reservations which we have thus stated, we repeat that the greater size of the male fœtal head is the more or less immediate *cause* of a large number of those maternal and infantile deaths that take place in connection with labour, or as a result of that process. In illustration of this remark, I shall venture to add another observation—one which may at first seem sufficiently startling to those who have not practically directed their attention to the subject, though it is but a simple and direct deduction from the facts we have so imperfectly brought forward in the preceding pages. It is this.

The official returns of mortality of England and Wales have only, as yet, been collected for somewhat upwards of seven years, viz. from July 1st 1837 to the present date. If the calculations we have already given are accordant with truth (and we believe them to be within the limits,) there have been lost in Great Britain during that limited period, as a consequence of the slightly larger size of the male head over the female at birth, about 50,000 lives, including those of about 46,000 or 47,000 infants, and between 3,000 and 4,000 mothers who have died in childbed."

It is indeed a question of importance; *that is*, if the sacrifice of upwards of 100,000 beings in little more than seven years, can make it important. The pamphlet before us is full of tables proving this interesting point which would occupy too much space to copy here; suffice it to say, that the calculations are founded on large numbers which increase their value. The subject is divided into four great divisions:—

First.—"The dangers and difficulties of parturition are greater to the mother in male than in female births; proved by two propositions."

Second.—"The dangers and accidents from parturition and its results, are greater to the child in male than in female births; proved by seven propositions."

Third.—"Causes of the greater maternal and infantile danger and fatality accompanying the birth of male children."

Fourth.—"Reasons for considering the greater size of the head of the male child as the cause of the greater number of complications and casualities accompanying male births." The work concludes with, "Practical inferences and extent of influence exerted by the male sex of the infant upon the general maternal and infantile mortality during parturition and for some time subsequent to it."

We are quite certain, enough has been said to prove that this little work ought to be in every medical man's possession, as a valuable record of most interesting facts extensively illustrated, and every way worthy of its most indefatigable author.

PENCILLINGS OF EMINENT MEDICAL MEN.

LIZARS.

It may be very problematical whether there be or has been for a number of years past, one well educated man in the profession of medicine in any part of the civilized world, from whose lips "*Lizars of Edinburgh*" has not been frequently lisped; or to whose ears "*Lizars of Edinburgh*" is not, or has not been as familiar as the expression of "*the Lord Mayor of London*" to the ear of a cockney. Perhaps no professional name has been more buzzed abroad than that of *Lizars*. It has obtained a singular netoriety: he is a singular *little* man, (we beg his pardon—we wot he calls himself a *middle-sized* man—but what *little* man ever came short of that convenient standard in his own estimation, and that probably, from his having once or it might be twice in the course of his life, seen a less man than himself?) He is also singularly independent in his way, singularly talented, and when our friends have become as fully acquainted with him as we shall presently make them, from sources that cannot be disputed, we *calculate*, (as our Transatlantic brethren would say) they will estimate him as highly as we do ourselves, and perhaps be disposed to consider that blame attaches to us in withholding to this rather late period, our pencilling of this extraordinary character and meritorious man.

John Lizars has a younger brother, *Dr. Alexander Jardine Lizars*, who was for a long time an eminent Lecturer in Edinburgh, and is now the Professor of Anatomy in Mariachal College and

University, Aberdeen, and both sprung from the late Mr. Daniel Lizars, an artist in Edinburgh, who occupied a highly respectable position in what is called the middle class of society there, was much esteemed by all who knew him, and considered to be very eminent in his profession. He was moreover a shrewd man; looked upon his *wee Johnny* as a remarkably clever boy, and thought if he were but well educated, he would make an excellent doctor. Others were of the same opinion, and acting under this impression, the father put the boy to a common grammar school at a very early age. As soon as it was supposed the change would be advantageous to him, he was removed from that seminary, and in 1800 placed in the High School. When he thought proper to apply himself, he made the most rapid progress in his education, displacing his schoolfellows as if they had been so many unresisting *nine-pins* before the ball to which he applied his powers. But, as we have said, this was only *when he thought proper*, for he was a youth of some whims. In those days he seemed to act as if under an impression that unremitting application might injure his *precious* intellect; and accordingly he adopted different lines of conduct, and so alternating and opposed to each other were the varied characters that he assumed, that his teachers were sometimes nearly impressed with the idea that he must have as many varied qualities of brain contained within his own single skull, as the cameleon is capable of exhibiting colours. At one time, as we have said, he would leave his class-fellows in his rear at the most difficult tasks, as if those tasks had been mere toys for his amusement. At another time he was dull, stupid and deaf. It is said that one man may lead a horse to the water, but that ten men cannot make him drink; so neither on those latter occasions could the stentorian lungs nor the *taws* of Johnny's schoolmasters make him hear when once he had determined to be deaf. At another time he was the regular *booby* of the school; and until his pranks were exhausted in that character, it was of no use to attempt to instruct him in any thing. But his grand character of all was, that of *pugnacity*. If there was a *bicker* between any two, or any number of the boys, any person in the school, master or pupil, was always quite safe, in offering ten to one in favour of Johnny Lizars being, if the not the sole originator, at least the main promoter of the strife. If there was a fight on any day of the week, or a dozen of fistic contests in the course of a week, if Johnny was not the starter of the game, if he was not head foremost in the battle himself, as certain as the fight took place so sure was it that he would at any rate be bottle-holder to one of the combatants; nor mattered it much to him if he held a bottle in each hand for each combatant, and presented a knee to each to rest upon during their reviving intervals, so long as he was only sure of the spree going on. One ever-to-be-remembered day however by him, (and which he himself tells of to this hour) his prowess overshot the mark in this department of his science, and brought upon him a reward that he had as little stipulated for as it was welcomely received by him: he saw the late celebrated John Bell, (the very man who afterwards became his honoured and most useful preceptor,) passing near to the school when there had been a heavy fall of snow. He immediately thought that that presented one of the best opportunities he might ever meet with of letting the *Doctor* know what the boys of the High School were made of. Accordingly, in a shorter time than probably the Duke of Wellington ever had a regiment under arms, after he had issued his order for it, he had a company of assailants assembled, with whom he attacked (himself being, as a matter of course, at their head) Mr. Bell with snowballs in the most unmerciful manner. Mr. Bell has been since heard to say, he thought he never should have got off with his life on that occasion, or, at any rate, without having had his eyes knocked out. The affair, of course, did not rest there. A formal complaint was transmitted to the master of the boys; the commander-in-chief was ordered to come forth; he was led into the large hall of the school, like a soldier to the halberts; the other boys were ordered to assemble around him; and there, in the presence of them all, Lizars received one of the most tremendous public floggings that any boy in the school was ever known, either before or since, to have had inflicted upon him. Sufficient only for the day was the evil thereof; the offence and the punishment both passed over, and were forgotten; but the courage of Lizars was nothing daunted, for, as long as he afterwards remained at the school, he was still to be found, as formerly, the gallant leader of every affray. Nevertheless, with all this enamouring for the fistic art on the part of Johnny, he was a kind-hearted, affectionate, generous lad, and greatly beloved both by his masters and fellow-pupils. He never wished to see others knocking each other about; but if the least necessity appeared to him for it, he was always ready himself to enter the ring; but the moment he had defeated his opponent, he was the first to wipe away the tears of the fallen, to sympathize with him, and to cheer him up with the prospect of himself being a successful combatant on some future day.

At length, having got through all his conflicts at the High School, with the character of an excellent scholar, he left it in 1804, and immediately entered the classes in the University of Edinburgh. About the same time, being then of the age of fifteen years, he was articled as a pupil to John Bell for five years. Mr. Bell soon saw that he was a talented young man, and he pushed him forward in his medical education in every possible way. It was early intended that he should become a lecturer on anatomy and surgery; therefore a great proportion of his time was at first spent in the dissecting-room. Mr. Bell also afforded him the most ample opportunities of learning the other branches of his profession. He very soon became a great favourite. Bell allowed him to see all his practice, and latterly took him into the situation of assistant to him in his operations. The best proof of the manner in which he conducted himself, the satisfaction he gave to Mr. Bell during his apprenticeship, and the opinion that gentleman formed of him, is to transcribe here, from Mr. Bell's own handwriting, his endorsement on the back of the articles of apprenticeship:—"I hereby discharge the indenture of Mr. John Lizars, who has served me faithfully during his apprenticeship of five years, and shewn himself, at the same time, diligent in all his studies, and sincerely devoted to his profession. I know Mr. Lizars to be thoroughly skilled in anatomy, chemistry, and all the essential studies belonging to his profession. He has, under my tuition, seen and assisted respectively in all the operations of surgery, has attended the patients, and witnessed all my methods of practice; and I declare that I know no young man more perfectly capable of all the duties of his profession. There is no operation of surgery which I would not willingly stand by him and see him perform; and in all the lesser duties of his profession, he is at once skilful and diligent; so that I should regard him, in every sense, a valuable acquisition in private practice, or in any department of the public service. I need hardly add that I wish him success and happiness in the world, and an honourable station in his profession, with all the sincerity of a true and constant friend. "JOHN BELL.

"Edinburgh, 9, George-street."

In 1809 he obtained his diploma from the Royal College of Surgeons in Edinburgh, and almost immediately afterwards came to London. Here (having prepared himself for them) he underwent examinations at the Royal College of Surgeons, and also at the Navy Medical Board, and sailed in the same year of 1809 to the Mediterranean, as an assistant-surgeon in the Royal Navy, where he saw extensive practice, especially in the treatment of gun-shot wounds.

While in that service he proved himself to be a most indefatigable and zealous officer. When on the coast of Spain he became a favourite with General Saarsfield, of the Spanish Army: so much did that general become attached to him, and so high an opinion did he form of his skill and conduct, that he applied to Lord Exmouth, who was then the commander-in-chief on the Mediterranean station, for permission to have him to be surgeon to his own division; but Lord Exmouth would not part with him, and refused the general's application. When at Malta he visited a great many patients affected with the plague, and pressed for permission to attend such patients during the epidemic; but so ably and satisfactorily did he discharge his duties in the office he then held, and so important were his services there, that Lord Exmouth also refused to comply with that request. Drs. Burnett and Weir, Medical Commissioners of the Royal Navy, state "that Mr. John Lizars' ability in practice has proved him equal to the duties of any rank or station in his profession;" and Dr. Burnett, in writing of him, further says, "that while he" (Dr. B.) "was serving in the Mediterranean as physician of the fleet, and inspector of naval hospitals, he was personally acquainted with Mr. Lizars, and formed the highest opinion of his talents and private character, which secured him the approbation and support of the Right Honourable Lord Viscount Exmouth, then commander in-chief on the above-mentioned station."

At the conclusion of the war in 1815, he returned to Edinburgh on half-pay, after an absence of six years, became a Fellow of the Royal College of Surgeons, Edinburgh, and commenced to lecture there as a private lecturer on anatomy and physiology; also to teach practical anatomy, and to practise as a surgeon. He had a large attendance of students both at his general and practical classes of anatomy. Within an incredibly short period he possessed himself of a museum containing a collection of morbid preparations, casts, and drawings, which was often declared by visitors not to be excelled by any private museum in Great Britain; and when surprise was expressed at the magnitude and value of his collection, his observation generally was, that in five years he would undertake to make a museum of pathological anatomy equal to any in Europe. As a lecturer, he was winning, courteous, and instructive. His delivery was distinct, animated, and impressive; and men who now hold some of the most distinguished appointments were his pupils.

In 1821, after a warm contest, he was elected Professor of Surgery to the Royal College of Surgeons, Edinburgh, by a considerable majority of the votes of its fellows. In that contest he defeated Professor Syme, who strained every nerve to obtain the office; and at that time he resigned his classes of general and practical anatomy to his brother, Dr. Alexander. About the same period he was appointed to be one of the surgeons of the Royal Infirmary. Liston was then also flourishing in Edinburgh, and it was the boast of the Edinburgh School, that at that day its surgery was equal, if not superior to that of Paris or London. Liston excelled in lithotomy—Lizars in tying the arteries for aneurism. We well remember seeing every spectator (and they were not few) struck with perfect astonishment at the coolness and dexterity Lizars displayed in deligating the arteria innominata. That was the first time in Great Britain, and only the *third* time in which "*the bold operation of tying the arteria innominata*" (as Mr. Syme, in his work on surgery, expresses it), the second largest artery in the body, had ever been performed. It was performed first in 1818, by Mr. Mott, of New York; secondly, in 1822, by Dr. Graefe, of Berlin; and thirdly, by Lizars, in 1837. According to the publications of that day we find it stated that "Lizars lays down an important axiom, viz., 'that the arteria innominata ought never to be secured, because the subclavian artery remains distended with blood, and acts on the deligated point of the arteria innominata, and produces ulceration and hemorrhage.' Lizars showed himself to be, in other respects, a dexterous operator, a good pathologist, and most accurate in diagnosis." It sometimes amounted almost to an amusement to witness the zeal with which Lizars and Liston vied with each other in performing *catheterism* in severe cases of stricture, and neither would resign the palm to the other. When Liston left Edinburgh, Lizars became the senior operating surgeon to the Royal Infirmary.

From the registrations of the University and College of Surgeons, we find that the entry of students for the University in the session of 1831-2, was 1,902; that to the College of Surgeons for the same session, 810; and that from that period,

down to 1841-2, the entries to both uniformly decreased, until, at the latter session, they were—to the University, 1,002, and to the College of Surgeons, 320. In consequence of this falling off of students to the Edinburgh school, it is a known and admitted fact, that every kind of means, and some of the most unscrupulous character, were resorted to by several of the lecturers, in the course of those intermediate years, in order to secure classes. A system even of *under-selling* of tickets of admission to students was introduced; and these things at last became so flagrant and discreditable, that at a general meeting of the extra-Academical Lecturers, called for the purpose of taking the subject into consideration, Lizars and Dr. Thatcher were appointed a committee to wait on some lecturers, and to remonstrate with them respecting the unfair means they were adopting to obtain students. Nothing satisfactory, however, was the result; and, disgusted with the system that was thus introduced, and openly carried on, in teaching so important a science, Lizars could not condescend, as he expressed it, to become *one of those paltry jobbers*. He therefore determined to separate himself from that class of persons altogether, and accordingly, in 1840, ceased to deliver lectures; and from that cause the rising generation has to lament that it lost the advantages of one of its most efficient teachers.

In the summer of 1842 he became a candidate for the chair of Professor of Surgery in the University of Edinburgh, then vacant by the death of Sir Charles Bell, but he was defeated on that occasion by a very young gentleman, named James Millar. What could have induced the electors to have rejected the tendered services of a man so pre-eminently qualified for the chair as Lizars, we are quite at a loss to conjecture, and have never been informed; but of this we are thoroughly convinced, that if ability and merit in a candidate, universally attested to, and the conservation of the health of mankind, are points which ought to be considered in the choice of a Professor, the election of that day ought to deprive my Lord Provost, Magistrates, and Town Council of Edinburgh from ever having the power again to do such violence to science.

As an author Lizars has written extensively, and through that means has spread his fame to the remotest corner where surgery is known as a science. His contributions to the *Edinburgh Medical and Surgical Journal*, the *Lancet*, in its better days, and *Ryan's Medical and Surgical Journal*, have been numerous. In the *Edinburgh Medical and Surgical Journal*, there is an original paper of his on *Inflammation*, a paper on *Hernia*, and a description of *his excision of the lower jaw*, an operation which he was the first to perform in Scotland. In *Ryan's Medical and Surgical Journal*, there is a description of his excision of the *upper jaw*, an operation which we believe we are accurate in saying he was the first to perform, not only in Scotland, but in the world! At the time he performed that great operation, from the numerous connections of the jaw, and the important parts by which it is surrounded, the attempt to remove it was not only ridiculed by the profession, but scouted as being not only altogether impracticable, but most unwarrantable to attempt. Nevertheless in the teeth of such opposition and discouragement, he undertook it; it was completely successful; and he was not much older till he had to perform it in two more cases. That disease, therefore, which had theretofore been considered incurable, and absolutely fatal, has been proved by the success of his operations, and also of those which have subsequently been performed by Liston, Syme, and Ferguson, in similar cases, to be within the reach of the healing art.

He is besides, the author of a *System of Practical Surgery*, with an Appendix on the operations for the great cure of *Squinting* and *Clubfoot*, which have been greatly approved of. But his crack and crowning work, and which has secured to him commendation from every quarter of the globe, is his *System of Anatomical Plates*. He, himself, planned that most beautiful work; he conducted the whole of the dissections represented in it; personally superintended all the drawings, some of which he made himself; wrote the whole of the descriptive parts with his own hand, and all the physiological, pathological, and surgical observations that are given to the world there. The fame of the work, as every one who has seen *the unique thing*, may well suppose, spread like wild-fire. *Two thousand eight hundred* copies of the first edition of it were sold at £12 12s each copy, and it has been ordered from the Cape of Good Hope, India, China, the Mauritius, Australia, Gibraltar, the Mediterranean, Canada, and the United States. When it made its appearance, the Press (medical and non-medical) teemed with approbation, and few names known to surgical fame forgot to make the author gratifying acknowledgments.

Lizars' renown therefore as an anatomist, a successful operator, and an accomplished surgeon, stands in the very first rank not only in Britain but in all other countries. He is corresponding member of the Society of Emulation of Paris, Honorary Member of the Society of Medicine of New York, with an interminable list of *etceteras*.

The fiftieth summers' sun has now passed over his fair head, but he is as vigorous and active as he ever has been. He is somewhere about five feet seven or eight inches in height, and moderately stout. His hair is of a dark brown, shewing a disposition to form a tonsured crown to live at no very distant day. His complexion is fair and ruddy, his forehead elevated, his features moderate in size, his countenance frank and open, his demeanour courteous, his manners most gentlemanly. On being introduced to him, one would take him to be a good humoured, friendly, private gentleman; one who could neither himself inflict, nor endure to witness inflicted by another, the slightest wound on a fellow-creature, although he is the man who, as we have shewn, has performed the most appalling operations with an unshaken nerve, and with as much *sang froid*, as if he had at such times been assisting a lady to part of a *trifle*, at some evening party in Charlotte-square, Edinburgh. He is a strictly upright and honourably minded man. At the bedside, he is mild, comforting, humane, and loved by his patients, nor does he ever hesitate to peril, nor even (as indeed he has often done), to sacrifice his own health for their advantage. He is quick in detecting the nature and extent of disease and injury; judicious, prompt, and efficient in his treatment. In social society, he is the *king of good fellows*; full of fun, full of joke; and though he is fond of it, yet on principle he resists the allurements of society as much as he can, and lives in comparative retirement. We remember a dialogue that is said to have passed between a certain gentleman and his valet, on the occasion of the latter giving notice to leave his situation; one morning the gentleman on coming down into his breakfast-room after the notice had been received, said to his servant—"John, what are you going to leave for?" John replied, "Why, Sir, the truth is, that I cannot bear your temper." "Poh, poh, nonsense, John," said the master, "you know I am no sooner in a temper than I am out of it again;" "Aye, aye, Sir," rejoined John, "that's very true, but the worst of it is, you are no sooner out of it than you are in it again." Now though we do not think that that same valet would have been quite so hard upon our friend Lizars, had he been his master, yet we believe he would have agreed with us, in saying, that in temper, he is somewhat *peppery*. In a moment he is in a blaze, but as soon as the flame gets vent, all is again hushed. The instant his hasty words have gone forth, he is cool; a baby might toy with him, lead him, and be his master. He forgets an injury with the same rapidity that he resents a wrong. Straightforward himself, he neither is jealous of nor suspects any man; and if we may be allowed the expression, his heart is steeped in the milk of human kindness. He is a warmly-attached and faithful friend. The needy and struggling student, never met with a more generous benefactor. No ostentation heralds his acts of charity, although no man's benevolence (in proportion to his means) exceeds his, nor can Scotland boast of a man of a more kind and obliging disposition.

He has a fair share of practice, but he is not what would be called on the Royal Exchange of London, a *rich* man. Merit is not always rewarded according to our present views of reward, and upon lately inquiring of a bosom friend of his, how it was that such a man as Lizars had not by this time amassed a fortune, the reply was, "for this known and indisputable reason, that he is a man totally devoid of all professional humbug; had he had a particle of this ingredient in his composition he would by this day have been a very rich man, but he can neither cringe nor fawn to superiors (that is, to any who may ignorantly imagine themselves his superiors), nor the powers that be; nor flatter, nor court any man from interested motives." He is not very popular with some of his professional brethren by whom he is immediately surrounded. He is too free, blunt, and natural.

He married in 1820, a daughter of William McCraken, Esq., of Lochvale, in Dumfriesshire, and there is but one thing wanted with him to render his cup of domestic happiness brimful. He is fond of children, and though a nursery is in constant readiness, Mrs. Lizars—amiable as she is—persists with sad obstinacy in denying him its *wee* tenant.

TRANSACTIONS OF LEARNED SOCIETIES

ROYAL MEDICAL AND CHIRURGICAL SOCIETY. April 8th, 1845. Dr. Watson, vice-president, in the chair.

On the Colostrum of the Cow, with remarks on that of the Human Subject, by John Davy, M.D., F.R.S., Inspector General of Army Hospitals, &c.—Communicated by Dr. Hodgkin.

The colostrum, the new milk of the cow after calving, differs, as is well known, from the ordinary cow's milk, in being of a rich yellow colour, less liquid, of greater specific gravity, and in possessing the property of coagulating when heated. On this account it has been supposed to be more animalized than common milk, and to contain serum. This inference not having appeared to the author to be satisfactorily proved, and *a priori* not very probable, he was induced to subject it to some trials, the result of which he describes.

The details of these experiments are given, and the inferences he draws from them are to shew that the peculiarities of the colostrum do not depend on the presence of serum; in short, that the colostrum is destitute of serum, and that its coagulability by heat depends on a peculiar modification of its caseous portion.

And that the caseous portion of milk does admit of no inconsiderable modification is shewn (the author observes,) in a remarkable manner, in comparing it as existing in human milk and in cow's milk; in the latter, even in its ordinary condition so readily coagulable, whilst in the former it resists this change, whether acted on by acids or rennet, and yet is easily obtained by means of evaporation when freely exposed to the air.

Physiologically considered, the most marked circumstances belonging to the colostrum are, the concentration of nutritious matter in it, the greater facility of its coagulation by rennet compared with older milk, and its greater power of resisting change when exposed to the action of atmospheric air. These, the author remarks, are qualities which may be eminently serviceable, viewing it as the first food of the young animal. Its easy coagulation may suit it to the stomach in which probably the gastric juice at first is small in quantity and feeble. Its power of resisting change and remaining semi-fluid may adapt a part of it to the intestines, to promote the removal of the meconium, while its concentration as nutritious matter may fit it to perform for the calf the same part that the substance of the egg serves, which enters the intestine during the latter stage of fœtal development, in the instance of birds, reptiles, and fishes.

The author observes, that if his inferences as to the use of the colostrum in the cow are correct, it may be expected that the first milk of other animals, at least, of those the young of which are born fully formed and vigorous, will be found similar; and so far as he has been able to learn, it is so. Whether the first milk of those animals, the young of which are helpless and feeble, as the

carnivora, is also similar, cannot be determined for want of facts, but he is disposed to conjecture that it is, having found the first milk of the bitch to coagulate when heated, and to yield a large proportion of animal matter. (35·2 per cent.)

In the carnivora it may be requisite for the first milk to be rich, as these animals have to leave their young to procure food, and to be absent, it may be, an uncertain time. In accordance with this, too, the author observes, is the fact that the human milk, the first drawn, is not unusually rich, and does not coagulate when heated; at least, such are the results of the experiments he has made, and which are given in the paper.

The author concludes by remarking that this dilute state of the human colostrum, seems equally suitable to the offspring and mother; the one helpless and feeble, not requiring concentrated nourishment—the other commonly from a certain degree of exhaustion during labour, ill-fitted to yield such a supply;—offering in this point of view another instance, to the vast number of examples of harmonious adaptation, and it may be also one circumstance more by which man, as an animal, is distinguished from every other.

Dr. Copland expressed the disappointment he felt at hearing a paper so entirely chemical, instead of a communication on a practical subject, of which there were about thirty in the possession of the society, and only four or five more nights to read them in. He should have been very glad to have read such a paper in a philosophical journal, but he thought it totally out of place in this society. The physiology of the paper, in his opinion, was not quite correct, and it was far from being generally interesting. It might be said that there was something due to the gentlemen who sent them communications, but there was also something due to the members of the society, and he thought that more care should be exercised in the selection of the papers that were brought before them.

Case of Obstruction of the large Intestine, in which the ascending colon was opened with success; the patient dying three months afterwards of another disease.—by Samuel Evans Esq., of Derby—Communicated by Wm. Bowman Esq., F.R.S. Assistant Surgeon to King's College Hospital.

Lewis Street, æt. 23, a farmer, has been liable for several years to attacks of diarrhœa. In Sept. 1843, he was seized with violent pains in the bowels resembling colic, which lasted 13 hours; about the third week in Jan. the attacks recurred and became more severe on the 5th of Feb. The author saw him for the first time on the 7th. He was suffering from severe intermittent pains in the abdomen, which was distended but free from tenderness. There was a distinct swelling in the right iliac region. His bowels had not been relieved since the 5th; opiates, active aperients and stimulating injections were administered during five days without relieving the pain or sickness, or procuring evacuations. On the 12th, and 13th, his sufferings were relieved by large doses of liq. opii. sedativus. From this time to the beginning of April, the size of the belly gradually increased; he also daily suffered many paroxysms of pain. At intervals, large quantities of flatus, and small portions of clay-coloured fæces escaped from the bowels. The patient's health became much impaired, and vomiting recurred almost daily. On the 25th of March, Callisen's operation as modified by Amussat for the formation of an artificial anus in the loins was proposed, but the patient yielded to the wishes of his friends in postponing it. The emaciation increased, and the abdomen became distended to the greatest possible degree; the evacuations entirely ceased, and the pulse became feeble and fluttering. April 9th:—the operation was performed; a transverse incision four inches long, was made in the right loin, the ascending colon was opened, and more than two gallons of semi-fluid clay coloured fæces were discharged. He recovered from the operation, and by May the 9th had gained flesh, and the wound in the intestine healed, but the evacuations escaped entirely by the artificial anus, being restrained by a plug in the orifice, which was removed four or five times a day. At the end of June he commenced passing diabetic urine, and suffered from thirst. July 2nd:—he rode a distance of 6 miles in an uneasy cart, and shortly after, symptoms of peritonitis supervened, and he died on the 5th. On examination of the body, the cause of obstruction was found to be a stricture in the colon, just beyond the angle formed by the junction of the ascending and transverse portions of the gut. The contracted part was almost as hard as cartilage, and would just admit a crow quill; its inner surface was ulcerated. The cœcum was enormously distended and nearly as large as a stomach of ordinary size; the ascending colon was also much enlarged.

The author remarks that this is the eleventh case on record, in which Callison's operation (modified by Amussat) has been performed in the adult, in consequence of obstruction in the intestinal canal. From the previous history of the case, it would appear that the disease had been of slow progress and long duration, but at the period to which the operation was delayed, owing to the interference of the patient's friends, he was in so alarming condition that it is impossible to imagine a case more unfavourable for it. Two months afterwards he was so much recovered that there appeared to be every prospect of his restoration to health, but these hopes were disappointed by his imprudence, with regard to diet and exercise; as far as the operation was concerned, the case was successful.

Sir George Lefevre observed that at all events this was a practical paper, and one of considerable interest. He was of opinion that in such cases, there was not only the mere local injury to be regarded, but that the whole alimentary canal suffered; the patient after such an operation should be kept in the recumbent position, and on spoon diet for months afterwards. The case showed what great liberties may be taken with the intestines; some time since he drew up the details of two cases, in which the intestine had been punctured, at St. Petersburgh, and had intended to lay them before the society, but he subsequently withdrew them, and published them in one of the journals. The operation was not performed with the view of producing an artificial anus, but to relieve the pain and other inconveniences caused by distension. In one of these cases, the patient, a lady of high rank, was greatly relieved by the operation, which was performed by pushing a trocar into the distended colon, but she died in about eighteen hours after. In the other case, in which the same operation was performed, and was attended with immediate relief, the patient died in twenty hours. Sir George Lefevre then enquired whether this operation of puncturing the intestine for the discharge of flatus, had ever been performed in this country, with the view of affording transient relief in those cases where permanent benefit was not to be anticipated. In such cases relief may be obtained even at the eleventh hour, as was evinced by the details of the case which had been read before the society that evening, but he thought it a question whether it was altogether advisable to wait so long.

Mr. Benjamin Phillips said there could not be any doubt as to the importance of this operation. It had been performed several times with more or less success, either to relieve obstruction in the bowels, or to remedy an imperforate anus, but as far as his knowledge extended, there had been generally a want of success attending it. The difficulties connected with it did not depend on the nature of the operation, but on the diagnosis, as it is not easy to discover the cause of the obstruction. It may be produced by an accumulation of fæces, which may exist for weeks, and yet be ultimately removed without there existing any necessity for an operation. If the obstruction were produced by disease in the rectum, by carcinoma, for instance, as was said to have been the case with Broussais, more perhaps might be said in its favor, as it would then offer a better chance of prolonging life. Even under such circumstances it might be doubtful whether the artificial anus would not prove a greater inconvenience than the existing disease. Disease in the rectum however affords a better reason for the performance of the operation, than when it is situated higher up in the intestine. In these latter instances it is difficult to ascertain the cause of the obstruction, and with regard to the case which had been just read, there was not any circumstance from which to draw conclusions as to the cause of the obstruction, whilst from the occasional passing of clay-colored fæces, it might have been regarded as caused by an accumulation of indurated fæces, instead of being a case of constriction, as it eventually proved to be. At the same time there would be a difficulty in making the selection of the part of the intestine which should be opened, as it might happen that the operation would be performed at the exact spot where the obstruction was situated.

Dr. Powell mentioned the case of an hysterical patient, who was liable to great obstruction of the bowels, which was always relieved by opiates and croton oil. The last time that obstruction existed, the bowels were not relieved for two months; injections were not of any service, but the constipation was removed by half grain doses of morphia with two drops of croton oil, exhibited night and morning, four doses being required before they took effect. He concluded therefore, that the attack of constipation was dependant on hysteria.

Mr. Davis of Hampstead mentioned the case of a man, who returned an invalid from the West Indies in the year 1800, and who was subject to attacks of spasmodic colic and constipation, for which aperients generally were inefficacious. His appetite was very good, but he occasionally rejected his food. This state would continue for fourteen or fifteen days, the man walking about the while, when it would be requisite to administer gamboge pill and small doses of the sulphate of magnesia, by which means the bowels were unloaded, and scybalous fæces discharged. In this state he would go on for about three weeks, when a similar train of symptoms would arise, and the same plan of treatment was of necessity resumed. This man continued to be subject to these attacks as long as he continued under Mr. Davis' care. In another case, that of a lady, who had been recently confined, and who was very ill from the bowels having been much neglected, he exhibited appropriate remedies, and brought away numerous scybalæ. He (Mr. Davis), mentioned these cases to show what might be effected by proper treatment in cases of obstinate constipation.

Mr. Solly thought that Mr. Phillips had very properly called attention to the difficulty of deciding in what cases it would be right to have recourse to this operation, and he believed that every one in practice must have met with in cases which they were not able to decide as to the nature and cause of the obstruction. A few years since he had seen a case in which a patient, labouring under a distended condition of the colon from a diseased state of the rectum, was tapped by mistake for dropsy, and died afterwards from peritonitis which supervened from the operation. He also alluded to cases in which the intestine was constricted by the formation of adventitious bands, as serving to complicate the diagnosis, and stated that about eleven years since he had attended a case with Dr. Sutton, of Greenwich, where he was called upon to pass a bougie. The patient died shortly afterwards, and when the body was examined after death, the colon was found to be firmly bound down and constricted by bands stretching across from the mesentery.

Dr. James Johnson was of opinion that in the case which had been described by Mr. Evans, that there could have been but little difficulty in forming a diagnosis as to the situation of the obstruction, inasmuch as a bougie could be passed very readily, and there was not any difficulty in throwing up two or three pints of fluid. At the same time the seat of the distension showed that the obstruction must be in the colon itself, and not in the rectum nor in the sigmoid flexure. The operation was, therefore, in every respect called for, and requisite. It is astonishing how long accumulations of fæces may continue without inducing serious mischief. In the case of a patient of his, there had not been any passage of fæces by the rectum for three months, and yet he ate and drank well, and was apparently in good health. The fæces were discharged by the mouth a few hours after taking food. There existed a large

inelastic tumour in the hypogastric region. He did not think there was any reason to anticipate a fatal termination in this case, and it became a question whether it would be advisable to perform the operation; and he was rather inclined to believe that an artificial anus would prove a greater source of annoyance than that which already existed.

Mr. Dunn mentioned the case of a child who was born with imperforate anus; an operation was attempted, but the colon could not be reached. After death, the body was examined, and the gut was found not to be larger in size than a crow-quill.

Mr. Blizard Curling observed that he was about to remark that it was not an easy thing to reach the colon, especially in infants when it is not in a state of distension. In one case that he had heard of, the surgeon had cut down upon the kidney, instead of the intestine. In a case of imperforate anus, in which the usual plan of proceeding was adopted unavailingly, he had proposed the operation in question, but it had not been acceded to. He had performed it, however, after death, and had found it not to be so easy as it is supposed to be. By going a little too near the spine he had come upon the kidney, and he had reason to believe that the same accident had occurred in operations on the living body. The operation might, however, be readily performed, by making the incision a little more externally, and then there would not be any difficulty in opening the the intestine, if it were at all distended. He fully agreed with Dr. Johnson in the observations which he had made on Mr. Evan case, and he said that he had never met with any instance in which the situation of the obstruction had been more clearly made out. He thought, too, that the result of the operation was such as to justify surgeons on future occasions in adopting it under similar circumstances.

Dr. Taylor said that if Mr. Evans was clear about the seat of the obstruction, he could not have done otherwise than operate, as his patient must else have died soon, and it was evident that his life had been prolonged by the proceeding. With regard to the nature of the obstruction, it had not been stated whether it was of a carcinomatous character or not; that, however, was probably a question which the microscope alone could settle. From the previous history of the case, it appeared to have been produced by simple inflammation. The patient had been subject to diarrhœa for years, which had most probably been caused by inflammation, followed by ulceration, cicatrization, and consequent contraction. Of this he had seen several examples subsequent to fever, in most of which the question as to the propriety of operating was not entertained, because the patients died of chronic peritonitis before the symptoms had assumed characters of sufficient severity to warrant such a proceeding. He had seen this contraction in diff rent parts of the bowels after fever attended by inflammation, ulceration, and contraction in that canal, and he thought it might be regarded as an useful diagnostic sign in cases of obstruction, that the disease depended on a stricture and not on a mere accumulation of fœces, if the patient had been known previously to have laboured under inflammation of the bowels.

Mr. Hilton commended the proceedings in Mr. Evans' case, and stated that cases were now and then met with, in which the obstruction was caused by a twisting of the colon on itself. He had seen a case of this kind, and had proposed the operation, which, however, was not performed, until after death, when it was effected by means of a vertical, and not a transverse incision. It extended from the false ribs to near the crista of the ilium and was parallel to the abdominal muscles. He did not experience any difficulty in reaching the colon. He then alluded to Sir George Lefevre's observations on puncturing the colon, as connected with this operation, and said there was a marked distinction between the two proceedings, as in Sir George's cases, the peritonæum was wounded, an additional risk which was studiously avoided in Amussat's operation.

Dr. Watson observed that the conclusions which he drew from what he had read and heard respecting this operation, were that in some cases it was perfectly justifiable, providing that the patient's consent had been previously obtained, and the nature of the operation, with its disagreeable consequences had been fully explained to him. In that light he regarded the case in which Mr. Evans had operated, and he thought the adoption of that proceeding fully warranted by the history of the patient. On the other hand, the case which had been narrated by Dr. Johnson, was one not at all suitable for it; for although it must be very uncomfortable to use the throat instead of the anus for the evacuation of the fœces, he believed that the formation of an artificial anus would be a still greater evil. Other cases would, however, occasionally occur, in which it would be difficult to decide on the propriety of operating, without a due regard to all the attendant circumstances.

THE SYRIAN MEDICAL AID INSTITUTION.

Towards the close of the year 1841, a few gentlemen met for the purpose of considering what could be done to heal the wounds of Syria, which England had been instrumental in inflicting during the war then recently brought to a close. They came to the following resolutions:—

1st—That it is desirable on a consideration of the present condition of Syria, to establish a Society for the purpose of furnishing Medical and Surgical aid to the inhabitants of that country.

2nd—That it is proposed to attain this object by sending out one or more medical gentlemen of high professional character and acknowledged piety to Beyrout, or such other place in Syria as may be found expedient

It was especially kept in view that the chief motive of this undertaking was the hope that it would greatly tend to remove prejudice, and open the minds of the people to examine that religion which prompts to such efforts for their advantage.

For the purpose of carrying out these resolutions, the Syrian Medical Aid Association was formed. The liberal support of several distinguished individuals, whose names may be seen in the list of patrons and subscribers, led the committee to think that they were justified in making the experiment of sending out one medical agent, and Beyrout was selected as the place in which his labours should commence. Dr. Kerns, who received the appointment, was consequently sent accompanied by his wife, to that part, the Government, through the kind influence of Admiral Sir Robert Stopford, defraying the principal part of the expenses of the passage.

During the two years in which by agreement his services were engaged, Dr. Kerns justified the strong testimonials which had secured his election to the post. The prejudices of all classes in Syria gave way to the attractions of his kind and skilful treatment. Upwards of 4,000 cases were admitted at his dispensary in a single year, and several important medical operations were performed by him. A classified enumeration of the cases, and many interesting medical details were contained in the doctor's reports to the committee, some of which have been published in the professional journals at the time.*

As the close of the doctor's engagement drew near, the desire to devote himself more especially to the Jewish population of Syria, induced him to prepare himself for taking orders in the English church, of which he was a member, instead of renewing his engagement with the Association, although, as must be observed, in justice to all parties, that no diminution had taken place in his cordial attachment to the Association, or in the amount and success of his professional labours.

About the same time the valuable information and advice which the committee received from different quarters, made it evident that Damascus offered a field for labour, preferable to that of Beyrout, and Dr. James B. Thompson, one of the physicians of the Royal General Dispensary, and who was elected from more than 40 candidates, accordingly proceeded to that ancient city, accompanied by Antonius G. Ammung, a Syrian, who unites to a valuable amount of medical knowledge acquired in London, during three years study at King's College, the perfect mastery of the English, French, and Italian, as well as of his native language. The very great increase in the extent of labour, not only as respects the number of patients, but also as to the mode of usefulness consequent in his change of locality, has led to the most gratifying as well as surprising results, but which, it is proper to state, are wholly attributable to Dr. Thompson's zeal in the cause which he has undertaken, his long experience, high character, and sound judgment.

In addition to the dispensary, in which upwards of 5,000 cases have been relieved, in the short space of little more than seven months, a small hospital has been opened at the suggestion, and very much at the expense of, Dr. Thompson, who has generously devoted his own house and resources to this benevolent object.

The following are some of the particulars contained in the doctor's communications.

"We have all sorts visiting us, and some of the chief Moslem families, the true descendants of the Prophet; we even have gone so far as to get them to look at dried preparations and anatomical plates, which no person knowing their prejudices on these matters a few years ago, could suppose we should have brought about such a change, and cause them to feel and express an interest in these inquiries." * * * *

"I still continue to visit the two Segyier Asylums, and they are in a truly deplorable state. I have endeavoured to interest some persons on their behalf, and have latterly sent them some mutton, and money to buy some bread, and make a soup of the meat thus supplied; but I cannot do much myself if not aided by others."

"I have been latterly called upon to attend some females in their accouchement, and I am now making such arrangements as will secure a female attendant in each of the three quarters of the city, namely, the Christian, Jew, and Mahomedan districts, and select one of their own persuasion in each, who will receive proper instructions from us, and who shall be sent for when any female is taken ill in the district, and who will report to us forthwith, when the person will be visited and prescribed for, and further directions given to the nurse to tender to her till out of all danger. I propose to place these women under pay, and at a small weekly allowance, promising them a small gratuity at the end of the year, providing they attend to my instructions and prove useful auxiliaries to me in this department of my professional duties. I am sanguine, that by such means as these, we can soon break through the prejudices of the people, and convince them of the advantage of professional aid in these cases, and shall be instrumental in saving some hundreds of lives in the year, for in this city there is a great mortality in this very anxious period of female life. We have already saved a few lives from a premature grave by preventing the injudicious interference of female practitioners, and hope that we have convinced many of the older females of the superiority of British medical knowledge in this department." * * * *

"I shall be always most happy to receive any instructions from the committee, and shall pay strict attention to the proper and judicious distribution of any money which may be placed in my hands for the purposes herein detailed. Were the benevolently disposed people of England to witness half what I see in my daily visits, I am sure we should not lack funds sufficient to enable me to render more substantial relief to the poor than I can at present attempt or expect to do. I am now occasionally engaged in giving medical instructions to some of the native doctors."

"We witnessed the departure of the pilgrims

* See the published transactions and reports of the Association; the *London Medical Gazette* and the *Lancet*, of the 17th of March, 1843, the London *Medical Times* of January and 27th March, 1844; the *Medical Gazette*, and *Lancet*, for the 2nd of March, 1844.

for Mecca, amongst whom were many Persians. We were not in the least molested, though other persons in French costume were pelted with stones. We are well known, and would have protection from all parties and sects, even amongst the Bedouins, many of whom visit us from the remotest parts of the desert of Arabia. The Rev. Mr. Brookman who is here at present, is a medical student preparing himself to pick up Arabic, and a little medical knowledge to act as doctor in the interior of the country, which he is about to visit partly on a geographical tour and on general scientific pursuits. We are affording him all the aid and time in our power. I hope to dispatch him charged with a useful stock of knowledge to himself and his fellow-creatures, in the deserts through which he is to pass." * *

"Since my last letter I have had the honour of prescribing for the Queen Dowager of Persia, a very old lady, and I could see the tongue and feel the pulse of my royal patient, so closely and scrupulously was her Majesty veiled from my view; and still more strange, this privilege was only allowed me through her bed-room door-way, she sitting, or rather in the semi-erect position, attended by her waiting maid, or the lady of the bed-chamber. However, under these many disadvantages, I am happy to say my royal patient is now better. The ladies in the Hareems latterly unveiled themselves to me, and ask me sometimes to sit down." * * * *

"I am now the medical adviser of the Kahia Bey, the governor of the city, and he is so pleased with the great improvement in his own person since I have attended him, that he has honoured me with a visit, and brought all his *suite*, about twenty-five in number. They were all astounded at our electrical machine, a shock from which he experienced."

"Since then the Kahia has so far recovered, and is so grateful for the restoration to health, being a sufferer for many years, that he has sent me as a present a young Arab horse. In writing to Dr. Hodgkin I have alluded to this, and said that I proposed to have this horse's price appropriated, with any other moneys which I may receive in the meantime, to any purpose that both societies may suggest." * * *

Will the public allow the Syrian Medical Aid Association to be compelled suddenly to suspend its labours in the midst of more than anticipated success, and recall Dr. Thompson at the time when he has vanquished the greatest difficulties, because the comparatively small sum required to carry on the work cannot be raised amongst the British friends to Syria, a land to which we owe so much, and with which so many sacred associations are connected?

The annual expense at Damascus may be calculated at from four to five hundred pounds.

Unhappily, the donations and subscriptions which encouraged and maintained the first efforts, when the result was doubtful, have fallen off when success was secure, and at this moment the balance at the banker's is almost exhausted.

We shall be able, very shortly, to publish some interesting reports from Dr. Thompson. They are already in the hands of Dr. Hodgkin.

To the Editor of the Medical Times.

Gentlemen,—In accordance with a resolution carried at a meeting of the Herefordshire Medical Association, I have the honor to request, that you will insert in your able periodical the accompanying memorial, with its signatures, and the protest, at your earliest convenience.

I remain, Gentlemen, your obedt. servant,
HENRY G. BULL,
Hon. Sec. to the Herefordshire Association.

Hereford, April 5, 1845.

TO THE RT. HON. SIR JAMES GRAHAM, BART., HER MAJESTY'S SECRETARY OF STATE FOR THE HOME DEPARTMENT.

The Memorial of the Surgeons of the City and County of Hereford,

SHEWETH,

That your Memorialists, Members of the Royal College of Surgeons of England, resident in the City and County of Hereford, in compliance with the Oath they have recently taken, on being admitted Members of the College, to maintain its dignity and welfare to the utmost of their power, feel it to be an imperative duty respectfully to call your attention to the injustice displayed in the mode of carrying out the Charter recently granted to the Royal College.

Your Memorialists cannot but feel, that the Council of the Royal College of Surgeons of England has broken faith with the general body of the Members, by the principle of election to the newly created grade of the Fellowship, which it has seen fit to pursue. Full power was given to the Council by the new Charter to carry out this principle in a way which would not have interfered with the existing rights and privileges; but it has not done so. And further, your Memorialists consider the course it has adopted is most injurious and degrading to the overwhelming majority of its Members, and utterly at variance with those principles of honour and justice, which should distinguish a Royal College.

Your Memorialists fully recognize the right of merit to the distinction of the Fellowship; but this principle of Election can only be justly carried out to a very limited extent; and when it is thought necessary to go beyond this, they are of opinion, that the only just mode is then to make "length of standing in the Profession" the means of admission for all present Members to the Fellowship, (at once, if they have attained the requisite period, or as they respectively do so,) since it is the only plan which, from its not being retrospective, would prove satisfactory to the Members in general, and regain for the Council that perfect confidence which has been so much shaken by a departure from it in the late proceedings.

For these reasons, your Memorialists would humbly, but earnestly suggest, for your consideration, the propriety of advising her Majesty to grant a new Charter to the Royal College of Surgeons of England, or to sanction such a modification of the present Charter, as will effectually remove the injustice which has been thus cast upon the majority of the Members of the College; or, in the event of neither of these plans being deemed admissible, your Memorialists would also respectfully suggest for your consideration the propriety of advising her Majesty to grant a separate Charter of Incorporation for the General Practitioners, as a measure then essentially necessary, in their opinion, for the maintenance of the welfare and prosperity of this most important class of the Profession.

Edward Walker, Kingston, ... 1796
George Rootes, Ross, ... 1812
Philip James, Hereford, ... 1813
Henry Rudge, Leominster, ... 1813
John Mills Probyn, Kingston, ... 1815
John Brown Shelton, Bromyard, ... 1824
Robert P. Marris, Kingsland, ... 1829
William Hempson Denham, Pyon, .. 1829
George Roberts Terry, Hereford, ... 1830
Charles Cook, Ledbury, ... 1830
William Thompson, Kingston, ... 1830
John Shirley Palmer, Weobly,...... 1830
Joseph Thomas, Hay, ... 1831
Henry C. Barnard, Hereford, ... 1834
Robert Archibald, Hereford, ... 1834
Edmund Jones, Ross, ... 1835
George Henry Marshall, Kingston,.. 1836
William Blakely, Kingston, ... 1838
Henry Graves Bull, Hereford, ... 1841
John Marshall, Leominster, ... 1841
Francis Robert Trumper, Hereford,.. 1842
George Gwillim, Ledbury, ... 1843
James Price, Hereford, ... 1806
J. W. P. Lyde, Hay 1807
Thomas F. Watling, Leominster, ... 1813
James Lane, Grosmont, ... 1813
Samuel Millard, Whitchurch, ... 1826
Charles E. Thomson, Ross, ... 1828
Henry J. Jenkins, Madley, ... 1829
Miles A. Wood, Ledbury, ... 1830
Thomas Pritchard, Hereford, ... 1830
Edward James, Kingston, ... 1830
E. W. Howey, Bromyard, ... 1831
John Tanner, Ledbury, ... 1832
Thomas Burlton, Leominster, ... 1834
John Morris, Hereford, ... 1837
T. Tucker Price, Hereford, ... 1838
George Woodcock, Eardisley, ... 1839
Peter B. Giles, Byford, ... 1840
Joseph Gillman Barrett, Ross, ... 1841
Samuel Waudby, Hereford, ... 1842
Thomas Bishop, Hereford, ... 1842
Henry Wyatt Watling, Leominster,.. 1843

A Protest, couched in a similar spirit, directed to the "Insane" Council, and signed by the same gentlemen, has been also prepared.

OBITUARY.—1. Dr. Ribes, on the 21st February, of an inflammatory affection of the lungs. He was a military surgeon of high distinction, *sharing in most of the French* military campaigns between 1792 and 1815. His principal work was his "Memoirs and Observations on Military Physiology and Surgery." His last appointment was as head of the Medical Staff of "the Invalides." In his fatal illness, it is a singular fact, that this amiable and universally revered surgeon, spurned, like the celebrated Double, the aid of that science to which he had so much contributed. This medical scepticism of eminent medical men is a subject well worthy a chapter in some new Curiosities of Literature. 2. At Paris, Dr. Ollivier (D'Angers) on the 13th ult., in his 49th year. His principal work is "On Diseases of the Spinal Cord." 3. Dr. Rumsey, at Henley-on-Thames, on 3rd February. He was a very able surgeon, and was the author of many valuable papers in the different journals—one "On Fever caused by Depletion," anticipating on that subject many of the views of Dr. M. Hall and Mr. Travers. 4. At Dublin, on 28th February, Montgomery Ferguson, M.D. 5. At Brighton, on 30th March, Dr. Theodore Gordon, the eminent Deputy-Inspector-General of Hospitals. 6. At Dublin, on 31st March, Dr. Thomas Orpen, aged 69.

ULTIMATUM OF THE ROYAL COLLEGE OF SURGEONS IN ENGLAND.—[Our leading article last week had reference to the long letter published by the College of Surgeons, the following abstract of which has appeared in the *Morning Chronicle*. It may be added that the *Times* has given the document a condemnation in that forcible language which that journal knows so well how to employ.] On the 20th ultimo the National Association of General Practitioners, in a desire to accommodate the differences between its constituents and the College, addressed these three interrogatories to the letter:—"1. Is the Council of the College prepared to reconsider their charter, and to place those members who were in practice before it was granted on a level with the fellows? 2. Is the Council of the College disposed to admit to its board a fair representation of the members of the college in general practice? 3. Would the Council of the College be willing to co operate with the National Association in the formation of a Court of Examiners in medicine, surgery, and midwifery." On the 3rd of this month a reply was returned, directly refusing, in very supercilious terms, the Council's assent to any of the concessions suggested. The reply was turned into an occasion for a very elaborate defence of their recent conduct. They insist that their election of fellows was governed, not by private patronage, but wholly for the public good; endeavour to show that the science of surgery would be much impaired if surgeons in general practice were admitted to the high places of their college. The following passages are worth being given entire:—"The Council's description of their own Members."—"It has been also proposed, that as vacancies occurred, the places might be supplied, until all the members admitted before September, 1813, had been placed in succession on the list of fellows. But it behoves those who contend for any mode of forming a list upon the simple principle of seniority without selection, and still more those who urge the indiscriminate admission of all members to the fellowship, to weigh well the insurmountable objections to their scheme. Would they include those who have violated the laws of their country? Would they include professional paupers, and persons of notoriously bad character? Would they include the puffers and venders of nostrums and secret remedies, and the writers of indecent advertisements? Would they include surgeon's assistants, or those who have connected themselves in business with druggists and chemists? Would they include the retail shopkeepers who expose for sale cattle drugs and perfumery? Would they, finally, include or exclude all those who keep open shops and who, though ill sustaining a professional character, are yet not chargeable with any moral disqualification? In short, would the National Association, in conformity with their views, advise admitting all such as members of the proposed College of general practitioners, without discrimination or selection, merely because they are members of the College of Surgeons, or licentiates of the Apothecaries' Company?"—Comfort for Members displaced by the late Charter.—"The council, therefore, under a sense of justice to their future members, who will possess the same qualification as the present members, and under the obligation, which the institution of the novel honorary degree imposed, necessarily sought other evidence of distinguished surgical attainments than the ordinary diploma, which attests only the amount of proficiency required of all. And those who feel disappointment would do well to bear in mind that they have been deprived of no privileges nor corporate rights, which they acquired, or hoped to possess, in becoming members of the college. They will recollect that in applying for their diploma they were not compelled to do so by any legal enactment, as they would have had an equal right to practice surgery without it, and they will probably admit that their sole inducement was that of obtaining in the diploma a testimonial to which the names of some of the principal hospital surgeons and teachers were appended. And let them not forget that one of the first acts of the college was to make a by-law, which was sanctioned by the proper authorities, excluding practitioners in pharmacy and midwifery from the governing body of the college, that they obtained their diploma under this known condition, and that they actually signed this and other by-laws, and swore to observe them." The document is, in short, a defiance to the general practitioners to do their worst; the majority of the Council maintaining in their teeth, and in a fashion somewhat insulting, the *status quo*.

No. 299 **SUMMARY.** April 26.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine.

Formerly Physician to the Bicetre and Salpetriere Asylums. Author of the "Traite Medico Philosophique sur l'Alienation mentale "Medicine Clinique," "Nosographie Philosophique," &c., &c. Translated with Notes illustrative of some important doctrines in Physiology, Phrenology and Moral Education,

By Dr. COSTELLO,

Principal of Wyke House Asylum, Editor of the Cyclopædia of Practical Surgery, &c.

(Continued from page 27.)

STUPOR, ACUTE DEMENCY, ŒDEMA OF THE BRAIN, STUPIDITY OF GEORGET, STUPOR OF ORFILA.

Amongst the enfeeblements of the intellect that form a well characterized malady, one of the most curious and most novel in its study is, that intellectual and moral annihilation, more or less prolonged, which Esquirol was the first to describe under the name of *acute demency*. He had observed that certain maniacs are often suddenly struck with almost complete abolition of all their faculties, a particular demency differing from common demency, inasmuch as it almost always attacks a young subject, and quickly terminates in cure. Most likely he bestowed the name of *acute demency* on this affection as much on account of the rapidity of its attack as of the promptness of its cure, notwithstanding the gravity of the symptoms.

Struck with the frequency of this affection, Georget has thought proper to consider it as a new kind of mental alienation, designating it by the term stupidity : according to his definition it is an accidental absence of thought, whether it be that the patient has no ideas, or that he is unable to express any. He narrates the two following cases to give an idea of this species of insanity. Adele F. aged 36, was admitted into the Salpetriere, for the fifth time in ten years, with the following symptoms :—general insensibility ; no answers ; complete immobility ; look of stupidity ; it is necessary to get her in and out of bed, and to attend to her natural wants ; a seton is inserted into the nucha without exciting any sign of sensibility. This state continues for three months, and then ceases suddenly after abundant ptyalism and head-ache ; the intellect resuming its usual activity. Another young woman was admitted also into the Salpetriere in consequence of a fright : there was general paleness ; stupid look ; no answers ; profound indifference ; involuntary evacuations ; after a little time some amendment occurred, and she began to be able to give some account of what she had felt ; she could hear well, but she could not unclose her teeth. These characters form the foundation of the distinction and denomination proposed by Georget.

Another judicious observer, M. Etoc Demazy has entered into deeper researches on the subject, which form the subject of his thesis. He was the first to establish some of the points of connexion between this intellectual annihilation and the serous and œdematous infiltration of the brain itself, and mentions to this effect several cases, of which I shall make use hereafter ; but while thus advancing successfully, he stops from prudence and returns to Georget's symptomatic definition.

This intellectual annihilation which may, after Orfila, be justly called the acute stupor of the insane, is the result of serous infiltration, of a particular kind of œdema affecting the convolutions of the brain, and in these cases, the mobility, sensibility, and the senses present derangements no less singular than those of the intellect. It should be added that this malady is totally different from those serous effusions described under the names of acute and chronic hydrocephalus in infants and adults ; these effusions which usually occur in the interior of the ventricles disturbing the cerebral functions by the gradual extension produced by them from the interior of the brain to the exterior. In cerebral œdema the phenomena are reversed; the fluid secreted on the surface of the brain insinuates itself into the anfractuosities, into the brainy tissue, until by at last compressing the whole periphery of the organ, it gives rise necessarily to lesions of different functions, that have no analogy with the effects of common hydrocephalus.

A subject so interesting ought to be studied through the aid of well-observed cases, and inductions carefully made. For this purpose we shall first relate some clinical observations, pointing out in each the coincidence of the œdema with the profound disturbance of the cerebral functions ; afterwards we shall speak in detail of the symptoms, progress, treatment, general anatomy of this œdema, and of the physiological inductions that may be drawn from them.

Case i.—Anna B. born at Cologne, was married in 1812 at the age of 32 to a French soldier. Having been separated from her husband six years, and not having had any news of him during all that time, she imagined that she would be able to find him in Paris, and for this purpose repaired to that capital in 1818, intending to obtain a livelihood as a servant, although she did not understand a word of French. During twelve months her search was fruitless, and it was only with difficulty she could get a situation. From grief and distress, she was soon cast into a state of deep melancholy, and was sent to the Salpetriere on the 4th June 1819.

At this time she was in a state of complete taciturnity, and would retire into the corners of the dormitory to hide her face with her hands : it was necessary to use force to make her take food. This state of melancholy lasted seven months. She then began to appear less wild ; to speak freely. She asked for work and it was supplied ; her intellect appeared to recover from a lethargy, and for three years she made herself useful in the hospital.

In 1823, her husband, who had heard of her illness, and the place of her retreat came to see, and to reclaim her. She recognized him without emotion, treated him as one who was indifferent to her, and preferred remaining in the establishment where she was employed as a servant.

In 1824, it was remarked that her memory failed her occasionally, that her fits of absence were frequent ; the enfeeblement of her faculties became soon so great, that she was sent back amongst the patients. In the course of a month the stupor was complete. She was totally incapable of helping herself in any way ; when dressed, she remained in the same position in which she was placed, almost motionless.

Her constitution began to be seriously affected ; the body wasted, and there was slight continued fever. She never spoke, her eyes remained always open and vacant, she could still move her arms, but the limbs were no longer able to support the body.

One circumstance struck me forcibly ; one of her companions in attempting to give her a pinch of snuff, let some of it fall on her eye ; I was greatly surprized at finding that so powerful an irritant produced no sensation on the surface of the eyes, and this set me upon exploring the other senses, and regions of the body ; sulphuric ether did not appear to produce any effect on the tongue, nor on the sense of smell ; a bit of cotton was burned on her thigh, without her perceiving it ; on the other hand, the sensibility was unimpaired in the skin of the arms, as was evident from the signs of pain on pinching. In regard to the intelligence, there was no perception, the muteness was complete with all the symptoms of profound stupor.

A gangrenous eschar formed on the sacrum, and death, which followed on the 28th November 1824 from marasmus and prostration, took place six months after her relapse, and two months after I had observed the symptoms of paralysis of the senses, and of the lower extremities.

Autopsy.—Exterior ; general marasmus, denudation of the sacrum, slight œdema of the lower extremities.

Head.—The skull is thin, transparent and strongly adherent to the dura mater, which appears healthy externally ; after incising it and carefully removing it, I was struck with the gelatinous appearance of the surface of the brain. The arachnoid, healthy throughout the lateral and posterior region was so much distended by the serum beneath it, that the two hemispheres looked as if covered with a layer of something resembling apple jelly. This appearance is removed by incising the membrane and allowing the serum to escape ; four ounces of this fluid of a reddish colour, the accumulation of which seemed greatest in the parietal region, were collected. The entire frontal region was the seat of a different alteration ; here the arachnoid was thickened, adhered to the brain and converted into a solid albuminous exudation, about a line thick. The arachnoid at the base of the brain was healthy, and free from serum.

Pia Mater.—The tissue of the pia mater contains albuminous granulations, and appears at certain points infiltrated with a yellowish liquid, and throughout this membrane is thickened and reddish.

Brain. Grey Substance.—At the upper part of the hemispheres, the grey substance has lost colour, is soft and almost white ; it seems to be penetrated throughout by serum with which it had been in contact ; on incising and pressing the convolutions, small drops ooze out, not reddish as they are usually, but limpid and transparent.

Throughout the base of the brain, the grey sub-

stance is very different; it is blackish, and deeply injected; at every incision, blackish drops ooze out, and its adhesion to the arachnoid is so strong, that on trying to separate them, the brain peels off with it.

White Substance.—This substance seems healthy throughout the entire upper part of the brain, and it is only at the basis that it appears to participate in the alteration already observed in the grey substance of that region; it has the livid colour of ecchymosis, and there are yellowish rounded softenings, of the size of a nut in several places.

It cannot be mistaken that the whole base of the brain has been the seat of a morbid concentration of blood, whilst on the other hand, all the upper part was bathed in a serous fluid, through which the grey substance was deprived of its colour.

Peduncles.—On examining attentively the crura cerebri, their inferior surface presents the same alteration as that observed throughout the base of the brain; they are softened and blackish, but the alteration is not deep, and the rest of their substance possesses the ordinary consistence.

Ventricles.—The lateral ventricles greatly distended, contain about three ounces of a turbid reddish serum, like that found at the surface of the brain; the middle ventricle contains also about two drachms of the same fluid.

The walls of these ventricles are not smooth as in their natural state, but studded with irregular patches of false membranes a line thick, granulated and yellowish but soft, and reducible to a pap on the slightest pressure.

Both the corpora striata present a very remarkable alteration; without having lost their natural shape, they are perforated by several small holes which contain a sort of jelly of a brownish hue, and offensive smell; the sides of these cavities are soft, irregular and rugous.

The annular protuberance is disorganized and softened at its inferior surface, and partakes of the general alteration of the base of the brain; but the softening is only superficial.

The vertebral canal being opened throughout its entire length, the dura mater appears distended; a large quantity of a fluid similar to that found in the ventricles issues from it. The consistence and colour of the spinal marrow seem natural externally, but its internal grey substance is entirely deprived of colour.

Excepting a vivid redness of one of the small intestines, the other viscera were healthy.

Reflexions.—Notwithstanding the multiplicity of the alterations observed in this case, it is possible by comparing them with the symptoms and progress of the disease, to class them under two heads; on the one hand we find an affection of the periphery of the brain and of its dependances, which are bathed in a large quantity of serum; and on the other, the entire base of the brain as well as the inferior surface of the mesocephalon presents evident traces of sanguineous congestion and of inflammatory disturbance.

Let us now see the relation that these lesions bear to the progress and symptoms. Four years before this patient was attacked with profound melancholy, which yielded after lasting seven months; after this, fresh symptoms announce the gradual decline of the faculties, and at the end of a month, the stupor and immobility were complete. This new malady was nothing more than a more serious repetition of the melancholy by which she had been attacked three years before. After seven months of stupidity, the insensibility became profound and general, all the senses seem to be paralysed.

In endeavouring to explain the symptoms by the alterations found in the encephalon, I think I am warranted by analogy in ascribing the first attack of melancholy and taciturnity to a serous effusion, similar to that found in the dead body after the relapse.

In the first attack the effusion is absorbed at the end of seven months, and leaves its traces in the meninges in the form of an albuminous exudation in the frontal region, and of patches in the ventricles. Three years later, slight disturbance of the intellect announces the occurrence of another serous congestion, which attains to such a height in the course of a month, as to abolish all the intellectual functions, by compressing the brain and then infiltrating into the convolutions, the ventricles, and even into the vertebral canal.

From that moment, the intellectual and mobile powers are entirely abolished: the senses too are profoundly paralysed, but towards the termination of the disease, symptoms of still greater prostration and febrile marasmus shew that in addition to the affection from which the stupor and general insensibility arose, another malady still more serious has supervened. I thus explain the inflammation of the whole base of the brain, and of a part of the nervous centres, as shewn in the red injection and especially by the partial softening of all these parts; and moreover that the latter affection could not shew itself by very marked symptoms, on account of the pre-existing general paralysis produced by the compression of the brain.

This is the only case that I have met in which the cerebral fluid was effused into the encephalic cavity in such large quantity. This general immersion must necessarily have given rise to symptoms more general and more profound than those which I shall have to describe in the following cases, in which accumulation of serum has been confined to the surface of the brain, or to the substance of the superior convolutions. Accordingly in these cases we shall only have to notice the blunting of the intellect and of the sensibility. But before I proceed to these, I shall detail another case in some respects analogous.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.,
Physician to the Birmingham General Dispensary; formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c, &c.

(Continued from page 35)

Dr. Stokes submits the following classification of sputa arising from irritation of the bronchial mucous membrane.

1st.—Transparent mucous secretions.
2nd.—Opaque mucous, or albuminous secretions.
 a. Amorphous.
 b. Moulded to the form of the tubes.
3rd.—Muco-puriform secretions.
4th.—Puriform secretions.
5th.—Serous secretions.(1)

Dr. Williams reduces the varieties of sputa to this number;

1.—*Mucous*, more or less transparent and viscid.
2.—*Albuminous*, opaque without viscidity.
3.—*Watery*, thin and transparent.
4.—*Compound*, composed of combinations of the preceding kinds.(2)

It has occurred to me, as the result of much careful enquiry and thought, that no classification of sputa can be of any real avail in diagnosis, unless it shall embrace, with whatever comprehensiveness it may be requisite, all the varieties of expectorative matter which we know to accompany diseases and disorders of the respiratory organs. But whilst treating thus widely this important branch of medical science, we must be careful to avoid all unnecessary and fanciful minuteness—all ideal degrees and shades of distinction—all matters, indeed, which are not founded upon accurate pathology, or which do not pertinently bear upon medical practice. Such errors, however, are the less likely, in proportion as we patiently investigate, and impartially record, those practical truths which are only to be learnt by a faithful attendance upon the sick, or by a scrupulous examination of the dead.

The following are the varieties into which I have found it most convenient and practically useful to divide the matter of expectoration. This classification was made by me more than seven years ago, since which time I have been in the constant habit of availing myself of its guidance in the diagnosis and treatment of chest diseases, and of rendering it with what care and accuracy I have been capable of, suited to the service both of the pathologist and the practitioner. And after such a duration of trial I may perhaps be permitted to say, that I am now less disposed than I have ever been, to question its truthfulness or its use:

1.—Thin mucous sputum.
 a. Insipid.(3)
 b. Acrid.
2.—Thick mucous sputum.
 a. Transparent.
 b. Opaque.
3.—Muco-albuminous sputum.
4.—Muco-purulent sputum.
5.—Purulent sputum.
6.—Tuberculous sputum.
7.—Concrete and coagulated sputum.
8.—Gelatinous sputum.
9.—Serous sputum.
10.—Hydatid sputum.
11.—Bilious sputum.
12.—Bloody sputum.
13.—Melanotic sputum.
14.—Sweet sputum.
15.—Saline sputum.
16.—Calcareous sputum.
17.—Frothy sputum.
18.—Fœtid sputum.
19.—Coloured sputum.

Thin Mucous Sputum.—*a. insipid.*

The variety of expectorated matter which comes under this denomination, has long been regarded with interest both by the pathologist and the practitioner. Occurring as well in acute as in chronic affections of the respiratory organs, and affording most important indications, diagnostic and remedial, it especially merits our deliberate consideration and comment.

Appearance and qualities.—This mucous sputum, of the insipid variety, is sometimes scarcely distinguishable from water. At other times, it is more or less opaque and frothy, with a faint blue, green, brown, or red tinge.—It is usually insipid and inodorous; but, in some cases, it has a mawkish, sickly, or saline taste, and a musty or mucous smell. Its reaction upon test-paper is either neutral or very feebly alkaline. Its specific gravity is very variable: it will often exceed 1·0, and again will reach 1·008.—(Mucous sputum which is beyond this density, I class with the "thick" variety. The distinction is, of course, perfectly arbitrary, but I find it convenient for practical purposes.)

The density of this sputum is, of course, directly as the amount of animal and saline matter contained in it—at most, the proportion of these is very small. It never contains free albumen or pus. A minute quantity of chloride of sodium is generally present, but I have never been able to discover in it any of the earthy salts. In its purest state, it answers to reagents like a very dilute solution of nasal mucus. It may contain adventitious materials, as bile, blood, urate of soda, &c., according to the diatheses or diseases in which it prevails; but this impregnation is of very rare occurrence.

Pathognomonic relations—Thin mucous sputum is discharged in the various affections of the system—of the respiratory, and of other organs. It sometimes precedes an attack of influenza, and not unfrequently seems to prevent it. I have known it to occur suddenly, and without any warning, during the existence of influenza, and, for a time, to suspend every other unpleasant symptom. It is commonly met with in acute catarrhal affections (4.) In these cases, a sudden arrest of the expectoration, either spontaneously, or from exposure of the chest or feet to cold, from the violent action of hydragogue cathartics, or from sudden and severe diuresis, is frequently succeeded by pneumonia, terminating in serous engorgement; by pleurisy, pericarditis, peritonitis, or meningitis, attended with rapid effusion; or by sudden determination of blood to the head, with profound apoplectic symptoms.

(1.) On Diseases of the chest, pp. 59-60.

(2) Pathology and Diagnosis of the Diseases of the Chest, 4th edition, p. 59.

(3.) The term "insipid," as applied to this variety of sputum, is conventional, and only of relative signification.

(4) By the older authors, this form of expectoration (if accompanied with fever) was termed *catarrh*; if (without fever) it was called a *flux*.

It never accompanies acute bronchitis of a severe form; but in young subjects, particularly females, it is apt to occur as a sequela of this affect on. In very mild bronchitis, attacking debilitated or leucophlegmatic people, there is often a profuse secretion of thin mucous sputum; and in bronchial irritation, sympathetic with sub-acute gastritis, especially the erythmatic variety, it is ocnasionally observable (5). In some rare cases it is symptomatic of dyspepsia complicated with gastro-enteritis, the spasmodic and burning pains of which are generally relieved by the expectoration that occurs profusely, and almost without intermission, during the harassing and tickling cough which attends it. In these cases the discharge has a certain pathological analogy to water-brash (6).

In dropsical affections, both general and local it has been remarked; and cases of anasarca are said to have been cured by it. I have more than once known it to afford marked relief in such affections.

Disease, as well as disorder, of the uterine organs, is sometimes attended with sympathetic cough and copious expectoration of thin, transparent, insipid mucus. With some females it occurs during the menstrual period; with others it appears to be vicarious of the catamenial discharge; and with a third class, it will accompany the habitual nervous cough of amenorrhoa.

It is, very rarely, a symptom of pregnancy: the cough of gestation usually has no expectoration at all, or the matter expectorated is of a "thick mucous," or "muco-albuminous" nature.

The commencing slow deposite of tubercles not unusually excites sympathetic irritation in, and profuse mucous discharge from, the tracheal and brochial inner membrane. It was remarked by Cœlius Aurelianus that, "the irritation from tubercles often causes an expectoration of very thin mucus," which he denominated "limpid sputa." It is only in the early stages of phthisis that this form of expectoration exists alone. I have never once remarked it, during the period of maturation or softening of tubercles, or when there has been a cavity in the lungs (7.)

Of the retrocedent gout of adolescence and senility, this kind of expectoration is an occasional symptom. The exacerbations of gout are sometimes arrested or relieved by the discharge occurring profusely (8.)

A discharge of this mucous sputum sometimes accompanies general or local rheumatism (9) (especially affecting the muscles of the neck and chest), the milder forms of ague, measles, small pox, and other exanthemata. The sudden suppression of habitual discharges often gives rise to it (10). It is not an unfrequent attendant upon hypochondria and melancholy.

(5) It is not a common symptom in these affections—the cough of gastritis is usually dry.

(6.) LangstonParker mentions a striking case of chronic gastritis, upon which, cough with profuse expectoration supervened, as it were remedially. "In this case, several particulars are worthy of notice: all the symptoms with which this patient had been troubled, through a long period, were evidently dependant on a chronic state of inflammation of the mucous coat of the stomach. The symptoms which denoted this condition of the stomach were unusually rebellious. They were palliated and relieved sometimes for a week together; but again recurred with their primitive severity. At this period the catarrh, with expectoration, set in. When the latter was fully established, the disease in the stomach began to subside, and ultimately disappeared. The catarrhal affection appears to have acted as a revulsive upon the disease of the stomach, and thus to have cured it. Occasionally affections of the chest and stomach alternate in this manner; we observe one subsiding as the other is aggravated.".—"The stomach in its morbid states," (p. 21.3) Broussais relates a remarkable case of catarrhal and pneumonic symptoms arising sympathetically from acute gastritis, in which the lungs were found healthy after death.—"Histoire des Phlegmasies Chroniques tome," 2, p. 459; and another striking case, somewhat similar, at page 466.

(7) Richter says it may be either a cause or a consequence of tubercles in the lungs. He says "the discharge is to the lungs what leucorrhœa is to the uterus, or gonorrhœa to the urethra, arising from an irritation which is commonly either gastric or rheumatic, or perhaps syphilitic." He details a case which occurred after intermittent ever.—Medical and Surgical Observations from the German, 1793, ed. 1794, 8vo. p. 260, et-seq.

(8) Bordeu, in his researches on the pulse, speaks of a gouty subject, whose attacks were generally arrested by an abundant expectoration of mucus.

(9) Sauvages, in speaking of the "Rheuma epidemicum, anni 1743," says "juvenes tussi sicca, dolore artuum, ephemera, cephalalgia affecti, post quartam diem sputo supervenicnte sanabantur.—Nosol. Method. Amstel., 1768, tom. 1, p. 688.

(10) A case is related in the Annales de la Medecine Pratique de Montpellier 1804, tome 7, p. 125, in which distressing cough and profuse expectoration appeared on the suppression, by acetate of lead injections, of syphilitic blenorrhagia. The cough and expectoration were relieved by inducing a return of the urethral discharge.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY,

By Dr. Knox, F.R.S.E., F.R.C.S.E.,
Corresponding Member of the French Academy of Medicine, and Lecturer on Anatomy and Physiology, &c. &c.

LECTURE IV.

The evident importance of the skeleton of the head as containing, and in some measure portraying, the brain and some at least of the organs of sense, must, no doubt, be at once a reason and an excuse for the so frequent recurrence to its examination by anatomists and pschycologists. That the brain is the instrument of thought no man can doubt, any more than that man receives most of his knowledge through the organs of sense. But the skull-cap is unquestionably moulded on the brain, being, as it were, adapted to it by its internal surface; sympathising with it, no doubt, by this surface; whilst its external layer has quite different relations, sympathies, and connexions. These, however, are not by any means the sole difficulties which exist in the endeavour to form an estimate of the relation of the cranium and osseous face to the brain and intellect; the mesial parts of the base of the brain clearly represent the bodies of the cranial vertebræ, whilst crests are continually found on the external surface of the cranium, having a reference neither to brain nor muscular attachments.

Certain osseous cavities of the human skeleton disappear constantly, or are obliterated soon after the withdrawal of the organ usually found distending them; this happens to the alveoli or sockets for the teeth, and the cotyloid cavity of the haunch bone when the head of the femur has been forced from it and not replaced. Even the thorax will diminish to an incredible extent, and permanently, should the lung be so diseased as to contract greatly on itself; I do not know, however that this happens with the cranium. In those cases, where a large portion of one of the hemispheres of the brain has been destroyed by disease, effused fluids have been found to take the place of the diminished brain, and so the cranium has remained of its original dimensions. There is still another difficulty. In the line of the cranial sutures there exist irregularly-shaped supernumerary bones, whose true nature it is impossible to determine, and whose physiological history cannot be included in any physiological principles, transcendental or otherwise.

II.—The division of mankind into *nations* is a human contrivance; nature acknowledges only *races*; of the existence of this great fact—for such it is—I first became convinced in Flanders in 1815. The principle which I have ever since entertained was fully proved true by what I saw in Southern Africa. Races of men totally distinct from each other have existed since the earliest period of recorded history; the negro face and form may be seen on the ancient tombs of Egypt as distinctly characteristic as at the present moment. There exists no evidence that a race of men has ever altered in shape or color, or, indeed, in any way from its primitive confirmation; the modern Copt does not differ from the ancient Egyptian; if he did so he could not have been descended from him.

The examination of the skeleton of the human head thus presents avowedly great difficulties; hence the conflicting opinions of anatomists of acknowledged eminence; instead of solving any problems, they have not unfrequently merely added others requiring to be solved. To this day it is impossible even to conjecture on what grounds Herodotus called the Egyptians a *black* race, for we know that they were not so; the exact counterpart of the head of the young Memnon in the British Museum may be daily seen in any Jewish synagogue.

Aware of the difficulty in arriving at any just conclusion, it occurred to me that a careful examination of the very excellent collection of crania at present in the rooms of the Phrenological Society might contribute something to the history of races, and with this view I beg leave to present the following remarks to the consideration of anatomists.

The collection consists of about two hundred and sixty crania and plaster casts. Of the crania many could not be examined, being as it were mummies and covered with dried integuments.

In this examination I was assisted by Mr. Desaret, whose familiarity with this line of enquiry aided me greatly. We first attempted a very great number of measurements, but failed in drawing from these any sound conclusions. Every cranium was measured in a great variety of ways, and we preserve the tables, but think them at present unworthy the attention of scientific men. This question of the inportance of measurements is most assuredly an extremely difficult one, and before commencing the enquiry I was sanguine as to the result; notwithstanding the perseverance of at least ten days' labour it failed, as I think, altogether.

The following are the only tables I shall venture, at the present moment, to offer to the public, and I should regret much to think, that any implicit confidence was reposed in them by any one; still they are curious, however imperfect.

Length of Base of Cranium, including Face.

Race.	Number of Crania.	Longest.	Shortest.	Average
New Zealander	1			8 2-16ths
Ashantee Negress	1			8 2-16ths
Esquimaux ..	5	8 8-16ths	8	8 2-16ths
Negress......	1			8 2-16ths
Van Diemen..	1			8 2-10ths
Mozambique..	2	8 9-10ths	7 12-16ths	8
Barbadian ?...	2	8	8	8
Scotch	7	8 4-16ths	7 6-16ths	7 4-16ths
Caffre	1			7 13-16ths
Seminole	1			7 13-16ths
German......	4	8 6-16ths	7 6-16ths	7 12-16ths
Swiss.	4	8	7 8-16ths	7 12-16ths
Burmese	2	8 4-10ths	7 4-16ths	7 12-16ths
Black-foot Indian	2	7 14	7 10	7 12th
Sandwich Islr.	4	8 6	7 6	7 12th
New Hollander	5	8 5 14	7 4	7 10th
Chilian	2	7 14	7 4	7 10th
Turk	1			7 10th
Peruvian	7	8 15-16th	6 15th	7 9th
Araucanian ..	1			7 8th
Madagascar ..	1			7 8th
Irish	2	7 12th	7 3-16ths	7.8th
Chinese......	5	8	7 2-16ths	7 8th
Javanese.	1			7 6th
Greek	1			7 8-16ths
Bosjeman	2	7 6-16ths	7	7 2-16ths
Circassian....	1			7 2-16ths
Flat-Head Indian	1			7 2-16ths
Hindoo	52	8 2-16ths	6 2-16ths	7 1-16th
Phillippine ..	1			7
Parsee	2	7	6 14th	6 15-16ths
Albanian	1			6 10th

It may first be observed, that in the drawing up of these tables, the race, or nation, or tribe, to which the person belonged, is stated in the first column; the authenticity of this rests, of course, on the Society, or rather on the person who transmitted the crania to the Society. All the crania are carefully marked, generally with the name of the race or nation, also with that of the donor, and not unfrequently some other circumstance is stated, having a reference to the cranium. The authenticity, then, of these markings rests with the person or persons who made them, whether donors or others. The second column contains the number of crania examined; the third gives the highest or longest measurement as the case may be; the fourth, the shortest or lowest, and the fifth gives the average of all examined. The first class of measurements we attempted, I mean Mr. Desaret and myself, regarded the entire length of the osseous head from the external occipital protuberance to the edge of the incisor teeth. Neither of us attached any great importance to this measurement; it included too much or too little; and it mingled up the longitudinal capacity of the cranium with a portion only of the face: of the cranium, containing the cerebral and cerebellar masses, and of the face, exclusive of the lower jaw, and consequently the ceiling and extent of the facial cavity. The results are now before the public in table 1, showing that the law of extent of the parts of the skeleton specified is unconnected with race, or nation, or tribes, or presumed amount of intelligence, of education, or of civilization. The longest heads measured in this way were those of—

	Inches.
The New Zealander	8 2-16
The Ashantee	8 2-16
The Esquimaux	8 2-10
The natives of Van Diemen's Land	8 2-16
The shortest was :—	
The Hindoo	7 1-16
The Phillippine	7
The Albanian	6 10-16

The difference between the longest and the shortest was exactly one inch and a quarter. The Scotch head is large, or rather long, measured in this way; the Irish is comparatively short. Attaching little or no importance to these results, as well from the fewness of the specimens (116 crania), more especially of most of the races, as from the mingling up of two distinct anatomical and physiological elements (cranium and face), they may still serve as a nucleus for future enquiry. My first impression on looking over these tabular results was, that the decidedly greater bulk and projecting jaw of the dark races, a character of universal prevalence with them, had compensated for the presumed shortness of their *crania proper*, bringing them up, as it were, artificially, to the character of the *long-headed* races of men; we shall afterwards see how far this idea is supported by the other measurements. In this enquiry, more perhaps than in any other, the enquirer starts loaded with the prejudices and the learned rubbish of ages; from Aristotle and Hippocrates to Gall and Spurzheim; it seems almost impossible to clear the mind from them; from ideas which appear like truths, or self-evident propositions, namely, that the cranium must to a certain extent, portray the brain contained within it, and be an index of its form, bulk, and character; that the brain being evidently the organ or instrument of thought or intellectual operation, must be an index of the power and capacity of its own functions; that history shows the dark races to have been always inferior to the fair; that they ought and must have smaller brains, and in consequence smaller crania; these and similar prejudices so beset the path of inquiry as to render it by far the most difficult of any I am acquainted with. No two persons attach the same meaning to the same terms; the words *genius, ability, talents*, are used by most writers as nearly synonymous; according to some, Burns' genius was great and innate; others will have it to be accidental, and dependant more on his hasty temper and violent disposition, or as they term it, his temperament; but one thing is certain, that whilst he guaged beer barrels at a wage inferior to that of most tradesmen, somebody whose name I do not recollect, was Poet Laureat; his, I mean Burns', cranium, was not of any extraordinary capacity; he wanted genius to be a statesman, or even a town councillor, for which offices, moreover, his absurd notions of honesty, truth, and fair dealing, wholly disqualified him. Let us return to the measurements.

Table 2nd gives the results of a measurement to which, before making it, I was disposed to attach a good deal of importance; it gives the actual height of the cranium measured from ear to ear (*meatus auditorius externus*) over the vertex, with a tape; the columns are arranged as in the preceding table.

Ear to ear over the vertex.

Tape measurement.

Race.	No.	Longest.	Shortest.	Average
Swiss	4	14	13	13 10th
New Zealander	1			13 4th
Barbadian	2	13 8th	12 12th	13 2nd
Araucanian	1			13
Phillippine	1			13
Javanese	1			12 14th
Ashantee				12 14-16th
German	4	13 8th	12	12 13th
Irish	2	13 8th	11 6th	12 12th
Greek	6	13 4th	12	12 12th
Sandwich Islander	4	13 6th	12	12 12th
Chinese	5	13 4th	11 12th	12 10th
Turk	1			12 10th
Van Diemen's.	1			12 8th
Scotch	7	13	11 12th	12 7th
Burmese	2	12 8th	12 6th	12 7th
Seminole	2	12 9th	12 6th	12 7¼
Icelander				12 4th
Esquimaux	5	12 8th	11 13th	12 4th
Peruvian	7	13	11 6th	12 3rd
Hindoo	52	13 4th	11 4th	12 2nd
Chilian	2	12 4th	12 3rd	12 2nd
Albanian	1			12 2nd
Mozembique				12 2nd
Negress	1			12
Flat-Head Indian	1			12
Madagascar	1			12
Parsee	1			11 15th
Black-Foot Indian	2	12	11 12th	11 14th
Caffre				11 14th
Vera Cruz	2	12 4th	11 1th	11 12th
Circassian.				11 12th
New Hollander	5	12 4th	11 4th	11 11th
Bosjeman	2	11 8th	11	11 4th

A glance at the averages will show you extraordinary results if we could but depend on them; the whole races of men here enumerated may be classed first under those whose measurements run up to the figure 13.

	Inches.
Swiss	13 10-16
New Zealander	13 4th
Araucanian	13 2nd
Phillippine	13

2° Those crania which ascend in the scale to 12.

Javanese	12 14th
German	12 13th
Chinese	12 10th
Of Van Diemen's Land	12 8th
Scotch	12 7th
Seminole	12 7th

Even the Madagascar and the Negress rose to 12 inches.

3° Those who show the figures of 11 inches and upwards —

Parsee	11 15-16
Blackfoot Indian	11 12th
New Hollander	11 11th
Bosjeman	11 4th

These results require no comment; but still it excites my unmingled surprise that the world produces so few like Byron, seeing that there are millions of dark men who excel him in all the dimensions of the cranium, and especially in that quality of *height*, a quality presumed to be that on which the poetic genius more immediately depends. After all, was Byron a poet and a man of genius; a poetaster in a celebrated Northern magazine asserted in more critiques than one, that he was neither, and compared in an elaborate *critique* the Mazeppa of Byron to the no less immortal poem of John Gilpin; but Byron was alive at the period, and the poetaster wrote only for the day.

All comment on this table is unnecessary.

Absolute bulk of brain must, say some, always be, *cæteris paribus*, the measure of ability, and power, and genius, and of the strength of the intellectual character. Against this dogma, there lies the notorious fact that the activity of many glandular and secreting organs cannot be measured by their bulk or size; but as regards the brain they offer you the heads of Cromwell and Cuvier; odd conjunction, and of innumerable other "large headed men." The largest headed men of my own acquaintance have been town councillors and jobbers about public offices; men of energy no doubt; calculating men; unscrupulous; dishonest, but destitute of genius or elevated thoughts; a small-headed, vain man is usually selected as chairman. This class must, I think, also include all statesmen who are found competent to hold office, the least inkling of honesty of purpose being a total and absolute disqualification; those also who strive at and attain to offices of trust and profit by writing cleverly, singing a good song, &c.; and those who compile works ingeniously by a mosaic carpentering, skilfully adjusting the various parts; excluding the names of authors *not in office*; including the names of all friends, the amount of friendship being measured by the official status of the person addressed. But that absolute bulk of head is in any shape connected with high intellectual operation (unless the above mean arts be esteemed proofs of such) may, I think, be refuted by the following table, scanty though the materials be:—

Circumference above the Glabella.

Scotch, 7	21	.. 20 5th	.. 21 6-16ths
Irish, 11	22 8th	.. 19 8th	.. 21 2-16ths
Swiss 5	21 5th	.. 20	.. 20 15th
British Barbadian, 2	21 5th	.. 20 9th	.. 20 15th
German, 4	21 8th	.. 19 12th	.. 20 12th
Esquimaux, 5	22 2nd	.. 19 14th	.. 20 12th
Van Diemen's		..	.. 20 12th
New Zealander, 1		..	.. 20 8th
Ashantee, 1		..	.. 20 8th
Turk		..	.. 20 9-16ths
Mozambique, 2	21 8th	.. 19 4th	.. 20 6th
Druid, 5	20 12th	.. 20	.. 20 4th
Greek, 7	20 12th	.. 19 8th	.. 20 3rd
Chilian, 1	19 12th	.. 19 10th	.. 19 11th
Seminole, 2	20 6th	.. 19 12th	.. 20 1-16th
Phillippian		..	.. 19 19th
Sandwich Islander, 4	20 10th	.. 19	.. 19 14th
Black-Foot Indian, 2	20	.. 19 12th	.. 19 14th
Burmese, 2	20	.. 19	.. 19 10th
Parsee, 2	20	.. 19 4th	.. 19 10th
Chinese, 5.	20	.. 18 8th	.. 19 8th
Madagascar, 1			19 8th
Bosjeman, 2	19 10th	.. 19 2nd	.. 19 6th
Peruvian, 7	20 8th	.. 18 6th	.. 19 6th
Hindoo, Ceylonese, 6	20 12th	.. 17 10th	.. 19 5th
Albanian		..	.. 19 4-10ths
Vera Cruz, 3	19 12th	.. 18 12th	.. 19 2nd
New Hollander, 1	20 9th	.. 18	.. 19 1
Javanese, 1		..	.. 19
Flat-Head Indian, 2	19 2nd	.. 18 12th	.. 18 15th
Circassian, 1		..	.. 18 12th

The measurement given in this table is simply the circumference of the cranium, a little above the glabelle in front, and over the external occipital protuberance; it is, of course, the largest measurement of the cranium proper, and may be supposed connected with the bulk of that portion of the cerebral mass whose more intimate relation to cerebral action has seldom been disputed. The results may be subdivided into those crania which reach 21 and upwards; those which attain 20 inches and upwards in measurement; those which

attain 19 and upwards, and those which reach only 18 inches. Amongst those attaining 21 and upwards, we have merely the

Scotch.... 21 6-16ths
Irish 21 2-16ths

reminding us that the Scandinavian and his affiliated stock is a long-headed race.

Of those attaining to 20 inches and upwards, we have:—

The Swiss 20 15-16ths
The German........ 20 12th
T o Esquimaux 20 12th
The New Zealander 20 8th
The Greek 20 3rd

This I suppose will suffice, but I could give many more:—

The Native of Van Dieman's Land 20 12-16ths
The Seminole 20 1-10th
The Turk 20 8th

Amongst those attaining to 19 inches and upwards, we have:—

The Native of the Phillippines 19 14ths
The Chinese 19 8th
The Madagascar 19 8th
The Bosjeman 19 6th
The Peruvian 19 6th

Fine theory this, which places the builder of the ruined cities of America on a level with the naked, wandering, houseless, human baboon of Southern Africa:—

Hindoo 19 5th
New Hollander 19 1
Blackfoot Indian 19 14ths

Amongst those reaching in circumference of cranium proper, merely 18 inches and upwards, we have:—

The Flat Head Indians...... 18 15ths
The Circassian 18 12ths

One great source of error, however, in all these measurements must not be overlooked; we had no authentic means of separating the male from the female head; and, although generally, with but very few exceptions, the sex of the cranium may be determined on by an appeal to the position of the ear (during life), or of the meatus auditorius externus in the cranium, yet in the dark races especially, the precise sex cannot be so surely determined on. There can be no doubt that generally speaking, the *position* of the *ear* is the grand characteristic of sex; in the male, even in the mere infant, the larger part by far of the cranium is in front of the ear; in the female, the cranium is more nicely balanced, and the amount behind and before the ear are nearly equal. But every now and then we meet with a male head on female shoulders, and plenty of crania modelled as in women may be seen daily on the shoulders of robust, hard thinking, hard drinking men. Thus there is no absolute certainty when the cranium alone is examined, and I am willing, therefore, to give to the stickler for "bulk of head being the measure of genius," all the advantages he may seek from this palpable source of error.

A COURSE OF TWELVE LECTURES ON SKIN DISEASES

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine &c.

We shall commence with the exanthemata: this class contains the following orders:—

ROSEOLA Varieties. Æstiva, Infantilis

ERYTHEMA Varieties. Papulatum, Nodosum

RUBEOLA Varieties. Simplex, Nigra, Sine catarrho

SCARLATINA Varieties. Simplex, Anginosa, Maligna

URTICARIA Varieties.

ERYSIPELAS Varieties.

The first on the list is roseola or rose rash. This we find sometimes produced in summer by the sun's action on exposed parts of the body; whence the name, "roseola æstiva," or "autumnalis." We find it also frequently occurring in children owing to some derangement of the first passages, whence it is called R. Infantilis, and we as often find it arising as an idiopathic disease. This of itself is not of the slightest consequence as far as its treatment is concerned, but it is of importance for another reason, that you should be well acquainted with its appearance, because there are some important diseases, measles and scarlatina, with which you might be led to confound it, as the eruption of roseola very closely simulates those of the preceding affections. (Handing round some plates). Here you have an opportunity of perceiving the different phases of this rash; and you can, by the contrast strikingly displayed in these plates (one of rubeola and one of scarlatina) remark the difference which exists between roseola, measles and scarlatina. The skin in roseola is completely crimsoned over in these patches when it appears, and the portions of skin, the seats of the rash, do not present as much surface as you could lay a pin's head upon, which is not of a bright red hue; whereas both in measles and scarlatina, the skin in the interstices of the spots presents a natural appearance. Suppose a child brought to you with this affection, you might be puzzled at first to tell what it was, more particularly if it were that form of roseola where the eruption appears all over the body. But an attentive examination of the case will always enable you to decide correctly. In the first place we find that very young children, those in whom roseola oftenest appears, are not in general so soon attacked by measles or scarlatina, but on this you cannot place much reliance. In roseola we find an absence of the premonitory symptoms which usher in measles and scarlatina, neither do we find the peculiar form of efflorescence which accompanies measles, which we shall have to speak of hereafter. And lastly we have positive proof that the disease in question is neither scarlatina nor measles from the primary site of the eruption, which in roseola appears simultaneously over the body, while in the other two diseases, the face first becomes engaged, whence the efflorescence travels over the trunk and extremities. By paying attention to these points of distinction you run no risk of confounding this disease with either of the other two.

These are some symptoms which, occasionally accompanying the roseolous eruption, would lead you to infer that small pox was about to make its appearance. These are vomiting and pain of the loins. These latter symptoms, taken in conjunction with the appearance of the rash, would be very apt to puzzle one. If at any time you should be in doubt about such a case, suspend your judgment for twenty-four hours. This length of time will always enable you to arrive at a sure diagnosis. With regard to the roseola which precedes small-pock, I think that we should not call it by any such name. It is really and truly small-pock; these roseolous patches are nothing but congested clusters of cutaneous capillaries, which necessarily should exist ere the variolous pustules could be formed. And you will find these patches of so-called roseola subsequently becoming covered with pustules. In such a case as the last, the appearance of the peculiar protuberance of small-pock, in a few hours after the coming out of the eruption, will at once clear up the point.

Having thus discussed the points of distinction between roseola and those diseases with which it might be confounded, (its only essential points to be acquainted with,) we shall take up the next subject on the list—namely, "Erythema." Of this there are many varieties, of which there are but two, with which it will be necessary for me to take up your attention. One of these, "Erythema Papulatum" is an efflorescence attended with inflammation, which attacks the hands of grocers, bakers, &c. This erythematous efflorescence sometimes presents the incidental (not essential) complication of vesicles on th hands of those persons whom it attacks. The next variety is one which generally appears on the legs, and is called E. nodosum. This disease is most often met with in persons whose lower extremities are unprotected by warm clothing from atmospheric vicissitudes, and it is said to occur very frequently in persons whose constitutions have been broken down by intemperance and want. But I think that I have oftenest found this form of erythema in persons whose constitutions you could not say were actually broken down, but who nevertheless were in the habit of drinking to excess malt liquors, and whose digestive organs, from the wrong use of the above stimulant, were thrown into a state of chronic and acute inflammation. You will find such persons labouring under this form of erythema and complaining as follows: chilliness attendant upon its onset, and coming on every evening during the continuance of the disease; pains in the bones, and most particularly in the shin, or leg of the extremity affected. This naturally directs the patient's attention to the part, and on examination, he finds upon it, patches of an oval figure, and of a colour varying from a light red, to a deep purple or livid hue; these may appear along any part of the leg, but oftenest they are found running along the axis of the tibia. On passing your hand over these patches, you will find them bloated sensibly above the level of the skin, and presenting to the finger a distinct feel of fluctuation. So deceptive is this, that you might often be tempted to open them on the supposition that they contained purulent matter; but if you should act so rashly and unguardedly, you would find ample reason to regret it afterwards; for the incision made by your lancet, in place of healing kindly, would only increase the already existing mischief in a part so delicately covered by integument as the tibia; purulent matter would be formed in reality then, and you would have an ulcer to deal with, which you would find very difficult of cure, in a constitution so much deranged as that of those persons who are generally the subjects of this form of erythema. The oval elevated patches which the tibia presents in this disease, are caused by inflammation of the subcutaneous cellular tissues, which throw out a quantity of lymph mixed with fibrinous matter. This it is which causes the deceptive feel of fluctuation so likely to lead you into error. This disease might be mistaken for another, periostitis, when the grand object is to evacuate by a free incision the water, as soon as ever fluctuation can be felt. From this latter you will be able to distinguish it by the fugaceous character of the pains in the bones, and of the pain which the person feels in the part affected. These, he will tell you, are better one day, and worse on the next, here to day, and there to-morrow, there is no certain seat for the pain, and that it wanders at random over the limb. In periostitis, the abscess which forms, is invariably well defined and limited, while here these elevations are never well defined; they run to some distance, and blend insensibly with the adjoining skin, and cellular tissue; and these elevations feel just as full of fluid at their circumference, as they do in the very centre. By these means, you will be enabled to distinguish erythema from periostitis, the only disease with which it can be confounded, and from which mistake, were you to commit it, your patient would be liable to incur rather a serious injury. Now for the treatment. This consists in the application of stimulating lotions to the erythematous patches, for the purpose of causing absorption of the effused fluid, and of exciting healthy contractility in the debilitated capillary circulation. For this purpose I generally employ spt. camphoræ. The internal treatment consists in the first place in the administration of mild purgatives to clear out the alimentary canal. After this has been done, your next step should be the administration of bark in a state of effervescence, or in any other of the multifarious forms of giving it, which you may think best adapted to suit the exigencies of the case before you.

Measles come next after erythema. This is a disease which it is extremely important for you to be well acquainted with, as it frequently prevails as a highly dangerous epidemic. Of measles there are three varieties: R vulgaris, R nigra, and R sine catarrho. Common measles is divided into three stages—namely, the stage of incubation, that of premonition, and the fully formed. By the incubative or latent stage is meant the period of time which may elapse from the date of a person's exposure to the infection of measles until he actually sickens. From extensive and careful observation on this subject, which frequent opportunities of attendance on the disease have enabled me to make, I am led to think that this latent stage occupies, at

least, a period of 14 days. But, I do not confidently assert, that it is not longer than this period. I know that it never is shorter. From the experience which I have had in the study of this subject, I would be inclined to reckon 14 days as the general duration of this incubative stage, calculating as closely as possible from the time when the patient was first exposed to the source of infection. A knowledge of this fact will at once teach you the impropriety of giving a decided opinion, as to whether a child who has had measles, but who is in a house where others are ill of it, may not be about sickening, merely because a few days may have passed over since the child was first exposed to the infection, without its appearing. Make it then a general rule never to pronounce a decided opinion as to a child's freedom from the infection of measles, until a period of at least 14 days shall have elapsed since the child has been exposed to the source of infection: perhaps it would be prudent for you to be guarded in your opinion for even some days longer. The second or premonitory stage is ushered in by a sense of chilliness all over the body, which ends in rigors. These pass away more or less quickly, and are then succeeded by a state of reaction. Fever sets in. This is accompanied by coryza, running from the nose and eyes; pain across the frontal sinuses; to these is invariably added cough arising from an extension to the bronchi of the irritation existing in the nares and fauces: this extension of irritation producing in most instances the disease called broncho-pneumonia. In two or three days after, in addition to the already existing symptoms, others, the pathognomonic ones of the disease, make their appearance. These are stigmata, which appear on the face and neck of a bright red colour, and somewhat like flea bites, closely resembling them in fact; the only difference between them consists in the absence from the stigmata of measles of the central puncture so peculiar to the former. The first place in which these stigmata make their appearance is upon the back part of the pharynx, where they may be seen in most cases of the disease, fully 12 hours before they are visible on the face. They preserve, on the pharynx, the same irregularity which characterises their appearance on other parts of the body. These stigmata spread from the face and neck all over the trunk and extremities, and appear in semi-circular patches thus: (showing some plates descriptive of the appearance of measles) just as if you drew a number of semi-circular dotted lines all over the body, these lineated figures, crossing each other irregularly, while the skin in the interstices of these circles of stigmata presents its usual natural colour; this is the grand characteristic between measles and scarlatina, both of which closely resemble each other in the appearance of the eruption. The cough, which ushers in the attack of measles, is often of a peculiar character, possessing a ringing sound perfectly analogous to that of genuine croup. So striking is the likeness between them, that practitioners have often erred in making their diagnosis, and confounded the cough of measles with that of croup. It will be of the utmost importance to be able to distinguish both, and to tell with accuracy whether the cough you hear depends on croup or not. It will be important for you to tell, because the feelings of the mother, ever most acutely sensitive on the most trifling ailment of her child, will be materially relieved when she finds her apprehensions of croup were ill-founded. And for a more personal reason will it be important, because the parents of the child will naturally suppose you ignorant of the proper modes of treating the disease through its future stages, when you have made such an egregious blunder at the very outset. If you did make the mistake of treating this ringing cough for genuine croup, the error *might* not be one of any great importance: the only difference which it *might* make, would be, that the means of cure adopted need not have been so energetic. But the parents of the patient never look to this in cases where you may be in doubt as to the nature of the disease which you have to treat. An examination of the history of the case will always enable you to decide what it really is, whether measles or croup. In croup, you have this ringing sound preceded by fever of two or three days duration previous to its accession; while you very seldom have the coryza and watering from the nose and eyes which are such invariable accompaniments of measles. And if the eruption should be appearing in this latter at the time you are called in, you will have no difficulty in determining the nature of the disease, and in every case you will find this croupy cough of measles subsiding, as soon as ever the eruption appears. In genuine croup this ringing sound is never ameliorated at any stage of the disease; it continues to increase in intensity unless checked by the interference of art. In every case then where you hear this peculiar cough, conjoined with the other symptoms which I have mentioned, you should tell the parents, that croupy cough and breathing occasionally attend upon measles; all you will have to do in such a case, will be to treat the febrile symptoms "en masse," and wait until the day after developing the disease shall remove from the parent's mind all dread of croup. Modern improvements in the practice of physic have removed a great deal of the errors, which an acquiescence in popular opinion as to the treatment of this disease was sure to lead to. I allude to the popular plan of "forcing out the measles" as it is still called, by the administration at its onset of stimulating cordials, by keeping the patient wrapped up in warm bed-covering, and by keeping the room at a very high degree of temperature, and not allowing a breath of cool air to enter it; in fine by every means best calculated to excite and foster fever in the child. Modern improvements have done away with a great deal of this, but it still exists to some extent. It is generally remarked, that popular errors always take their rise from some point of doctrine originally based on experience and observation. It is so in the present instance; although the indiscriminate employment of heating and stimulating remedies cannot be too strongly deprecated, still there are cases of measles, where their employment becomes absolutely necessary. Unless such a plan of treatment is adopted, the child inevitably perishes. It becomes necessary with children of weakly delicate habits, who do not possess sufficient strength of constitution to oppose the primary onset or shock of the disease with vigour sufficient to produce subsequent reaction. This reaction does not take place; in other words the fever which should follow the stage of shock cannot set in, and the child is lost, sinks, in fact, through sheer debility. In many such cases we find convulsions occurring, owing to the congested state of the brain, which is induced by the vessels of that organ not possessing sufficient strength to unload themselves of the unusual quantity of blood which they contain. Here stimulants become just as necessary, and are given on the same grounds, as at the outset of some cases of typhus fever and pericarditis; where, unless we give them, the patients are sure to sink. In these cases, the application of dry heat externally, by means of warm flannel, coupled with some mild stimulant which shall determine gently to the surface, will be found highly useful. The sp. ammon. arom., in doses of a few minims, according to the age of the patient, is one of the best of this class of remedies; these means must be persevered in until the skin becomes warm—until the pulse rises; in a word, until the circulation gives proof of acting with increased vigour. The idea of the advantages resulting from that indiscriminate employment of the stimulating plan, namely, an increased and larger quantity of the eruption than would otherwise occur, is perfectly ridiculous. No advantage can be gained by this; and in the majority of instances we run the risk of inducing, perhaps, fatal mischief. We know, in small-pock, where no more than ten pustules appear all over the body, that the prophylacic effects of the disease are gained as fully as if the body were covered by them. In like manner here, the constitution is just as well guaranteed from any future recurrence of the disease by the appearance of a light eruption, as by one which would cover the whole body. Though we are not justified in forcing out the eruption of measles, still, when it does come out, we must take care that it is not repelled before its proper period, as such an occurrence would be sure to bring on a train of highly dangerous symptoms. In such a case, the employment of the warm-bath, joined with stimulating and diaphoretic medicines (those which are calculated to excite the cutaneous capillaries to increased vigour are to be preferred), will in most cases be successful in restoring the stigmata to the skin. It has been proposed to extend to the premonitory stage of measles, the treatment by cold affusion, which has been found so successful in a similar stage of scarlatina. But I am sure that this plan of treatment is highly injudicious, and I fully concur in the opinion of its ineligibility at this stage of measles, which has been tacitly pronounced upon it by the majority of well-informed practitioners, who have ceased to employ it. The advocates of the extension of the cold affusion to measles, seem to forget the very great disparity which exists between the membranes, the seats of disease in measles and scarlatina. In the latter it is the mucous membrane of the alimentary canal, which is affected, while in measles it is the lining membrane of the air passages. Cold, externally applied, we know to be productive of the most beneficial effects in the former class of disease, while in the latter, general opinion has pronounced it highly injurious, and as likely to lead to a severe aggravation of all the existing symptoms. This is the reason why cold should not be used either at the onset or progress of the disease of measles.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

We now proceed to paralysis, which is similar both in pathology and symptoms to that which constitutes apoplexy. Apoplexy is a sudden abolition of the sensorial functions, sensation and voluntary motion, and a partial abolition in many instances of the spinal function. Paralysis is an abolition or diminution of some part of these; sensation, for instance, alone, or motion alone, or sensation and motion of parts of the body, or sensation only, or motion only, in *one* part of the body; loss of voluntary power in some part or parts of the body, or loss of sensation and sensibility in some part or parts of the body. It appears in very different degrees. There are a few cases on record of general paralysis of nearly the whole face; yet without loss of consciousness. It seems difficult to understand how that can be: one indication that there is consciousness is voluntary motion, and you could not have that indication if it were complete. There was another case in which all sensation was abolished, except the action of one cheek, the motion of which was the sole means of communication between the individual and the external world; yet that sensitive patch was the means of indicating that the individual was conscious. By-and-bye, however, deglutition and respiration became affected, and death ensued. Generally, paralysis is much more partial than this. For instance, in *hemiplegia*, a longitudinal half of the body is paralysed, both in motion and sensation, or sometimes one alone. *Paraplegia* is paralysis of the lower half of the body; the transverse half, dividing the body horizontally; a loss both of sensation and motion. Another form of paralysis, more partial than these, is the loss of sensation and motion in one limb; and there is a still more partial form in which the parts supplied by one nerve are paralysed, as paralysis of the ischiatic nerve, or of the portia dura.

General paralysis may come on either as apoplexy does, by a stroke, or it may come on gradually, or what is called creeping paralysis, which may commence by the dropping of the eyelids—paralysis of the levator muscle in that part—or a toe, or a finger; or articulation becomes

indistinct, or some special sense, as sight, hearing, or the tongue becomes paralysed.

In hemiplegia, it is remarkable that the paralysis usually affects chiefly the extremities, more than the muscles of the head and face. Sometimes, as a consequence of apoplexy, when the patient recovers consciousness and the use of the brain, the sensorial powers, and sensation and volition, with regard to the body generally, he does not recover sensation and volition with regard to one part of the body, and hemiplegia is exhibited by the paralysis of the hand, the fore-arm, and the leg, the muscles of the neck and face being less affected; sometimes there is a drawing of the cheek and mouth on the paralysed side, so that when the patient attempts to open his mouth in mastication, the weakness of the paralysed side is apparent. If he attempt to blow with his mouth, the orbicularis gives way on the paralysed side more than on the healthy; and there is, more or less, a dropping of the eyelid, giving a sort of blank to that side of the face, a want of vigour, tone, and expression. This is not, however, the paralysis which most distorts the muscles of the face. The paralysis here produced is paralysis of the fifth nerve of the motor branch, but the expression which exhibits the most striking change in the countenance is that produced by paralysis of the *portio dura*. The tongue when protruded is commonly protruded towards the sound side, and the muscles of the extremities are affected more than other parts. This is a remarkable disease, obviously arising from the brain; it seems to take effect more on the distant parts of the lower and upper extremities, than on the parts supplied by nerves from the superior part of the spinal column. I believe the true cause of this is dependent on the destruction of the particular bundles of fibre which go to the lower extremities, the *optic thalami*, and the *corpora striata*. Now, I believe the true explanation of the effect produced by affections of the brain on the lower parts of the spinal nerves,really depends in a great measure on the irregularity that occurs in consequence of effusions and apoplectic clots in congestion, or effusions of serum causing pressure, and spread over a considerable surface. The permanent injury is not felt so much in the parts where the effusion lies, because there the matter causing the pressure is spread over a considerable surface, but it is felt in a diagonally opposite situation; and this, I believe, to be one cause why hemiplegia affects the muscles of the opposite side, whereas in many instances it has been observed to affect the same side as the injured part. If hemiplegia is not preceded by apoplexy it may begin gradually and creepingly, and the manner in which it becomes apparent is, that it is often preceded by quivering motions, and slight convulsions of the muscles; by a dragging of the leg, or numbness of the fingers. I have known pains complained of in the loins of the affected side, sensation and motion being exalted in many instances before they are abolished. This implies that excitement precedes the paralysis; and in creeping palsy the disease is more the effect of pressure, or cerebritis which is accompanied by ramolissement of the brain. This softening is found to be most commonly in the *optic thalami* and the *corpora striata*. Hemiplegia is therefore generally produced by disease within the head, not of the spinal marrow; although it affects the function of the spinal marrow, yet it is a disease affecting the fibres of the spinal marrow within the head. The diseases that affect the spinal marrow below the *foramen magnum occipitale*, usually are confined to one side. Anything producing pressure or irritation would be felt across the whole diameter of the spinal canal, and produce irritation or palsy below the injured part. Paraplegia is, probably, exclusively a spinal disease, and does not arise, in all probability, from disease of the brain, as is the case with hemiplegia. Paraplegia may be produced by the causes that produce apoplexy, congestion of the brain and the spinal cord, suddenly or gradually produced. Hæmorrhage occurring in the brain will be a cause of it, and, besides these causes of apoplexy in the brain, inflammation of the spinal cord may lead to paraplegia; cold, rheumatism, blows, and other causes may first of all be accompanied by symptoms of excitement of the functions of the spinal cord. Great pain is felt in the back, accompanied by tingling sensations along the course of the spinal nerves to the lower extremities. There is also the function of the spinal cord, the excito-motor power independent of the will, and it is remarkable how, in cases of disease of the spinal cord, this becomes excited when the voluntary excito-motor power is cut off. Suppose, for example, the whole length of the spinal cord, or the upper portion is depressed, either by a tumour or a clot of blood; the pressure cuts off the communication with the whole brain, but it does not impair the function of the spinal cord as an independent organ; it has its own excito-motor power, and is capable of being acted on by the incident nerves, and of being affected by the voluntary or involuntary muscles. Nay, more than this, when, owing to the sensorial parts being cut off, and the irritability of the muscles of the body not being exhausted by acts of volition, it becomes accumulated in these muscles, and the nervous power becomes accumulated in the spinal cord; and, therefore, in cases of clots causing paraplegia, there may be an exaltation of the true spinal function in these very parts; and the consequence is, nervous spasmodic twitches, convulsive motions, sometimes produced without any external cause. Under these circumstances the lower extremities may be beyond the influence of the will, or if you tickle them and irritate the nerves of the toe the patient is unconscious of it, though convulsive motion is produced, because the irritation is communicated to the central nervous organ, and the influence is transmitted back again —the reflex influence—to the posterior extremities, and convulsive actions are produced. The fæces from the alimentary canal, and the urine from the bladder, will excite these twitches and convulsions in paraplegiac limbs. This is one of the most remarkable phenomena of paraplegia; it is an epi-phenomenon superadded to paralysis, and which we could not explain without assuming an independent power of the spinal cord itself. When paraplegia is perfect there is an entire loss of power over the limbs, and when it goes beyond the degree I have mentioned before, it may not only press one part of the spinal column, and separate the spinal from the cerebral function, but it may injure the spinal function itself. Under these circumstances there is a loss of power over the organs beyond the influence of the will, the sphincters of the bladder and the rectum. No wonder, therefore, that in many diseases we find a complete destruction of these functions, though the spinal cord is often intact. Paraplegia may come on gradually; numbness, &c., gradually increasing until death. Where it affects the extremities it produces disease in the excretory organs, and the power of the sphincters by which the urine and the fœces is affected. The retention or irregular evacuation of these matters leads to various secondary diseases of an aggravated kind, and in paraplegia there is usually disease of the bladder and ultimately of the kidneys, which become diseased, probably, from the loss of power of the excreting apparatus; there is also flatulence and a tympanitic distension from the loss of power and tone of the peristaltic muscles. There is likewise in these extreme cases of disease, where not only the voluntary excito-motory function is destroyed, but in regard to the lower extremities, sensation also is destroyed, a tendency to slough. Sometimes it is possible to distinguish the seat of the chief disease in the spinal cord by pressure on the spinous processes of the vertebræ. Where there is excessive inflammation there is tenderness there, but this cannot be from the pressure on the spinal cord itself, but is merely from reflex sensation, from exhausted sensibility in the part. The plan of Hope of applying hot spinach answers in the same way, and the pain is complained of at a particular spot.

Can paraplegia ever result from failure of nervous power? The nervous power of the whole nervous centre is felt most in the lower extremities, because it is the most distant. Some cases seem rather to render the supposition not improbable. If the disease is high up in the back then there is paralysis of the intercostal muscles, and the respiration will be effected; that part of the inspiration which depends on the action of the intercostal muscles will be suspended, and the respiration is wholly diaphragmatic, and the patients are not only unable to breathe, but are unable to cough, owing to paralysis of every part of the body below the neck except the diaphragm, which is supplied by the phrenic nerve which has its origin high up in the spinal cord. The treatment of paralysis will very much depend on the causes. Where it arises after apoplexy the treatment will be the sequel to apoplexy; occasional cupping or blisters, or both, to the back of the neck, and sometimes setons or issues to produce counter-irritation. The same thing may be said with regard to the creeping palsy, but in many of these cases it is necessary to use depletion first, but not so freely as in the case of apoplexy,—until you see a change produced. Well then, when the symptoms of inflammation are subdued, and the patient remains hemiplegiac, there are various things to promote a return of the nervous power, not distinctly antiphlogistic. Strychnia has been applied with this view, because it has a stimulating influence on the spinal function, and it is of great use where the disease is in the spinal cord; tincture of cantharides I believe to be more useful than strychnia. It may be given in doses of from ten minims up to half a drachm. Henbane also materially promotes the return of the nervous influence. It has been given by Sir Henry Halford and Dr. Chambers. In paralysis, the treatment will very much depend on the origin of the disease. If it originates in inflammation, accompanied by occasional spasm or excitement, and increased sensibility and pain, and particularly, if there is any heat in the spinal column, or fever, then depletion by cupping about the neighbourhood of the affected part, or general blood-letting and the use of mercury and antimony, and other antiphlogistic stimulants are useful. These may be followed by blistering the spine, or counter-irritation applied along the course of the spine. The mercurial plan is decidedly useful. In these cases, too, where all the symptoms of inflammation are subdued, tincture of cantharides, and other stimulants, such as turpentine, in small doses, may be given, but not before the other remedies I have mentioned, because the bladder is apt to become inflamed. If there is any want of power of action in the bladder, and the urine is yet natural in appearance, and there are no symptoms of pain and tenderness, the tincture of cantharides often restores it. When the disease is old this is not to be withheld. Strychnia is useful in paraplegia, and the cases in which it appears to be chiefly useful, are those in which the muscles have lost their power in a great degree, but not entirely, and in paraplegia arising from connexion with rheumatic inflammation of the spinal cord, after the inflammation has been subdued by the measures I have mentioned, to which colchicum should be added, strychnia is decidedly useful in restoring the power of the muscles. This remedy should be given with very great caution; entirely in solution, and not in the solid form; the thirtieth part of a grain in nitric acid, gradually increasing it until some twitching of the muscles is produced. Partial paralysis may be produced by diseases in the nervous centre, but the more partial form of paralysis is more commonly produced by disease affecting the nerves, from tumours or some other causes, pressing on the nerves in some part of their course. The more partial paralysis arises from a local cause, and the same thing may be said where sensation is solely affected, or motion solely affected; however, motion alone, or sensation alone, may in a few cases be affected by disease within the spinal sheath or the cranial cavity. Cullen mentions a case in which one side of the body was affected with loss of feeling, whilst the other side was affected with loss of motion.

There is an irregularity I should mention in hemiplegia. Whenever you have partial paralysis, it is generally in the first instance, or in some part of its course, accompanied or preceded by some symptoms of irritation, and there are spasms

or pains connected with the nerve which is the seat of the paralysis; and the various circumstances which may produce this are congestion or inflammation of the nerve, and changes of structure following inflammation; such as softening, or a tumour pressing on the nerve; or tubercles in its course. All these different diseases are apt to cause irritation of the nerve, and, therefore, partial exaltation of the function before the nervous power is entirely abolished. The nervous function seems, sometimes, to be affected not merely by pressure, as from disease in the nervous trunks themselves, but by reflex influences from other parts. For example, the paralysis arising from dentition is partial; and there are many other cases of a similar kind in which the reflex irritations cause spasms, tetanus, and chorea; and they may be all said to be diseases of the nerves themselves. To-morrow we shall speak of some of the different forms of paralysis.

OBSERVATIONS ON VARIOUS DEBATABLE QUESTIONS ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.

By Dr. Clay, Piccadilly, Manchester.

No. II. Second Series.

(*Written expressly for the "Medical Times.*")

Subjects :—*Generally esteemed Natural Labours any thing but Natural—On the Secale Cornutum.—Manner of Exhibiting it—Its Action—Secondary Actions—Pelvic Pressure—Child's head—Use of the hair—The two Great Actions of the Uterus cannot exist in full energy at the same time—Pelvic Obstructions—Case—Observations on—Opiates, &c, &c.*

In my last observations, I concluded by stating that it was quite evident, that all that is required by the general definition of natural labour may be strictly accomplished, and yet the process *be anything but natural.* For instance, if from some cause the secondary longitudinal uterine fibres, from fundus to cervix, be put into action prematurely (that is before the primary or transverse fibres by their contraction have effected a sufficient dilatation of the os and cervix uteri) then the strict order of nature's rule is reversed, inasmuch as we have expulsive efforts before the parts concerned are prepared for them, whilst it is plain these expulsive efforts should commence *only*, subsequently to a sufficiency of dilatation. Scarcely any accoucheur of extensive practice but could furnish numbers of cases in reference to this point, in tedious labours, many of which are particularly characterised by premature expulsive efforts; now, it is impossible to class such labours as *natural ones*, the order of nature being directly reversed. This view of the subject shews in a strong light, the utter absurdity of exhibiting the secale cornutum at an improper season, *that is*, before a sufficient state of dilatation of the os and cervix uteri calls for it, when only it can be properly administered. This will be plainly understood when the real action of this valuable remedy is considered. It is only the too general application of it by inconsiderate persons, and the want of attention to the purity and freshness of the drug itself, that have brought the use of this remedy into unmerited neglect and disrepute; nothing can be more pernicious than the too general application of any drug (even the best in the Materia Medica), and its really good qualities are often hid amongst a host of evils arising from misapplication. In the application of the ergot, it is strictly necessary not to use any specimen that has been gathered more than *one year*, but it is generally found of all ages mixed together, *from the first to the fourth year.* The infusion is the only legitimate form for ensuring its good effects, and the rules for its application should be, when sufficient dilatation is effected, and there is a want or absence of expulsive contraction of the uterus; by these points, the ergot is a most safe and effective remedy. For further information on this drug I refer the reader to my papers in the *Medical Times* and *Lancet.* The action of the secale cornutum, however, is the particular object of our present enquiry; from long observation, I am convinced it has no influence on the primary, or transverse fibres of the uterus, but has a particular and direct influence over the secondary longitudinal or expulsive fibres; hence, the absurdity of exhibiting this remedy during the primary action of the transverse fibres, at least, until a sufficient degree of dilatation is effected; if it should be unfortunately exhibited before this period, it increases the exhaustion, and adds to the tedium of the labour, without any advancement of the process. The general law which produces the secondary contractions, is the more immediate pressure on the pelvic viscera, where those nerves are more freely distributed, which, when excited, produce the effects of expulsion. It must be obvious, the moment the dilatation is sufficiently advanced, the pelvic extremity of the uterus becomes more pointed by the slight descent of the membranes and head of the child, and it is this pointed character that facilitates its descent into the pelvic cavity, and enables it to stimulate the nerves, which produce the more direct efforts of expulsion. Up to this period of descent, and pressure on the pelvic viscera, the expulsive efforts have not had (or ought not to have had) any existence, that is, supposing the labour to have been strictly natural; but *from this* period the expulsive contractions continue along with the primary action, until the completion of all the circumstances connected with natural labour. And here I may observe, that there is, perhaps, another use for the hair of the fœtal head, beyond that of being a mere ornament for after-life, but a use, if I mistake not, which has not hitherto been noticed by obstetric writers; it is this: after the membranes are ruptured, the rougher surface of the child's head, coated with hair, stimulates more powerfully the nervous tissues of the pelvic viscera, and, consequently, adds to the energy of the efforts of expulsion. When the membranes are not ruptured, the surface presented to the pelvic pressure is of a much smoother character, and the irritation less, hence, it is always observed, how much stronger the efforts of expulsion are, after the membranes are ruptured from the cause above suggested. This leads to another very common occurrence, which all practitioners have often observed; if the membranes should happen to have been *ruptured prematurely* (this is, of course, before dilatation is sufficiently effected) there is an immediate commencement of expulsive efforts, *which, being premature*, is the foundation of a tedious process, but continually accompanied with strong bearing down efforts, adding to the exhaustion of the patient, without a proportionate advancement towards the completion of the process. The powerful stimulus of the child's bare head may be esteemed the origin of premature efforts of expulsion in very many cases of tedious labour. It would almost seem to be a law in nature, that the two actions of the uterus, that is, the primary transverse, and the secondary longitudinal, cannot exist together in their full energy at the same time; that the secondary is a natural sequence to the primary, and that whenever one action predominates, the other is on the decline, or so far weakened as not to progress in the work which it easily accomplishes when alone. There are many proofs of this in obstetric practice of which I shall avail myself in these papers. It may be urged, that if the views I have here put forward are founded on correct principles, *how does it happen* that (before the membranes are ruptured, or the head descends to form this pressure,) *the longitudinal fibres are sometimes in action*, and this often takes place in *what is termed natural labour* (though I contend such a state of affairs is anything but natural). What then is the cause of this secondary action taking the place of the primary? I have no doubt pressure is the exciting object, as the following case will, I think, satisfactorily show. Mrs. ——, of Ancoats, sent for me in great haste; I found her pains frequent, and strong, accompanied with powerful downward pressure; to all appearance, the case was likely to come to a termination forthwith; indeed, one of the attendants stated that I had only just arrived in time for the birth. On proceeding to make an examination, however, I found the os uteri scarcely any dilated, at most not more than the size of a sixpence, at the same time, thick, rigid, and unyielding, and the rectum loaded with hardened fæces. On enquiry, I learned that the bowels had not been moved for the three previous days. I ordered an emollient clyster, which had the effect of removing, almost immediately, a large mass of fæcal matter; this was no sooner done, than the pains altered in their character, the forcing, or bearing down, disappeared, whilst the transverse, or grinding pains, were substituted, but even these were not violent. I then gave two grains of solid opium in a pill, and waited some little time to watch its effects; in about an hours' time, all pains left her, and she began to sleep soundly; I then left her, hearing no further about the case until the third day after, when, about noon, her pains returned, but were directly the reverse of her former attack; they were now purely of the primary, or transverse character, and the dilatation of the os uteri going on favourably; about 4 o'clock, P.M., a full dilatation was effected, when the secondary action or bearing down commenced, which soon terminated the labour,—that is, in about five hours from the commencement at noon. This is but one case, of many, that have occurred to me, which I could easily give, but for the charge of being prolix. The points of consideration in this case are extremely plain. On my first visit the case *was*, in respect to the pains *unnatural*, that is, the longitudinal preceded the transverse, whilst the reverse ought to have been the order of strict natural labour. The longitudinal, therefore being prematurely excited, were mischievous. Then, as to the cause of excitement, not the slightest doubt exists on my mind, but that the pressure of the fæcal mass on the pelvic viscera, produced the reversed order of action in the uterine fibres. As a proof of this, I need only turn to the result of my first visit:—No sooner was the pressure removed, than those peculiar pains (the effect of pelvic pressure) were removed. The transverse only then existed, which also gave way to opium. The progress of the case was effectually stayed for three days; and, after that, when the efforts of nature were resumed, a strictly natural process occurred, and the case was happily concluded. I may observe also, particularly in this place, that in the exhibition of opiates, there is yet much to learn. Transverse pains are controllable by opium, whilst the longitudinal *are not*, or if so, to a very limited extent. I am convinced that attempts to give opium in the latter stages of labour are often futile—that is, when the longitudinal fibres are at work, and a full dilatation accomplished. On the contrary, I think opiates are too much disregarded in cases of exhaustion, where the transverse pains are premature or ineffective. There is another circumstance known to every practical accoucheur, which serves to illustrate this subject very forcibly, but which I shall reserve for my next article.

ON POISONING BY MERCURY,

By MM. Danger and Flandin.

(For the "Medical Times.")

Our former researches on metallic poisons having been so favourably received, we considered ourselves bound, not only to continue our enquiries, but likewise, as much as possible, to render them complete. We have already in several memoirs successively examined as poisons, arsenic, antimony, copper, lead,—in a word, all the fixed metals, and in order to complete the class of metallic poisons, mercury only remains to be studied. This substance will, therefore, form the subject of the following memoir.

It is hardly necessary to state, that among the metals, mercury is one of the most dangerous and powerful poisons which individuals actuated by criminal intentions can have recourse to, and comes immediately after, if not on a par with arsenic. One of its compounds, the bi-chloruret or corrosive sublimate, was long known under the name of *poudre de succession.* It was one of the poisons administered by La Brinvilliers, and was the most active among those discovered in the famous chest of Ste. Croix, when seized by Government. In 1613 it was through its means that the Count and Countess of Somerset made away

with Sir Thomas Overbury, while imprisoned in the Tower of London. The murderers tried no their victim the following substances in succession:—aqua fortis, arsenic, and powdered diamonds, lunar caustic, large spiders, and cantharides, and ultimately succeeded in their criminal design by giving corrosive sublimate in an enema; death took place in less than twenty-four hours after the administration of that substance.(1)

There is every reason to suppose that corrosive sublimate was known to the ancients, and prepared particularly by the woman who became infamous to posterity as the associate in the criminal acts of Nero, and who aided them with the poisons she prepared in the imperial palace. This substance, as well as numerous other mercurial preparations, are daily prescribed* as remedial agents, and may, in the hands of ignorant persons, be productive of serious symptoms, as is shewn by the facts recorded by Pibrac, Plenck, and Frederic Hoffmann, to which may be added several others that are not so well known. As an article of commerce and in manufactories, mercury, by means of its emanations, may prove fatal to miners, who prepare it, and to workmen who handle it without paying attention to proper hygienic rules. Under the threefold point of view of forensic medicine, therapeutics, and public hygiene, the study of this body and its compounds therefore presents considerable interest, and cannot but lead to useful applications. Without completely losing sight of the physiological and therapeutic questions, we have hitherto especially directed our researches to the examination of this substance with respect to legal medicine.

On this subject scientific works are not wanting. Opportunities of studying the therapeutic effects of mercurial compounds on man, followed by *post-mortem* examinations, have unfortunately occurred too frequently not to induce observers to make clinical medicine serve in the elucidation of facts appertaining to medical jurisprudence. Several ancient authors, Celsus especially, state that they have found mercury after death, in the metallic state either in the bones or in the soft parts.(2)

A German physiologist, Dr. Osterten, has published some experiments which tend to prove that when animals are poisoned by mercury introduced by friction with the unguentum hydrargyri fortius, the globules of that metal may, with the help of the microscope, be discovered in the parenchyma of various organs, in the blood contained in the vena portæ and vena cava inferior, and that it seemed to be present principally in the spleen, the liver, and the kidneys, and to be chiefly excreted by the two last.(3)

A member of the Academy of Sciences, Professor Dumeril, asserted long since that out of about two thousand bodies which he had dissected, or of which he had performed the autopsy, he had in eight or ten instances, found mercurial globules in the body.(4) To assertions so positive and so clearly indicated, a systematic incredulity has been opposed in the present day. But if, on the one side, Mayer and Marabilli were unable to find the metal in the principal solids or fluids of individuals who died during or after a mercurial course;(5) if Christison did not perceive it in the blood and viscera of rabbits poisoned by corrosive sublimate;(6) finally, if in 1826 Dr. Devergie obtained only negative results on analyzing the blood the saliva and the urine of patients, while they were undergoing the most active mercurial treatment at the Hopital du Midi, (7) still there is no reason why we should overlook the facts recorded by other observers, and especially why we should consider as valueless, analyses, the results of which are supported by the testimony of Zeller, Buchner, Schubert, Friedmann, Gmelin, and M. Cantu.(8) In physiology the exception is frequently very near the rule, and in the domain, to a certain degree unlimited, of clinical facts, it is impossible that one person should have seen every thing. To consider old observations as valueless, is not the way to enrich science; on the contrary, it is sometimes a means of impoverishing it.

To give to each his due, it must be confessed that the idea of the absorption of medicines and poisons does not belong to modern authors. It is as old as the healing art, and proofs are to be found, especially in Galen's works. Again, for those who are ignorant of this fact, and have called it in question, it may be added, that several *savans*, whose modesty prevented their proclaiming so loudly as we have done, their discoveries, (Wibmer, Lebkuchner, Gmelin, Tiedemann, Jourda Buchner, Schubert,) proved long ago, by chemical analyses, that copper, lead, mercury, iodine, &c., were absorbed and penetrated into the system, whence they were excreted by the kidneys. But modern observers may be proud of the direct application to forensic medicine, of the facts discovered long before by physiology. In this mode of profiting by useful discoveries, impartial history will assign to each what by right belongs to him, and certainly will not attribute to one individual what is the result of the researches of all, or at least of many.

As to the study of mercury considered as a poison, the only progress made by the moderns, is the discovery and use of Smithson's apparatus, which is composed of a thin plate of tin covered with a layer of gold, twisted into a spiral form, the former constituting the electro-negative, the latter the electro-positive element. When plunged into a solution containing mercury, decomposition takes place, and the mercury amalgamates with and whitens the gold. When this has been effected, it is sufficient to expose the apparatus to a sufficient degree of heat to volatilize the mercury, and obtain it in the shape of liquid characteristic globules.

When the authors gave the first description of this apparatus, it was thought to have removed all difficulties in researches for mercury in cases of legal medicine, as Marsh's apparatus did at a subsequent period for the discovery of arsenic. Curious coincidence—both came from England, and their use in France was very nearly becoming the source of the most serious errors. No one has forgotten that Marsh's apparatus indicated the presence of arsenic in the human body in its normal state; and on the first trials made with Smithson's apparatus, mercury was found where none existed, as the following fact will prove. An individual, desirous of having the exclusive sale of a remedy, proposed as a cure for syphilitic affections, a *rob*, which he affirmed to contain no mercury. Two chemists who were directed to analyse this substance, made use of Smithson's apparatus in their researches for mercury. Their astonishment, nay more, their triumph was great, when through its means, they thought they had unveiled the fraud of a quack, and consequently proclaimed publicly, that the pretended vegetable specific contained mercury. No doubts could be raised against the correctness of the analysis, the gold having been whitened. The inventor of the *rob* protested that the liquid contained no mercury nor any other metal, but in vain, he was not believed. Time, however, that great rectifier of human errors, demonstrated, that the gold had not been whitened by mercury, but by the tin proceeding from the electro-negative element of the pile itself. The precept was then given, not to be content with the change of colour of the gold, but to decide that mercury is present, only when globules of that metal can be obtained by heating the apparatus in a tube. The lesson ought never to be forgotten.

By the comparative examination of the various tests by which mercury could be detected, we became convinced that the galvanic or galvano-plastic power is the best. We were enabled, through its medium to discover mercury in solutions containing only one hundred thousandth part of that metal. We did not go beyond this, as it was the limit adopted in our preceding researches, and we are happy to be able to state that this metal, which not only is a very powerful poison, but likewise, in its various forms, a useful and frequently prescribed remedial agent, does not form an exception. It was not the galvanic apparatus invented by Smithson which we made use of in our researches; the principle on which it was constructed was alone retained. In toxicological researches, this instrument presented inconveniences which we sought to avoid. As has been already mentioned, the electro-negative element—the tin—could be dissolved in the liquid and whiten the gold, a fact, by which the expert might be led astray. Again, Smithson's pile is plunged entirely in the liquid about to be examined, and must remain there for a considerable length of time; and may not the tin be impure, since this metal cannot be so purified as the gold with which our experiments were exclusively performed?

The authors propose substituting the following apparatus for that invented by the English chemist. A vase, into which the liquid to be tested is poured, is placed on a stand of a peculiar mechanism, to which is fixed a species of funnel, ending in a very small tube, the opening of which is nearly capillary. This tube forms with the body of the funnel an angle of about 90 degrees. The vase, full of the doubtful liquid is inverted into the small funnel, and then, by means of a hinge in the stand, the apparatus may be so placed as to facilitate the escape of the liquid. In the evased part of the funnel, the electro-negative conductor of a pile formed of a single pair of Bunsen's couples, is placed; and in its aperture the electro-positive conductor is introduced. Both, at least in the portion which is in the liquid, must be of pure gold, and the extremities must be brought almost into contact with each other. The constant and unvaried pressure exercised by the vase (which performs the part of Mariotte's vase or an intermittent fountain) on the surface of the liquid, causes it to escape regularly drop by drop from the capillary tube. This may be increased or diminished *ad libitum*, by augmenting or decreasing the slope of the apparatus: but the authors recommend in ordinary cases so to regulate it that there may be an interval of about five seconds between each drop. The liquid thus obtained must be received in a small capsule. As soon as the pile is made to act, there is a more or less considerable disengagement of gas, indicating the intensity of the current, and the mercury contained in the solution is deposited on the gold of the electro-positive pole, and whitens it. Finally, in order to be certain that this colour is owing to the presence of mercury, the metal must be volatilized in a small tube by means of the lamp employed by enamellers.

Certain to be able to detect with this apparatus proportions of mercury as minute as it is given to chemistry to discover, the authors, to attain the end they had in view, sought to discover a method by which mercury could be separated from organic substances. A task surrounded by some

(1) Hume's History of England.—Romeyn Beck's Elements of Medical Jurisprudence, 6th edition, London, 1836, p. 766.

(2) Cœl. Celsus l.c., p. 43. Among the authors who have recorded similar facts, the following are principally quoted:—Antonius Gallus, Gabriel Fallopius, Antonius Musa, Brassavola, Fernel, Alexander Trajan, Petronius, Zwinger, Renodœus, Garner, Schenkius, Bonet, Picket, Fontanus, Rhodius, Hochstetter, A. Moulin, Honorius, Vunssens, Wolhouse, Mead, Fourcroy, Bruckman, Brodbelt, &c. Devergie, *Medecine Legale*, 2d edition, Paris, 1840, Vol. III. p. 384. Christison, a *Treatise on Poisons*, 3d edition, Edinburgh, 1836, p. 364.—On this subject, Plenck expresses himself thus: "Luctuossissima exempla mortis ab innunctione mercuriali inducta apud auctores præstant quandoque per innunctionem corpus ingressus in majores globulas ac in ossium cellulosis recessebus, nec non in aliis corporis partibus subnativâ formâ suâ reperitive.—Josephi Jacobi Plenck, Toxicologia seu doctrina de venenis et antidotis, editio secunda, Viennæ, 1801, p. 250.

(3) *Vide* Experimental researches on the existence of metallic mercury in the blood and other organs, by Dr. Osterten.—*Medical Times*, vol. x. p. 289.

(4) Devergie, *loc. cit.* vol. iii, p. 384.

(5) Christison, *loc. cit.* p. 366.—Devergie, *loc. cit.* p. 388.

(6) Devergie, *loc. cit.* vol. iii, p. 386.

(7) Devergie, *loc. cit.* vol. iii, p. 387.

(8) Christison and Devergie, *loc. cit.*

difficulty, for all the mercurial compounds and the metal itself are volatile at a low temperature. How could organic substances be destroyed without causing the poison sought after to be volatilized at the same time? Ought distillation to be employed? It is a slow and difficult operation and needs complicated apparatuses. Again, how could the animal matter be burnt without the mercury and its compounds disappearing? Toxicologists have, it is true, proposed several methods by which carbonization or combustion might be performed, but none have been sanctioned by experience, and in a practical view, no one has sufficient confidence in them to assert that through their means they could, in cases of poisoning, discover mercury with as much certainty as arsenic, copper, or any other metal: a result that ought to be attained.

The process of carbonization proposed by the authors, is now of general use in medico-legal experiments, and they sought to render it applicable to researches for mercury. Success attended their efforts, and that without being obliged to have recourse to distillation, an operation very difficult of performance in toxicological questions, which sometimes must be solved in a positive manner.

After numerous trials, the following is the method adopted by the authors. The animal matter is liquified at a temperature of about 21·°, by means of a third or one half of its weight of monohydrated sulphuric acid, in the usual way. This obtained, and it requires not more than an hour and a half or two hours, the capsule must be taken off the fire, and its contents allowed to cool a little. It must then be placed in a fire place, so as to permit the gases disengaged to escape up the chimney, and small fragments of saturated chloruret of lime must be thrown into the carbonized liquid, stirring it all the time with a glass spatula. In proportion as the liquid grows thicker and whiter, distilled water is added to favour the action of the chlorine, and this must be continued until the liquid to be filtered is perfectly or almost colourless. The quantity of chloruret of lime necessary to obtain this end is always nearly in a ratio with the quantity of sulphuric acid employed to liquify the animal matter. Thus for four ounces of liver, on account of the bile and the fat contained in that organ, two ounces of sulphuric acid and an equal quantity of chloruret of lime are requisite; seldom more. The matter thus whitened and brought to the consistence of chalk, must be moistened when cold with absolute alcohol, in order to be more certain of obtaining the mercurial compound; distilled water is next to be added, the liquid filtered, and the precipitate washed several times. If the liquid thus procured is too considerable, it must be concentrated by evaporation, and then submitted to the galvanic current in the apparatus above described. Experience has proved that the voltaic current facilitates the precipitation of the mercury on the gold wire, or at least that it shortens an operation, which otherwise would require a considerable time ere it could be accomplished.

The metal obtained on the electro-positive extremity of the conductor of the pile, the gold wire, in order to remove all fatty matter, must be washed with ether or boiling alcohol, and dried, ere it be placed in the tube in which the mercury is to be set free. This tube must likewise be carefully prepared so as to avoid the humidity which sometimes remains, and which will then tarnish the globule of mercury—sometimes extremely small—which is to be made visible.

This process has already undergone the test of experience, so as to enable the authors to judge of its value in cases of poisoning; it not being requisite to take more than about four ounces of the liver of an animal poisoned with corrosive sublimate, to obtain a quantity of mercurial globules easily appreciable. It will therefore in future, by following the method here recommended, be as easy to discover a crime committed with *la poudre de succession* or corrosive sublimate as with arsenious acid or any other metallic compound. In a second memoir, the various questions relating to the action of mercury its compounds, as remedial agents will be examined.

ON UTERINE AND OVARIAN DISEASE

By Dr. Lewins.

In my former communication, I did not intend to give any decided opinion, on the propriety or impropriety of *ovariotomy*, but to defend an old friend from an imputation which I knew to be erroneous—and to express *his* opinion—that of Sir Charles Bell—and that which I believe to be entertained in the northern metropolis, founded on the result of cases operated on in Scotland. For my own part, I can conceive ovarian disease that would render extirpation expedient, but during a professional life of 30 years, in extensive private practice—and, long connected with a medical charity, where many thousand patients are treated annually, no case of that description has come under my observation. When I reflect on the little constitutional derangement produced in Mrs. C—'s case, when the cervix uteri was amputated by Professor Simpson, on the statements made by Osiander and others, in reference to the subject under consideration, I am inclined to think that it may occasionally be justifiable to remove the entire organ,—*anceps remedium melius est nullo*—in a disease so dreadful as *scirrhus uteri*.

You are mistaken in supposing my son's paper, No. 147 of the *Edinburgh Medical and Surgical Journal*, to refer to a case, where *he* excised the uterus. He never did so—the paper alluded to is an interesting report of the history of a case, in which the cervix uteri had been amputated by Professor Simpson, as recorded in the previous number of the same periodical—and of the patient's accouchement, which occurred thirty eight weeks, exactly, from the day of the operation!

I had the pleasure of learning by a late letter from Professor Simpson, that the individual continues to enjoy good health. Five years have nearly elapsed since the excision of the cervix uteri. In the annals of medicine, as was remarked by Dr. Robert Lewins, there are few cases which afford more striking and gratifying proof of the triumph of our art over a disease, which, from its nature and seat had by British surgeons, been considered desperate—and beyond the reach of human aid.

It is extraordinary that whilst such able men as as Mr. Lizars and Dr. Clay have been directing their attention to ovarian disease with a degree of zeal creditable to them as practitioners of the healing art, and whilst both of them have extirpated ovaria with great dexterity, neither have, so far as I know, amputated the neck of the womb, an operation much oftener, I imagine, requisite. Ambrose Paré adverted to the possibility of performing it, and Lauvariol actually proposed it in 1780. Wrisberg, Schlessing, and Ruvel, in Germany, and Montaggia in Italy, have since recommended the operation referred to. But Osiander of Gottingen appears to have been the first who performed this operation. In 1817, soon after the promulgation of Osiander's success in this country, I, in consultation, proposed that the cervix uteri of a patient labouring under disease of that part should be amputated—a proposal, however, too bold for the Scottish surgery of that time. The individual died a premature and lingering death, some twelve months afterwards. Dupuytren, Recamier, Colombat de l'Isere, and Lisfranc, are the French surgeons, who have particularly distinguished themselves, as operators in this department.

The late distinguished Dr. Ingleby, of Birmingham, amputated the neck of the womb, in two cases. The disease in the one was cauliflower growth, accompanied by hæmorrhage, serous discharge, dropsy of the extremities and face—with general anæmia, and in the other a bleeding cancerous fungus. In the former case thoracic inflammation came on in a few days after the operation, of which the patient died,—in the latter the person, who was almost moribund prior to the operation, became apparently almost quite well, got actually fat, and remained in good health for a year. The disease then returned, chiefly in the vagina and bladder, in consequence of which she died. The fact of Dr. Ingleby's having performed the operation was not known to the profession when Dr. Simpson performed it, so that the same credit is due to him, as if he had actually been the first British practitioner who had done so—besides *his* case is the one, in the annals of our country, which establishes the important fact, that the neck of the womb may be amputated with much more facility than was imagined—and that restoration to health and vigour of the system, and what is more astonishing, of the peculiar functions of an organ so vitally important in the female economy as the uterus, may be the *immediate* effect.

I would take this opportunity of impressing on the minds of medical practitioners the importance of early and accurate examination by the speculum in all cases of suspicious vaginal disease.—Cases similar to that operated on by Dr. Simpson are, I suspect, frequently treated by the routine practitioner as simple menorrhagia, or leucorrhœa, until a disease is gaining ground, which, ere its true nature is ascertained, has passed the boundary when it is proper to attempt a cure by extirpating the morbid structure.

The case above referred to *had* been treated as one of menorrhagia, previously to my seeing her. On examination per vaginam, I at once detected the real nature of the malady. By my advice, the very erudite professor of midwifery in the University of Edinburgh was consulted, who instantly confirmed the opinion I had previously expressed, and with me urged the imperative necessity that existed for the immediate excision of the diseased part, to which the interesting patient submitted with affecting resignation, and the result happily was a speedy and complete restoration to health and vigour.

That a *remembrancer*, in regard to the employment of the speculum is not superogatory, may be inferred from the fact, that there are districts in England, and towns containing upwards of 10,000 inhabitants, where a speculum vaginæ is not to be found amongst the "implements of art," of any practitioner. When on this subject, permit one, through the medium of your publication, read, I believe, by a larger number of general practitioners than any other periodical of the present day, to record the following valuable remarks on the use of the speculum, by a physician second to none in Europe for profound knowledge of uterine disease. "In some instances," says Dr. Simpson, the Edinburgh Professor of Midwifery, "examination by the finger, may be sufficient, but in every doubtful case, the speculum should also be resorted to, if there is any affection of the vagina or cervix uteri. We have found it often confirming, and not unfrequently also changing and rectifying the opinion which the mere tactile examination had led us to adopt. In this country, great difficulties have been placed against the more general introduction of the speculum into practice in consequence of the disagreeable and revolting exposure of the person of the patient, which is usually considered necessary in its employment. We have latterly in our own practice endeavoured to obviate this very natural objection by teaching ourselves, to introduce and use the instrument, when the patient was placed on her left side in the position usually assumed in making a tactile examination," (as during parturition) "and with the nates near the edge of the bed. We strongly recommend our professional brethren to follow this plan, as by it, with attention to the management of the bed-clothes, we have found that the instrument can be perfectly employed with little, or indeed without any exposure of the body of the patient. The speculum is introduced easily without the assistance of light, and the mouth of it only requires to be afterwards uncovered, in order to enable us to examine the cervix uteri, and upper part of the vagina. We have made trials of many different forms of specula, and find for almost all purposes, that of Ricord by far the most manageable. In exposing the cervix uteri for the purpose of drawing blood from it by scarifications" (a most efficacious practice) "in cases of chronic congestion, and metritis, we have occasionally used a tubular speculum with advantage, but even in this case the doubled-bladed instrument is equally useful, and in some instances preferable."

Most cordially I add my testimony to a know-

ledge of the fact, that the speculum vaginæ may be employed without the least indelicate exposure of the patient; and that by its use light may literally be thrown on the cervix uteri, which is of the most essential importance in the treatment of the diseases to which it is obnoxious.

ON PARALYSIS, WITH LOSS OF SPEECH, &c.

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As an accurate knowledge of the injuries to which the head is subject, and the different treatment, is essentially* requisite for the surgeon, so is a thorough understanding of the diseases of the brain and its coverings, equally important to the practitioner in medicine. The following cases, proving certain results from ascertained causes, may be not altogether uninteresting, more especially, as we find "our knowledge is imperfect as to the probable situation of the cerebral lesion in cases of this description." Two of the subjoined cases came under my immediate observation, and in both I had the opportunity of a *post-mortem* examination. The third is extracted from the *Dublin Journal* for January, 1845, to which, with an interesting paper thereon, it was communicated by Dr. Steele. Although there was no *post-mortem* examination in Dr. Steele's case, the symptoms are so exactly identical with mine, that I think it impossible the similarity of all should be objected to.

Case 1.—Sarah Coppin, æt. 69, was attacked in 1842 with an apoplectic fit, the recovery from which, extended over a long period of time. It was attended with loss of speech and paralysis of the right side; the latter entirely disappeared, but the voluntary powers were ever weak afterwards, and the speech for some time following the attack was faulty; *i. e.* the *mind* apparently remained entire, as far as regarded the knowledge of external objects, but the power of applying their proper names was lost. In September, 1844, she was suddenly seized with a second attack, when I was called in, and found her right side again paralytic, accompanied with loss of speech. In a day or two they returned under the application of a few leeches to the back of the head, and the bowels acted upon by aromatic purges. The recovery left her rather weaker, yet exactly similar to the first attack, as far as I could ascertain. She had now a perfect command of utterance, but continually misrepresented her ideas; to wit, any hour of the day, on looking at the clock, she would call 14 or 16, or something as absurd; a door, a window, and so on. As a proof of her consciousness of being wrong, she would occasionally speak of her "distressing situation." She remained with little alteration, until the 5th of December, when a third and more violent attack, producing total paralysis, ended fatally in three days.

Post-mortem Examination.—Body emaciated, muscular system relaxed and flaccid.

Cranium.—The membranes of the brain presented nothing remarkable. On the surface of the brain, situated about the posterior of the middle third of the left hemisphere, corresponding to the posterior of the parietal fossa, was a blackish spot* of extravasated blood, as large as a sixpence, produced by exosmose, as no ruptured vessel could be discovered. At an inch, or an inch and a half from this farther backwards, was a dingy yellow substance,† of the size of a horse-bean, filling up an absorbed portion of brain. On cutting down the right hemisphere, a large coagulum of black blood ‡ was seen emanating from the striated body on that side.

Case 2.—Elizabeth Belchambers, æt. 81. Had enjoyed pretty good health until May, 1844, when she suddenly lost the use of her right side, with total loss of speech. Motion was never *entirely* recovered, but the power of speaking returned in a few hours, with the same inability, as in case 1, to apply proper names to certain objects, so much so, that the nurse "never thought her right afterwards." The general health continued remarkably good. Five months afterwards she had a second attack, from which time the speech was altogether lost. Motion in her right side was scarcely perceptible; she was perfectly aware of every object around her, and would mourn dreadfully, whenever I condoled with her on her lamentable state. The constitution began to break up in January last, and on the 9th February she died.

On examining the head, the dura mater was found very adherent to the cranium. The membranes were healthy. Two spots of dark brown blood,* the largest the size of a franc piece, occupied the anterior and posterior margin of a space on the brain, corresponding to the parietal fossa; the whole of this imaginary circle was smeared over with a lighter coloured blood.† The substance of the brain was firm, and presented no extravasation in the interior. No ruptured vessel could be found. The body was much emaciated.

Case 3.—On the 14th Nov., 1843, I was summoned to the bedside of a gentleman, aged 25, having a laborious situation in a government office, who, whilst there engaged in his usual duties was suddenly attacked with confusion of ideas and loss of the power of utterance. I had attended him, about a year previously for an apoplectic seizure which commenced with imperfect articulation and mental confusion. These were then however, transient symptoms, but paralysis of the right limbs soon followed, yet at the period of the present attack, their strength had completely returned. In the July preceding, his speech became again affected, and several symptoms premonitory of another seizure presented themselves, which after treatment disappeared without any injury, and he remained in perfect health up to the date of the last attack. I found him on that occasion affected with general stupidity and inability to utter an intelligible word. There was no paralysis; he swallowed easily, and appeared to suffer from nothing save a slight head-ache. Being unable to answer any question put to him, I procured writing materials, hoping that he might convey his ideas by their means, but after several attempts at writing, he was obliged to relinquish it as impracticable. In all particulars, however, he continued to improve up to the evening of the seventh day, when he appeared to have become considerably worse than he had been previously; drowsiness had gradually set in, and at the period of my visit he could scarcely be roused—his pulse too but 40 in the minute; the right limbs were much weaker than the left, the mouth was drawn to the left side, and the tongue when protruded tended towards the right. In consequence, however, of having employed the remedies usual in such cases, I was pleased to find on the following morning, that all immediately alarming symptoms had disappeared. The drowsiness had vanished, his intelligence had in part returned, and his pulse had rather quickened, but now his power of utterance was *nearly* extinguished, and the right limbs were almost completely paralysed.

In all respects however, he soon improved save in his power of speech, which, with the exception of an occasional word or short sentence was obliterated. His attempt at writing was equally faulty, and even to his name he could scarcely form a resemblance, unless it were first written him, and then he copied it but imperfectly. His powers of calculation were likewise lost, but the recollection of persons was entire, as also his memory of music, &c. Three weeks after the attack he was comparatively well in health, and although the faculty of speech was still nearly lost, he could get through a game of backgammon, and would occasionally apply proper names to things, and hum a tune.

These cases go far to prove—

1st.—That where a person suddenly becomes paralytic, losing for a short time voluntary motion of one side and power of speech, the former being in a day or two nearly restored, and the latter, as far as speech is concerned also, although the power of applying proper names to objects is lost; pressure on or in a small portion of the grey matter of the brain exists, and that that pressure occupies, for the most part, a situation corresponding to the fossa of the parietal bone.

2nd.—Where motion is partially restored, but the power of speech never regained, although the general health continues good, that the producing cause is the same, but the extravasation occupies a much greater circumference.

3rd.—That persons pre-disposed to this affection are generally those advanced in life, of an anœmic, lean, spare habit of body, produced either by over anxiety of mind, long continued watching, a sedentary calling in life, or any other occupation producing a debilitating effect upon the constitution.

It must be evident our first object in the treatment will be to recover the patient from the primary attack, and the means most likely to accomplish such an end, are those recommended in anœmic apoplexy, to which this species of disease must evidently belong. The recovery depends in a great degree upon the severity of the primary attack, and, supposing the patient to have overcome it, our attention may then be directed to the loss of speech. "Medical writers," says Dr. Steele, "have occasionally recorded examples of this affection; few of whom, however, have examined into their nature with sufficient care or philosophical accuracy. The majority of these writers have ascribed the loss of speech to a defect in memory, or, to use Dr. Osborne's words, to a 'forgetfulness of the art of using the vocal organs.'" Which cause soever it may be, the cause producing it remains, although in course of time it becomes altered in character, as is related in the first case; but, since we cannot by any means remove it, the measures recommended by Drs. Osborne and Steele can avail but little, *i. e.* teaching the alphabet anew by the patient repeating letters after you, as it must depend entirely upon the amount of extravasation whether speech is partially or altogether destroyed. Where the brain is very little implicated, habit appears to overcome the deficiency, and the power shortly following the attack of only uttering words, is capable of being extended into sentences. Our great aim should be, the prevention of a second attack by enjoining quietude for the patient, ordering mild aperients, and a generous diet.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, April 3d, 1845

On Accidental Retraction of the Limbs; (1) by Dr. Morel Lavallée, (continued.)—II. PATHOLOGY: 1º *Seat.* Notwithstanding the difference of their nature, the three species of muscular retraction manifest themselves chiefly at the extremities of the limbs, becoming less and less frequent as they affect parts situated nearer the trunk. They are most commonly met with in the hands and feet, or all three may be found united, as in the case of a patient of Dr. Vidal de Cassis. In these two parts, retraction of the fingers and toes, of the wrists and insteps, may be produced simultaneously by the muscles, by the aponeuroses, by sub-cutaneous bands, and by cicatrices; all these causes act with an equal degree of frequency, perhaps because the parts endowed with greater mobility and activity, are from their peripheric situation as well as by their ordinary functions exposed to the influence of external objects. Thus, to quote a single instance, if the palmar aponeurosis is forcibly compressed, when an instrument is held in the hand, it is equally acted on when that extremity touches an incandescent substance, or is extended, to press the rest of the body when a person falls into the fire. After the feet and hands, the next in frequency are the knees and elbows, the former especially, with respect to muscular and fibrous retractions, which originate in the diseases of the articulation. For

* The cause of the second attack.
† The cause of the first attack.
‡ The cause of death.

* The cause of 1st attack. † The cause of the 2nd attack.

(1) In the two preceding numbers, instead of "on accidental *contraction* of the limbs," read "on accidental *retraction* of the limbs."

the hip, the same circumstance, added to the frequency of inflammations of the pelvic organs and their connection with the articulation and its muscles, causes the retraction of this region to be more frequent than those of the shoulders. In these cases, it must be understood that cicatrices are not included. The retractions owing to the last mentioned causes, are situated almost always on the anterior surface of the limbs; for the upper extremity the same remark is applicable to those produced by the normal tissues, thus the fingers, the wrist, and the elbow are bent, and the arm is drawn forwards and inwards. In the lower extremity, on the contrary, in most cases, the retraction in the instep and knee takes place behind, the thigh alone being pulled forward by the normal or accidental tissues. As to lateral deviations, they are seldom met with, existing perhaps only internally or externally in the foot, (*pied-bot*,) in the hand (*main-bot*), and in the angular flexion of the knee especially inwardly. Here the three causes may act, though they are mostly produced by the muscles, and more so when the disease is situated in the foot. Syphilitic retraction seems almost exclusively to affect the flexor muscles of the elbow, a fact observed by Dr. Ricord.

2° *Pathology of the retracted tissues or organs by which retraction is produced*:—(*a*) *Muscles*. While studying the etiology of this disease, the various physiological and nutritive changes which take place in the muscular system, so as to cause organic shortening were examined; there remain to be examined those which manifest themselves when this morbid contraction has kept the parts more or less completely inactive, and which are discovered only by means of the scalpel. To the diminution in length is soon added that of size; the fleshy portion decreases more and more, so much so that the belly of the muscle disappears completely; thus in the *pied-equin*, the calf of the leg no longer exists, and the tissue which is of so bright a red colour in athletic persons diminishes gradually in intensity with the vigour of the constitution, until it reaches an extreme degree of debility, becomes pale, is infiltrated with fat or degenerates into a fatty, but never into a fibrous tissue. What led that distinguished observer, J. L. Petit, to mention so erroneous an opinion, was, as has been already stated, a superficial examination, and the limited knowledge practitioners had of pathological anatomy at that epoch. The excessive diminution of the fleshy part of the muscles, causes the fibrous parts to appear increased and more apparent, and encroaching on the red fibres, besides which these last being paler, present a greater resemblance to the former. This explains the origin of this evidently erroneous opinion, since no author of any importance has ever mentioned having witnessed this transformation, still such a result might be admitted, for is it not almost as physiological as the fatty degenerescence. It would be still more probable if the muscle was destined to present a passive resistance and act the part of a ligament, as in certain unreduced luxations, in which a false articulation has been formed. Here, when the retraction has reached its utmost limits, it has no effort to support, but merely to fill up a certain space, and is not fat, the substance chiefly employed in performing such an office? These are the changes which are produced by long standing and serious retractions; they are however less in recent and consecutive shortening.

(*b*) *Normal fibrous tissues*.—In the muscles the atrophy is complete, in the aponeuroses on the contrary, atrophy and hypertrophy exist at the same time, the former in length, the latter in size, as if the one increased at the expense of the other. The only lesions which have been attentively studied are those of the palmar aponeuroses; these are also the most frequent, and the following remarks consequently apply to the description of these lesions. But before doing so, in order to have an exact idea, and distinguish between what appertains and what is foreign to this membrane, it is indispensible to know its normal disposition, with respect to which there is a difference of opinion, although it has been examined by a great number of anatomists. The most important points in the description of this membrane, are the number of the fibrous bands, their texture and their insertions. According to M. Maslieurat Lagemard, who carefully and very frequently dissected it, the central portion is divided into seven distinct bands; three are cutaneous, and are inserted into the skin at the metacarpal extremities of the phalanges, and produce those soft elevations visible in the palm of the hand; the four others, also longitudinal, correspond to the four last fingers, and each, instead of bifurcating to encompass between its two divisions the tendons of the flexor muscles, present a sort of ribbon, somewhat thinner in the centre than at the sides. Now, and this is the most important point, where do these bands terminate? In the inferior transverse metacarpal ligament, according to Professor Blandin, and Dr. Malgaigne; Professor Cruveilhier states, that they descend to the anterior phalango-metacarpal ligament; Dupuytren, to the sides of the first phalanx; and M. Maslieurat, to the sheaths of the tendons of the flexor muscles with which they are continuous. If, on so simple a subject, such a diversity of opinions exist, may it not be concluded that the termination of these bands is either variable or vague, or without precise limits? Besides, Professor Gerdy has discovered at the base of each finger, in the thickness of the cutaneous folds, which form the commissures, semi-circular layers, which unite together the longitudinal bands, and cross each other like an X.

This is the normal condition, and the pathological will next be examined. In 1831, the author dissected with great care, a hand which was considerably retracted, and which presented the following lesions (2). The thumb was drawn into the space between the indicator and medius, by a retraction of the tissues surrounding the phalango-metacarpal articulation, produced by a fibrous band, extending from the middle of the outer edge of the palmar aponeurosis, and inserted into the outside of the base of the first phalanx, on which it extended; the articulation of the first and second phalanges was bent at right angles, owing to the presence of a very powerful fibrous band, which had two origins, the first from the inner edge of the central portion of the aponeurosis, the second from the capsule of the phalango-metacarpal articulation; it had, also, two terminations, the one from the internal edge of the base of the second phalanx of the finger, and the other on the inside of the second phalanx of the slightly retracted annularis; the second phalanx of the little finger was thus comprised between the two. On these fingers there was nothing corresponding to the normal bands. A different result was remarked on two hands dissected by M. Goyraud; in both, the palmar aponeurosis presented its normal condition, as well as its bands. The description of the left hand alone will here be transcribed, that of the right being too complicated to be understood without the help of a plate. "The medius and annularis of the left hand were retracted; the former was kept *in situ* by a single band which proceeded from the inferior portion of the anterior surface of the palmar aponeurosis, and terminated at the upper part of the external edge of the second phalanx, which presented, where this band was inserted, a tubercle similar to those observed on bones where tendons are inserted. These bands caused the retraction of the medius; the first, short and thick, arose from the external and posterior edge of the band of the annularis at about four lines from its lower insertion, proceeded backwards and outwards, and was inserted at the distance of about half an inch on the sheath of the tendons of the flexor muscles of the medius, opposite the superior extremity of the first phalanx, keeping the medius and annularis somewhat inclined towards each other. From the inferior edge of this band two others, long and thin, arose, and descending convergingly before the first phalanx of the medius, they were inserted into the same part of the sheath of the tendons of the flexor muscles at about the middle of the second phalanx. The upper band received superiorly, and towards the extremity of its internal edge a very thin band, which proceeded from the languet of the aponeurosis, inserted in the inner edge of the base of the first phalanx of the annularis, and which, in order to reach the transverse band, crossed those of the annularis, very obliquely from above downwards, and from within outwards. All the fibres of these bands were parallel; in the recent state were very resistant, and inextensile, and possessed the whiteness and the aspect of a ligament.(3)

These two cases may be considered as examples of the two principal varieties of retraction of the fingers produced by normal fibrous tissues. One consists of an hypertrophy and shortening of the bands of the palmar aponeurosis, whether inserted or not on a level with the division of the fingers. Their prolongation on the first and even on the second phalanx, does not authorize our attributing their existence to a pathological condition, or considering them as supernumerary bands added to the edges of the palmar aponeurosis; according to such an hypothesis, the ordinary fibrous bands ought to be met with. Might not the excentric displacement of the insertion be explained in the following manner? It may be concluded, especially if the termination indicated by M. Maslieurat be correct, the small band being inserted into the sheath and parallel to the phalanx, that the retraction once begun, the band is detached gradually from the sheath, as the finger is bent more and more, forms an acute, and tends by degrees to become a right angle. This takes place in the same way as the distance of a tendon of a flexor muscle, and the bone would increase, if the sheath was opened from above downwards, the finger being bent. The tension of the bands from the efforts that are made, facilitates also this displacement which is at the same time both mechanical and vital. It is however, with considerable reserve that the author submits these theoretical views to the judgment of the medical public.

The second species is established by M. Goyraud's anatomical preparation, and by a case observed by professor Gerdy on the living subject. Since the normal aponeurosis existed at the same time as the contracted bands, these were probably caused by a fully developed condition of the fibrous rudiments which constantly accompany the aponeurosis. But as Sanson justly remarked, one fact does not annul another, therefore the possibility of the fingers being retracted by cellular tissue, so condensed as to form bands, does not preclude that produced by hypertrophy complicated with shortening of the normal bands, with or without any change in their insertion. In this case; *i. e.*, the change in the insertions, it is easy to conceive that the *languets*, though apparently elongated, presents in reality a contrary disposition, being too short for the space nature destined them.

Paris, April 10th, 1844.

Fistula of the Urethra cured by the Autoplastic Method, by A. J. Jobert de Lamballe, D.M.P., M.A.M., &c.—This case which has terminated successfully, may be added to the numerous others in which the skilful surgeon of St. Louis has performed this operation. A. D. ætat 37, from Lille, hatter, entered the wards of Dr. Jobert de Lamballe, on the 1st November, 1843, on account of a fistula of the urethra, with which he had been affected four years previously. The disease came on after a retention of urine caused by fatigue, and which rendered catheterism necessary. The genital organs became all at once very much swollen, and highly inflamed; the urethra burst, and a fistula was established at the root of the penis, just before the scrotum. Four years after this, he came to Paris, entered a hospital and remained there two months without any operation having been attempted. On his return home, he contracted syphilis—chancres and buboes followed by a papular syphilitic erup-

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(2) The anatomical preparation was given by the author to Dr. Bouvier, in whose possession it now is.

(3) Bulletin de l'Acad. Royal de Medecine, vol. IIII. p. 491. The author in order to give an accurate idea of the disposition of the fibrous bands, presented to the members of the academy the two hands carefully dissected.

tion,—he therefore returned to Paris and was received at St. Louis, on the 1st November, 1843. The fistula, situated as already stated, was ten lines in length, and four lines in breadth. All the urine escaped through the opening, at which the mucous membrane of the urethra could be perceived; a sound passed in easily, the canal being free from stricture. An antisyphilitic treatment was prescribed, and twenty days after, urethroplasty was performed, the portion of skin being taken from the scrotum; it was however, unsuccessful, the threads having divided the skin two days after, and the flap separated. The operation was repeated and the flap was then taken from the integuments covering the left groin; four or five days after, the thread divided the skin, and the flap was again detached; as the union by the second intention likewise failed, it retracted and formed a small tubercle, which is still perceptible on the left side of the scrotum. But thanks to the mercurial course, the syphilitic eruption had completely disappeared, and about the end of March, 1844, a third operation was decided upon, and accomplished as follows:—the edges of the fistula were cut off in a slanting direction, so as to have a bleeding surface of about two lines in diameter; two incisions parallel to the axis of the penis were made on each side of the opening, and extended on the scrotum for about an inch and a half to two inches, so as to comprise between them acutaneous flap of about an inch to an inch and half in size. This flap completely dissected from below upwards, was placed over the fistula, its lower extremity being in contact with the upper part of the orifice, to whose circumference it was united by the interrupted suture: a middling sized sound was then introduced into the bladder, and gentle pressure was made on the flap so as to keep the parts in apposition. The symptoms of syphilis no longer existing, union was obtained in about five-sixths of the circumference of the fistula, a small opening alone remaining by which a probe could be introduced, and through which the urine flowed constantly. Dr. Jobert de Lamballe endeavoured to obliterate it by incising its edges, and uniting them by means of the twisted suture, attempts which proved altogether unsuccessful. In June, 1845, the fistulous opening still existed, an ordinary probe could easily be introduced, and when the patient made water, it flowed in a stream the size of a bristle. Attributing the non-adhesion of the edges of the wound to the existence in the system of the syphilitic virus, mercurials were again had recourse to, and at the commencement of February, its obliteration was re-attempted, and with complete success: the operation consisted in removing the surfaces of the edges of the fistula, and uniting them by two twisted sutures; the pins were left *in situ* for thirty days, and on their removal a *very* small opening alone remained, which by the progress of cicatrization and a few cauterizations with the azotate of silver, was entirely closed. 30th March.—The urine for the last week has ceased to flow through the fistula; the corpora cavernosa and the glans penis have assumed the normal size and form; the skin covering the penis presents the cicatrices of the flap with the circumference of the fistulous opening; the penis is in its natural position, and erection takes place easily.

On Accidental Retraction of the Limbs. By Dr. Morel Lavallée.—*Pathology* (continued). Having thus described the state of the fibrous tissues which bend the fingers and keep them motionless in this abnormal position, that of the sub-cutaneous bands which produce a contrary effect remains to be examined. The following case, recorded by Dr. Bouvier, who performed the *post-mortem* examination, will give a correct idea of this species of lesion. "A little girl, six years old, was received at the Children's Hospital in the wards of Dr. Baudelocque, presenting these symptoms: right hand forcibly extended; indicator so fixed that it could not be bent by the greatest effort of the patient; a thin, strong band extended from the base of this finger to the lower part of the fore-arm, passing under the carpal ligament, which formed a marked depression, *especially at the wrist*; the direction of this band, completely isolated from the surrounding parts, and the absence of a fibrous layer on the back of the hand, similar to the palmar aponeurosis, caused Dr. Bouvier and the persons present to conclude that it was perhaps produced by the tendon of the extensor muscle of the indicator. While undecided as to the mode of treatment, whether an apparatus should be applied so as to elongate the muscle supposed to be affected, or the tendon should be divided, the child then convalescent from rubeola, was seized with violent dysentery, and died on the fourth day after entering the hospital. On dissection the lesions discovered were: the hand presented the two varieties of retraction, the indicator being forcibly extended, and the medius permanently bent. The former, which alone had been remarked during life, was produced, as well as the latter, by a band developed in the fibrous envelope of the part. In fact, the fibrous band, which was mistaken for the tendon of the extensor of the index finger, was nothing more than a considerable hypertrophy of the aponeurosis of the fore-arm, and of the prolongation which it sends to the back of the hand. Firmly fixed to the radius, conjointly with the anti-brachial aponeurosis, of which it really was a portion, its sides were continuous with the superficial layers of the annular ligament of the carpus, and the thin aponeurosis which covers the back of the hand. On the first phalanx of the indicator, it was closely united with the tendons of the extensor muscles, but was separate every where else, proving that the division of this band by the sub-cutaneous method, as employed in the section of the tendo Achillis, would have been crowned wih success, and that the movements of the finger would have been restored, as the tendons were in no respect affected. But in such cases, how can the retraction be recognized from that produced by the muscles? The following sign may perhaps render this distinction easy; viz., the superficial position of the aponeurotic band at the wrist, because the tendons kept firmly fixed by the annular ligament of the carpus, cannot project so much when the disease is produced by muscular retraction. The fibrous band which acted on the medius was evidently a portion of the palmar, whose terminal bands were strengthened by fibres developed in the surrounding cellular tissue. A remarkable peculiarity likewise existed in the present instance; the tendons of two flexor muscles grew thinner and thinner on reaching the first phalanx, and ended in the fibrous tissue which covers this bone, and which, with the band proceeding from the palmar aponeurosis, forms the sheath of the tendon. Sub-cutaneous division, though it would permit the fingers to be straightened, still would not have restored its movements, as the two tendons would inevitably have been divided. Perhaps this circumstance which constitutes a counter-indication to the operation proposed and performed by Dupuytren, may be recognized during the life of the patient, inasmuch as the second phalanx cannot be bent, which may be done when the tendons retain their normal condition."(*)

There exists no anatomical description of the retraction of the plantar aponeurosis, but its normal disposition being the same as that of the palmar aponeurosis, in all probability its lesions are likewise to a certain extent, analogous. Science is likewise equally in the dark as to the state of the fibrous envelopes of the other regions of the body, for though several have been found to be contracted on the dead body, the modifications their texture has experienced, have never been accurately described. Finally, it may be remarked, that the retraction of the muscles and albuginous tissues complicate generally, if not always, each other, whether their development takes place simultaneously or successively.

The following case is a curious example of the participation of all these tissues in the production of this affection,—aponeurosis, muscles, and even the capsule of the articulation (one side of which is notably shortened), all are retracted. Dr. Richet, M.D., Surgeon to the *Bureau Central, Prosecteur* at the Faculty, who dissected the limb, described its lesions thus:—"On the body of a woman, 69 years old, I found a retraction of the right inferior extremity, which had bent to a considerable degree; the thigh on the pelvis, a rotation of the limb inwards, and adduction carried to such an extent that it crossed its fellow. At first sight, and on examining the parts superficially, I thought it was produced by a dislocation of the thigh upwards and outwards, but I sought in vain for the head of the femur in the fossa iliaca externa, besides which, on measuring the extremity I found it to be as long as its fellow. This led me to examine carefully a large band situated on the outer side of the hip, and extending from the anterior superior process of the spine of the ilium (to which it was united for about one and half inch to two inches), to the anterior portion of the trochanter major evidently below the spot where the tuberosity is united to the shaft of the bone. This band raised the skin considerably, whenever the limb was carried in abduction or extended, and still more so, if at the same time it was turned from within outwards. No other band could be felt under the integuments, however forced the position might be. I felt therefore convinced that the retraction of the limb was owing to the presence of this large aponeurotic band, belonging to the fascia lata, which receives in a fold of its posterior edge, several of the fibres of the gluteus maximus which are attached to it. This band is inserted superiorly to the anterior third of the external portion of the spine of the ilium, inferiorly to the femur, below the trochanter major, and anteriorly it is continuous with the fascia lata, which envelopes the anterior and internal portion of the pelvic extremity. I ascertained, by a careful dissection, in which Dr. Desprez assisted me, the correctness of what I advanced. Our opinions, however, differed slightly; I thought that the retraction was produced by this band alone, whilst Dr. D. considered it to be owing to the retraction of all the fibrous tissues of the anterior part of the thigh, and his opinion proved to be correct. To ascertain the precise state of the parts, I divided the band carefully, and I found it very dense and firm, and in its centre, about three lines in thickness, that is to say, at least five or six times greater than that of the opposite side. Its tissue was compact, and crossed each other in all directions, and seemed more highly developed than the albuginous tissue in its normal state; finally, and this *fact is important*, on examining it closely and attentively, one or two drops of a sero-sanguinolent liquid might be seen exuding from the cut surface, and a few minute vessels could be perceived in the thickness of the large fibrous cord. After its division, the inward rotary movement disappeared, but the flexion continued, showing that it was not the cause of the deformity of the limb. I therefore dissected carefully the subjacent parts, and I found the tendon of the psoas and iliacus stretched on the femur and os ilium like a bow-string. I thought that I had discovered the cause of the flexion, and, consequently, I divided the muscle, and detached it from above downwards; this done, the limb could be extended almost entirely, but as it still remained slightly bent, and drawn inwards, I sought to discover to what cause this could be attributed. The adductors next presented themselves, but they were not very firmly retracted, since the least efforts sufficed to overcome their resistance; finally, there remained only the fibrous envelope of the capsule of the articulation, and on examining it, I found all its anterior portion, and especially the anterior band which, from the internal and superior part of the acetabulum extends to the inferior and posterior portion of the base of the neck of the femur, was very much stretched when the limb was extended; I divided the capsule layer by layer with the greatest care, and ere it was opened, the limb could be completely extended. It was natural to endeavour to discover the primary cause of this retraction. I therefore sought for it in the muscles surrounding the articulation, but they presented the usual suppleness and normal firmness; there was nothing to show that they had been affected previously; they were only, as is generally the case in old

(*) Bulletin de l'Acad. Royal de Med. Vol. I. p. 422.

women, and as they were on the opposite side, somewhat softer. I next examined the bones, to see if they offered any lesion by which it could be explained, but they were all perfectly sound. It may be remarked that I examined all the vertebræ, the sacro-coxal articulations, &c. All that remained was the femoro-tibial articulation which might have been the seat of chronic coxalgia: this however could not be admitted, since the bones, cartilages, synovial membrane, in short all the constituent parts of the articulation were found to be quite healthy, and all the movements of the head of the femur in the acetabulum, could be performed without difficulty, so much so, that any one on seeing the articulation alone, would never have imagined that it had been in a state of semi-dislocation caused by the forced flexion owing to the retraction of the parts just described. I had preserved the psoas and its tendon, the capsule of the articulation and the fibrous band, in order to examine them after maceration, but unfortunately the vase in which I placed them was broken, and its contents by mistake thrown away."

"*Reflections.*—After having, as I have just stated, sought fruitlessly in the bones, in the articulations, in the muscles, in a word in all the tissues near the thigh, for a lesion which could have given rise as is frequently the case, to the tendinous retraction above described, I found myself under the necessity of seeking elsewhere the cause of this phenomenon. Now it is well known that fibrous tissues, whose vitality is not very great, are seldom the seat of diseases peculiar to them, and which are developed primitively in their substance; it is from this fact, founded on numerous *post-mortem* examinations that I concluded that white swelling *never* commenced in the ligaments or fibrous capsules which are affected consecutively. Must it therefore be supposed that I mean that the fibrous tissues may not be attacked with diseases presenting pathognomonic phenomena? Doubtlessly not; all that I mean to say is, that as they are not very vascular, and are of very obscure vitality, are acted upon very slowly, and receive no nerves of their own, their diseases must differ widely from those which attack parts rich in vessels and nerves, and whose irritability is considerable. But the *essence* of these diseases is far from being well known, and the retraction and hypertrophy with thickening of the albuginous tissue, appears to me to be two of the most constant modes by which the morbific causes manifest themselves. Applying therefore this method of reasoning to the present case, I think that the retraction with which the fibrous tissues and the fascia lata, the orbicular capsule and the tendon of the psoas and iliacus, were affected, was the result of a disease peculiar to the fibrous tissues, as yet but little known, of whose nature we are ignorant, especially as it was impossible in the present instance to obtain any information as to the mode in which it had developed itself. I know it might be said with Professor Gerdy that inflammation of the albuginous tissue had existed, but in this hypothesis it is necessary to prove—first, that they had been really inflamed, which does not seem possible, if we give to the term inflammation the signification usually attached to it—secondly, it is necessary to discover and shew the mode in which the cause acted; by whose influence all the fibrous tissues situated at the antero-internal part of the thigh were inflamed without the surrounding soft parts (which are so vascular) participating in the inflammation; and in admitting this opinion, we are obliged to confess that it is a phlegmasia of a peculiar nature, in no respects similar to those which affect the other tissues of the economy."

A few remarks may be made on the reflections with which the author terminates this interesting case. He refuses to admit the action of an inflammatory cause, as he does not think it possible that all the fibrous tissues of the antero-internal part of the thigh could be affected without the very vascular surrounding tissues being likewise attacked. But could not the latter have been the seat of phlegmasia, which terminating by resolution, had left no traces whatever of its existence? To admit the influence of a phlegmasial cause, is it necessary that it should have acted upon *all* the fibrous tissues situated in the groin? Might it not have been limited to the hypertrophied aponeurosis, under whose influence retraction had taken place? And in this supposition, ought not the sides of the capsule of the articulations and the shortened muscles diminish in length by the molecular action of nutrition, so as to accommodate themselves to the space they were then destined to fill? Finally, whether it be that the aponeurosis was affected by the variety of inflammation described by Professor Gerdy—(and the vascularity of the band favours this supposition)—or was a simple *cryptogamous* hypertrophy, as sometimes seen in the palmar aponeurosis, it is the fibrous band which seems to have been alone a primary seat, and the active cause of the retraction. It drew and kept the thigh bent. As to the other tissues, the retraction was passive, and consecutive in the same way as the muscles of the hand after the retraction of the palmar aponeurosis, &c. The principal lesion presented by the muscles and capsule, was a shortening—whereas the aponeurosis offered all the signs of a highly developed active retraction. Finally this observation may be classed under the same head as many others published in this memoir.

The skin although, when quite sound, it may, after the division of the fibrous bands or tendons, recover its normal length (Dupuytren, Goyraud), yet in others, it may have an active part in the retraction, and present an inodular aspect without previous suppuration. The author witnessed a curious example of the shortening of the integuments so accurately described by Dr. Malgaigne.—It was a retraction of the fingers. The skin had so shrunk, and adhered so closely to the palmar aponeurosis, that it was with the greatest difficulty that the tenatome could be passed between the two. The retraction of the ligaments must not be omitted, as this lesion has been demonstrated by *post mortem* examinations and by surgical operations. It has frequently happened that after having divided all the retracted tendons of the ham, the surgeon is obliged, in order to straighten the limb, to cut the lateral ligaments. The retraction of these fibrous bands is, without a doubt, in general consecutive; but situated, as they are, in the direction of flexion in ginglymi, they may, when shortened, contribute to produce this affection. The same remarks are applicable to the sides of the capsule—to the tendons and their sheaths. However, until pathological anatomy has cleared up all doubts on this subject, we can have but an imperfect idea of this lesion, and the author expressed his regret that such was the case, before Dr. Richet's case came to the support of his opinion.

GARLAND DE BEAUMONT, D.M.P.L., & S., &c.
Honorary Physician to the Spanish Embassy.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

On the effect of uva ursi in ischuria.—A man eighty-one years of age, affected with enlargement of the prostate gland, and who, in consequence of irregular living, had been often attacked by ischuria, was again seized by this complaint in the middle of May. A surgeon who had been called in to catheterize him, in attempting the operation, forced a false passage through the walls of the urethra, and gave rise to exceedingly serious hemorrhage. When the writer of this paper was consulted, he found the patient in a state of low inflammation; the abdomen was tender and very painful, and sickness at the stomach. In such a state of things no catheter could be introduced. The patient was bled and put into a warm bath; clysters, fomentations, etc., remained without producing any beneficial effect, so that the writer had no resource, but to puncture the bladder above the symphysis pubis, by which means a great quantity of urine was discharged, and the patient relieved. On the second day symptoms of subacute peritonitis made their appearance, which induced the author to remove the canula. Under the use of appropriate remedies these were soon removed. The catheter could now be passed into the bladder, so that there was not occasion for the use of the trocar any longer. By cauterization with nitrate of silver, the wound over the ossa pubis was closed within a month, but the bladder still refused to expel the urine, although lukewarm water had been injected into that organ, and the patient himself subjected to the influence of ergot of rye and Jesuit's bark. As a last resource, the writer prescribed for him a mixture of uva ursi as follows:—

Px. Fol. uvæ ursi, ʒj.
℞. Aq. Fervent, q. s. ut colentur, ℥iv.
Adde—
Ext. Cardui Benedicti, ʒj.
Liq. Ammon. anis, ʒj.
Tr. Rhei aquosæ, ʒvij. M.

Two days after commencing this mixture his urine flowed, and still continues to flow, *per urethram*, without any artificial aid.—*Ritter of Rottenburg, in Heidelberg Annalen.*

On the use of vin. sem. colchic. opiatum against rheumatism.—The author sets out by giving to Eisenmann the merit of discovering that combination with opium increases the power of colchicum. The writer has ordered Eisenmann's *vinum colchici opiatum* for persons of different ages and sex; he has prescribed it even during menstruation and pregnancy, and never found any injury to arise from it. Its use, however, is improper in violent feverish excitement until the irritation be subdued; also in affections of the respiratory or abdominal organs. Dr. Hauff professes to have produced the most astonishing results with this remedy, particularly in the treatment of the rheumatic tooth-ache of the female sex, whether the gums were affected or not. He also used it with great success against rheumatic headache, quinsy, lumbago, acute articular rheumatism; but it seems to have wrought no good effect in his hands in chronic rheumatism. This, however, he found to yield soon to quinine. The Dr. contradicts the assertion of Eisenmann, that this remedy ceases to display any anti-rheumatic effect as soon as it has caused diarrhea, and asserts that it has never proved so successful in his hands as when it produced either an abundant diuresis or profuse serous diarrhea. This drug sometimes induces vomiting, vertigo, and dimness of sight. Its usual dose for adults and sensitive females, is 15 drops three times a day; for grown men, five and twenty drops thrice daily.—*Dr. Hauff of Kirchheim, in Wurtemb. Corresp. blatt.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN SCIENCE.

(The following are the only articles of interest in the last number but one of the *Lancet*.)

ANEURISMAL TUMOUR OF BONE.—Mr. Topham mentions the case of a young man, who had an enlargement occupying the situation of the internal condyle of the right femur, which presented a hard resisting surface to the hand, except at one part which was less resistant, and was the only place where pain was felt on pressure. As a distinct pulsation was perceptible, synchronous with each beat of the femoral artery, which was arrested by compression of that vessel, while, at the same time, the tumour diminished somewhat in size, M. Nelaton, under whose care the patient was, determined to tie the femoral artery, which he did in the middle portion of its course, with the effect of causing the immediate, but temporary cessation of pulsation in the morbid structure. It returned, however, in the course of a week, and the operation was consequently unsuccessful.

TIC-DOULOUREUX.—Mr. M'Veagh has narrated several cases of severe face-ache, apparently dependant on derangement of the chylopoietic viscera, which were cured by remedies tending to remove their cause. He has termed them instances of tic-douloureux, but, in our opinion, erroneously. A case of the genuine disease does not seem to have fallen under his notice, and he has consequently been led to confound with it diseases presenting some points only of similarity.

REFLEX ACTION.—Mr. Barlow mentions a case of paralysis from spinal disease, in which, although the lower extremities were utterly powerless, the

application of stimuli induced powerful contraction of their muscles, over which volition had no power.

Laryngismus stridulus.—Mr. Meade attended a case of laryngismus stridulus, occurring in an infant, after chicken-pock, with disorder of the primæ viæ, in which a cure was effected by means of purgatives, and the exhibition of chalybeates. The effect of purgatives was most marked; when the bowels were freely opened, the spasmodic attacks were always milder, and if their use were intermitted for a day, and the bowels were not relieved, the fits of suffocation were much more severe. Another case, occurring in the same family, in which the bowels were naturally much relaxed, terminated fatally very suddenly. The body was examined after death, but there was not found in the chest nor abdomen sufficient cause to account for the fatal termination. The head was not examined, the parents objecting thereto. Mr. Meade observes, that the disease with which spasm of the glottis (laryngismus stridulus) has been chiefly confounded, is spasmodic laryngitis, or spasmodic croup, as it is commonly called. The two diseases principally differ in the following points:—1st, spasm of the glottis is almost exclusively met with in young infants, from the time of birth up to twelve or eighteen months of age: spasmodic croup, on the contrary, is extremely rare in infants under a twelvemonth old. 2ndly, In spasm of the glottis there is neither coryza nor any febrile disturbance, while spasmodic laryngitis is always preceded and accompanied by some catarrhal symptoms and slight feverishness. 3rdly, The first attack of spasm of the glottis may come on either in the night or day, and a child has been known to have more than twenty fits in the course of the same day; spasmodic croup, however, always attacks for the first time at night, and the child will never have more than five or six paroxysms of difficult breathing during the whole attack. 4thly, In spasm of the glottis there is no cough, and during each fit there are seldom more than one or two stridulous inspirations; while in spasmodic croup there is always a hoarse cough, and the difficult and noisy breathing continues for some time. 5thly, In spasm of the glottis, convulsions generally come on after the disease has continued for some time, and also carpo-pedal contractions. Convulsions are very rare, on the contrary, in spasmodic croup, and the contractions of the limbs have never (as far as Mr. Meade knows) been observed. 6thly, Spasm of the glottis is almost always a chronic disease, while spasmodic croup is essentially acute. Spasm of the glottis is an occasional symptom of chronic hydrocephalus, and when it occurs, renders the prognosis unfavorable. It is considered to consist essentially in a narrowing or a complete closure of the rima glottidis, produced either by true spasm of the muscles closing the glottis, or by paralysis of those whose office it is to open it. It is essentially a nervous affection, arising from various sources of irritation, either direct or reflected, such as scrofulous enlargement of the bronchial and cervical glands; hypertrophy of the thymus gland; irritation of the gums from teething; disorders of the alimentary canal, cerebral disease, &c. With respect to the treatment, it must be adapted to meet the nature of the exciting cause. As the disease generally occurs in delicate and scrofulous infants, the chief indication must be to strengthen the general health, and to remove any evident causes of irritation. If the child be much under a year old, and has been weaned, a wet-nurse should be immediately procured. Should the mother be delicate, and be suckling her child, a strong healthy nurse should be obtained in her place. If evident signs of scrofula be present, and the locality be damp and cold, change of air to a more salubrious situation should be recommended. Besides these general rules, all apparent sources of irritation, whether in the alimentary canal, gums, or head, should, if possible, be removed by appropriate remedies.

Dislocations and fractures.—Under this title, Mr. Gurney describes several cases which have occurred to him in practice. The first is one which he describes as dislocation of the thigh downwards, the man being able to walk about after the accident, but lamely, and in pain. The affected limb was more than an inch longer than the other; the toe was slightly everted, and could be turned in or out readily, but the latter more so than the opposite foot; there was great swelling of the buttock, and considerable effusion over the trochanter major. When sitting, the left knee projected considerably, and flexion on the pelvis beyond the sitting posture caused great pain, and could not be borne, while the other knee could be approximated to the mouth easily. When standing on the injured limb, the opposite heel could not be brought to touch the ground by more than an inch, and when standing on the sound limb, the injured one was bent at the knee. The trochanter major was at more than an inch greater distance from the crista of the ilium, and projecting more both forwards and laterally, than on the sound side; and Mr. Gurney thought he could feel the head of the bone by pressing behind the trochanter, and a little above it, doing which gave the patient violent pain. As when the patient was sitting with the knees approximated, the injured limb was considerably longer than the other, Mr. Gurney was of opinion, that the head of the bone must have been dislocated immediately under the acetabulum, and in flexion of the thigh, inclined forwards, and not behind it. A difference of opinion existed in this case, with respect to there being a dislocation; nevertheless, attempts at reduction were made, and were apparently successful. Both limbs were afterwards of the same length, and the man was able to go up stairs, with the injured limb foremost, which previously he could not do.—Another case of dislocation, behind and below the acetabulum, is mentioned by Mr. Gurney, in which a similar difference of opinion existed, as to the nature of the accident, and in which the employment of the usual efforts at reduction were crowned with success. Three cases of dislocation of the clavicle under the sternum are next mentioned. These accidents arose from the patients being thrown in wrestling on the back part of the shoulder; the symptoms were difficult respiration, and violent pain in the part, with depression of the sternal end of the clavicle, and in the sternum. The reduction was effected by depressing the sternal end with the thumb, while the fingers introduced beneath the clavicle were pulling it outwards, and elevating it, the shoulder being kept back, at the same time, with the other hand. Reduction was easily accomplished in all three cases, and in a few days the men were able to work. (We confess ourselves unable from Mr. Gurney's description, to comprehend either the nature of the accident, or the mode of reduction.) Mr. Gurney treats fracture of the clavicle in the following manner:—he elevates the shoulder of the affected side, by putting the hand under the elbow; he then takes a handkerchief doubled, and passes it under the elbow, tying it over the opposite shoulder as tightly as possible; he also applies an adhesive plaster, on a dossil of lint, over the fracture, suspending the hand by another handkerchief around the neck. The clavicle is in apposition as soon as the shoulder is elevated, and the handkerchief is kept from slipping, either before or behind the elbow, by stitching it through in both places. This is to be worn for three weeks, and replaced occasionally; the only thing complained of is the pressure on the opposite shoulder, which may require a little soft wadding under the handkerchief.

The operation of version.—Mr. Dalton narrates a case of arm presentation with the shoulder in the perinæum, and the spine towards the abdomen, in which, from the impossibility of controlling the uterine contractions, and consequently from not being able to introduce the hand, he was necessitated to adopt a medium plan, and convert the case into a breech presentation. He passed the index and middle fingers of the right hand to the occipital protuberance of the child, and found he could raise the head upwards and towards the left iliac fossa, in which position he succeeded in maintaining it during a pain, the subsidence of which gave him an opportunity to introduce the index finger of the left hand, which, resting against the lower cervical or upper dorsal vertebræ, served to prevent the child receding, as well as to form a kind of fulcrum, by which the evolution of the child was further facilitated. He then pushed the head of the child still higher with the fingers of the right hand, whilst, with that of the left, he afforded firm support to the trunk during the pains, and during the remission he passed successive portions of the spinal column towards the left ilium of the mother, whose position, on the left side favoured the operation, by aiding the descent of the child by its own gravity to the left ilium, until the breech presented, which was immediately followed by uterine contractions, and the expulsion of the child. The placenta speedily followed, and the woman recovered without a bad symptom.

Induction of premature labour.—Mr. Greenhalgh detailed, at a meeting of the Westminster Medical Society, the case of a lady upon whom premature labour was several times induced, in consequence of ovarian disease. On the two last instances, the child born at the seventh month survived.

Ligature as a means of cure in fistula ani.—Mr. Barton, in a communication as to the relative value of the ligature and the knife in the treatment of fistula in ano, briefly mentions his own case, and says, he was subjected to the application of the ligature on two occasions, his sufferings being very severe, great irritation being set up, and additional sinuses formed. He was afterwards cut, and finally obtained a cure, with comparatively little pain.

Hydatids of the liver.—An intemperate man, thirty-two years of age, was admitted into the Birmingham Hospital with enlargement of the liver, which descended as low as the crest of the ilium of the right side, bulged the ribs very considerably behind, and was very prominent in the right hypochondrium; in the middle line, it did not descend below the umbilicus; there was also an obscure sense of fluctuation, and a dull continued pain. The countenance was expressive of great anxiety, and there was considerable emaciation, and other indications of ill-health. The man died after being in the hospital about six weeks, having previously suffered from hepatic peritonitis. The liver, on examination after death, was found to weigh fifteen pounds. the increase being confined to the right lobe, which was converted into a cyst, lined with a false membrane of loose structure, and containing some pints of a straw-colored fluid, in which floated a large number of distinct hydatids, varying in size from a walnut to a pea. The liver was firmly adherent by bands to the abdominal parietes.

Professor Brande and Professor Graham take the places of Examiners in Chemistry to the University of London, vacated by the lamented death of Professor Daniell.

Apothecaries' Hall.—Gentlemen received licentiates on the 10th April, 1845:—James Lewis; Robert Appleton; Henry Edward Dullen; William Tiffin Iliff; Nathan Kennicott; James Wallace; David Simpson Penrice; Edward Martin.

NOTICES TO CORRESPONDENTS.

B. *surely cannot be a constant reader. We are precise in furnishing the lists. When none are given, no gentlemen have passed.*

Medicus.—*The clauses of the Irish Apothecaries' Act are left by the Bill just as they were, except that the Company is quietly superseded by the creation of arrangements that profess to make it needless. Sir James Graham, however, has consented to keep up the importance of the Hall as a licensing body, and will, therefore, introduce some alterations not yet known to us. In any case, it is fair to presume that in this day of medical tolerance no restrictions by one class of medical men will be allowed to be laid on the fair and reasonable practice of another.*

A Dublin Subscriber, *if the Bill pass this session, cannot register as a physician, unless he be a physician at the end of the session.*

An old Student.—*All gentlemen will be eligible candidates for our "Student's Prizes" who, at the date of sending in their "reports" are bonâ fide medical students. In answer to several other gentlemen writing on this subject, we hope in a fortnight to publish the names of the arbitrators.*

J. H's *statements on Foreign diplomas is a defence*

of what is indefensible. English money should be better employed, even if the diplomas are valid and well earned. Anonymous correspondence on contested facts is also quite useless.

W. P. S. *has our best thanks. The paper shall appear.*

Dr. Davis, (of Manorhamilton,) *sends us an authenticated statement, that in the neighbourhood of Londonderry, several ladies have gone to bed quite well, and in the morning have been found in a complete state of insanity. More than six cases have occurred in a rural district within a circle of twenty miles. The mania is uncontrollably violent, and characterized by an extreme anxiety for the nudity of nature. Our correspondent speaks of the visitation as an epidemic, like some of those that are recorded as taking place in the sixteenth and seventeenth century in Germany and France.*

Medical Times' Defence Fund.

We have received this week subscriptions from,

	£	s.	d.
Dr. Warenne, (Hull)	1	1	0
Mr. Ward, (Manchester)	1	5	0
M.D. (Londinensis)	2	2	0

We beg to repeat our request that gentlemen proposing to subscribe will kindly withhold their contributions till the result of the enquiry be known. We have to acknowledge several very obliging communications on this subject, and to present our very best thanks to the writers.

A Constant Subscriber.—*There was no right to what was a clear injustice. The party should be summoned before a Court of Requests, if practicable, or his ill conduct submitted to the magistrates in Quarter-Sessions. But an attorney should be consulted.*

G. B. W.—*Our correspondent should act on the value he may attribute to the* sanction *given by the Society to his qualifications. If the bill pass, the license will not be necessary; but among* medical men, *it of course will always tell as regards status. In W.'s case we should ask for the license.*

A Constant Reader.—*Dr. Rigby's mode is the ordinary one. There are also glass tubes made which answer the purpose extremely well.*

Mr. R. Tewksbury.—*We think compliance with the request inconsistent with our public duty. The report would be mutilated, and the facts falsely given, if the omission were made.*

Mr. Spence.—*The first request will be attended to. The second is best answered by our Students' number for October last. In special cases, no answer can be given, except by Mr. Balfour, who should be addressed on the subject.*

Mr. Kinder.—*The terms of the Pharmaceutical Society may be known by writing to Mr. Smith, the Secretary, in Bloomsbury-square. We do not write private answers to such questions as our correspondent proposes.*

Henry H.—*Indelible, except by setting up ulceration—a remedy worse than the disease.*

E.—"*Extra Licentiates*" *will be allowed to register as* "*Physicians.*" *So also will all M. D.'s, graduates of a British university.*

Mr. Stopford Taylor, of Sheffield, *complains to us, in strong terms, of the injustice done to him by a contemporary, somewhat inconsiderate about the repute of the profession, and on that liberal principle which handsomely exposes himself to the same treatment he gives to others. We will next week give a summary of the evidence on the trial, with our correspondent's letter.*

A Reformer.—*The evil will work its own cure.*

A Surgeon, *need have no fear. The National Association is rapidly enrolling members, and the whole battery of calumny and wounded vanity has not induced two members to withdraw from the Association.*

A Pathologist *is thanked.*

Numerous communications have been received. Those accepted will be named in an early number.

J. E. London, *should have authenticated his note with his name.*

Dr. Borrett.—*The Pharmaceutical number dated May 31, is the June number.*

Mr. Toulmin *is thanked for his obliging hints, which impress and strengthen our own convictions. They will not be overlooked.*

THE MEDICAL TIMES.

SATURDAY, APRIL 26TH, 1845.

> With desperate sorrow wild, the affrighted man
> Thrice sigh'd; thrice struck his breast, and thus began.—
> "Sad was the hour, and luckless was the day,
> When first from Schiras' walls I bent my way."
>
> COLLINS.

The Council of Incapables, sitting in Lincoln's-Inn-Fields, and whose governmental imbecilities have roused more discontent, dissention, and ill feeling throughout a learned profession than any assemblage of persons that ever existed, are evidencing still further how ill they understood their position, by diligently hawking about for signatures a very formal, and, in a small way, a rather ingenious declaration in favour of their corporate ineptitudes. The very *artfulness*, however, with which its terms are couched is the strongest possible proof of the folly of its concoctors. Like many to whom nature has sparingly extended her mental endowments, they fancy that the gross blunders of folly may be cured by the half-cunning expedients of trickery, and in this foolish spirit have prepared a document, which, appearing to utter nothing but truisms, may seduce that appearance of support which, in the House of Commons, may without much violence be represented as a certificate to their good behaviour. Poor people! And this is their rock of defence in the extremity of their peril! Alas! their very protection is the exponent of their weakness and guarantee of their ruin. Their appeal to their members is the acknowledgment that the latters' feelings are the criteria of the quality of the formers' government: and tried by this touchstone, how complete will be their condemnation? All not with them in this moment of crisis it may be fairly presumed are against them; and whom have they with them? Some of the most distinguished of the *Fellows* have, to our knowledge, refused to sign: and the thousands of their outraged members would sign no document for them, but the one that called for the corporate annihilation they have so well earned. Whom, then, have they? Beyond a few gentlemen, misled by the vagueness of the statement—and who, in many cases, will doubtless recall their signatures when they learn the use they will be put to—the College policy will be propped up by nothing better, than the names of some unconsidered "*Fellows*," whose unwarranted elevation has been the very thing that has been universally protested against. The "*Fellows*" *declare* to their own excellence! The great grievance of the College come forward unblushingly to say—"We are no grievance. Instead of a grievance to surgeons and surgery, we are actually their best aids and supporters. We are really not nuisances—as everybody says—but very excellent 'Fellows,' whose uprise by others injury, will do surgery a wonderful deal of good. The charter is a splendid invention." And this is the last great move of the Council against the virtual extinction which now lies so plainly on the cards! The poet says well

> Nil habet infelix paupertas durius in se,
> Quam quod ridiculos homines facit.

and the poverty of mental resources in the Council must have been great indeed which could have induced them, thus unmercifully, to offer up their "Fellows,"

> To bitter scorn, a sacrifice,
> And grinning infamy!

We beg the "Fellows," thus disgracefully used and placed before their brethren in so odious a light, to reconsider the step they have been cajoled or coerced to take. Its indelicacy is shocking. It is as if, after being dragged through the horse-pond of professional unpopularity, they were now hung over it by their friendly persecutors, to dry! Out of regard for the decency and good odour of our common profession, we beseech them not to be wheedled by the Council into this indecent exposure of themselves. It is all very well to be "pures"—but to be *exhibited* by their patrons "in *puris* naturalibus." "Ay, there's the rub!" The "Fellows," so offending against modesty, would have their flagitious persons brought before our moral Police Court—their names published in our *Hue and Cry*—and fifty to one if they would ever again be admitted to decent society. No! It cannot be, that after this fair warning, the "Brodie Declaration," though so many months under incubation, will ever be hatched. The procedure is too dangerous.

The Council's pursuance, just now, of resolutions at once foolish and desperate, will be the less to be wondered at, if it be true, as said, that the "friend at court," who sustained for a while their insane obstinacy, is beginning to understand his men, and to be acquiring some little suspicion that he has been "hocussed." In the House, on Tuesday, Sir James Graham announced that he proposed, when going into Committee on Friday—this day—to state certain alterations which he proposed to introduce into the Bill, and the conference between him and the National Association leads to the very probable conjecture, that the College is menaced by a movement which will tell rather disadvantageously either on their *funds* or charter. A large alteration in the Council, or a new Incorporation is inevitable; and Sir James Graham has virtually acknowledged, that if he cannot bring the College rulers to reason, he will not hesitate to adopt the alternative.

In this resolve, he will have the almost unanimous support of the press. The great conservative organ, the *Times*, supported the maintainance of the College while a ray of hope shone that its rulers would do something like right to their members, but has latterly repudiated their impolicies as suicidal, and joined in the *general*, the *now* almost *universal*, cry—"Let there be a new Incorporation." The *Chronicle*, we see, by an article which appeared on Tuesday, is slowly reconciling itself to a similar necessity, and there can be no doubt that the worst effect of the recent ill-judged manifesto has been to estrange from the Council all those who, wishing the College well, did not yet despair of a just and satisfactory settlement of the deplorable strife they had so unwisely caused. Our readers will peruse the following concluding observations from the great Whig organ with scarcely less pleasure than ourselves :—

"We are the less able, also, to understand the *cui bono* of Mr. Wakley's motion at this late hour of the day, when we remember that Sir J. Graham has announced his intention of introducing several important alterations on going into committee with his new bill. It is matter of well-known fact, that of the countless petitions and memorials that have reached the Government and House of Commons on the subject of medical reform, not one has signified approval of the charter, and that nearly all have condemned it in terms the most decisive. While this circumstance establishes our conclusion that, with condemnation so universal, parliamentary inquiry is a ceremony as useless as it *is* expensive and *may* be mischievous, it suggests a hope that the Home Secretary's concessions are not to exclude the only boon with the remotest chance of conciliating the support of the profes-

sion. We are strengthened in this opinion by a conference between him and a deputation from the National Association of General Practitioners, the details of which we find in the *Medical Times*. It would thence appear that Sir JAMES GRAHAM sees but two courses before him—to arrange the differences between the council and their members, or to give the latter a new college. In one way or another, therefore, something will be very shortly done with this master grievance of the English profession, if no committees of inquiry interpose their "slow length." For ourselves, we repeat the expression of our old preference to the plan of making the College of Surgeons the collegiate home of the surgical practitioners of England; but we cannot conceal longer our fear that the insensate obstinacy and bigotry of *caste* of the council must make impossible any thing like a cordial understanding between themselves and their ill-treated members. If, as the organ of the general practitioner we have already quoted further tells us, the Society of Apothecaries, with a disinterestedness rare in corporate annals, have agreed to relinquish their medical functions to facilitate any better medical organization of the English practitioners that Government may propose, fate has placed in the hands of the Home Secretary a magnificent opportunity for satisfactorily adjusting the whole profession, especially in England. The ruling bodies of the Colleges of Physicians and Surgeons persist in considering their institutions private clubs, and as private clubs are not the establishments with which so numerous a body as the medical profession should be connected, they should be left exactly that amount of public patronage their own unaided attractions would freely draw to them, and no more. If the College of Physicians be for a select set of consulting physicians, and the College of Surgeons for an equally select band of consulting "pures," let those colleges *live* on those they *live for*. The profession the State wants (the doctors of the army and navy)—the profession the public wants (the doctors of the union, of the rural district, of the village, town and city)—these gentlemen, constituting the twenty-five thousand medical men of Great Britain and Ireland, are not select "pures," or select "physicians," ought not to support the private clubs of select "pures" or select "physicians," and might, therefore, at the present juncture, not unwisely have an *alma mater* presented to them by Government, which, instead of the attributes of small corporate guilds, would give them those of a truly national institution. To this consummation the exclusiveness and narrow-mindedness of the Colleges of Physicians and Surgeons as much tend, as does the handsome disinterestedness of the Society of Apothecaries; and we will not hastily believe that so worthy a solution of the vexed problem of medical reform will be rejected by any statesman—be that statesman even SIR JAMES GRAHAM—at a moment when it is at once as practicable as it is opportune and satisfactory.

Ah! surely nothing dies but something mourns!
BYRON.

The recent Assize intelligence, in the columns of our provincial contemporaries, gives a frightful account of the assassinations committed, or attempted to be committed, by poison. Mr. Taylor some time since reported, that the attempts to poison which had obtained record during the preceding two years, were not less than five hundred and forty one, and the presumption is not unwarranted, that the proportion of cases each day increases in a far higher rate than that of the population. We imagine that legislative interference cannot be much longer deferred; for our coroners' inquests are becoming so many farces—farces, in which the humour is forgotten in the doleful consideration that they are paid for considerably too dearly, and that they shield off, under their pretended performances, that duty of searching enquiry which is the public's greatest safeguard in these days of daring and venturesome criminality. The coroner, who is paid out of the county or borough rates, is counter-checked by a magistracy, who will tolerate anything less than a too large appeal to their pockets; and the consequence is, that coroners, who do not mean that their expensively procured offices shall lie unfruitful, sacrifice their inquest's *efficiency* to the country, the better to secure their *profitableness* to themselves. They hold many enquiries and discharge none properly, and what they overcharge the country for needless inquests, they save to it by dispensing with necessary testimony—thus balancing accounts—and on the whole giving the magistrates a very moderately-priced quarterly bill. The doctors are, of course, the great sufferers; for their testimony as to living symptoms and dead appearances are the heaviest items in an inquest's expenses, after those of the presiding functionary. But if the pecuniary losses of our brethren were the "be all and end all" of these *ingenious* procedures, delicacy would have silenced our tongue, and coroners, medical and non-medical, choosing medical witnesses of the reasonable results of their melancholy attendances, might live on their lapsed fees, in the shape of county rates, without our uttering one word of protest. But the thing is of public concern. When *ex.gr.*—Mr. Wakley forced a country jury to say "Natural Death" in a case wherein accidental posterior enquiry proved a death by prussic acid (the celebrated Hornsey case), he saved the country a surgeon's fee, but cost the country, it may be, many a life. Through the public press, and by a striking example, he taught each budding Belaney, each immature Tawell, how remote were the chances of detection of a prussic acid case by a coroner's jury, and removed, we know not from how many a blackened conscience, the only obstacle between the horrid wish and still more horrid perpetration. Belaney could scarcely have heard of the affair at Hornsey before he hurried to be as near it, for another, as Stepney.

One step, then, towards the diminution of poison cases must be an early reform of the coroner's court. How effect this? By introducing a system which will bring into play the very detective powers which the present system represses. The medical man now is nothing: in the new plan let him be everything. Let him rule the coroner's movements: not the coroner his. Let there be, in every district, a certain number of medical inspectors, who (in addition to other duties equally important to society) shall have the responsibility of noting every death, of inspecting every corpse, and, on due enquiry, certifying whether there be cause or not for a coroner's inquest. The expense of unnecessary inquests being thus saved, we could better afford to do full justice to those that were held. The inspector would attend with his facts—the medical man would be there with the results of his observations on the living patient or dead subject—the machinery would exist which would bring to bear every scrap of evidence that could elucidate the whole matter, and we should run no risk of medical coroners pronouncing, *ex cathedrâ*, that deaths by poisons came by nature, or any other misleading decision, which, while making money, would save time and spare trouble.

The scheme thus hastily suggested is not new. It has, we believe, been already suggested to the Home Secretary, from whom it has received a warm welcome and hearty approval. It is rumoured that it was this session to have assumed the shape of a brief ministerial bill. It has not; and why we know not. Perhaps it serves as a rod in pickle for a vacillating M. P., a patent snaffle held *in terrorem* over a restive coroner. If so, it is a sad fate for an important improvement. But there seems a dispensation in these matters. Your huge sinner has always something he can compound with to avert justice!

Another suggestion to prevent poisoning is to limit the sale of all potent poisons to medical men and druggists—none being sold without a medical man's prescription, or without distinct registration by the vender. As it is, the most common of poisons (arsenic), against the ingestion of which there are the fewest signals of alarm or caution held out to us by nature, may be had from almost any grocer—especially in rural districts—under any pretence and without any special notice. We may feel, with others, a very sensitive and timid dread of infringing the social freedom of the subject; but in the precautions we have noted, the inconvenience on the score of personal liberty, or rather lawlessness, is so insignificant that we cannot consent to weigh it, for a moment, with the social security it would give on the other side.

THE ABSURD ULTIMATUM.

The Council of the College of Surgeons, if we are to consider the manifesto recently issued in answer to the resolutions and protest transmitted to them by the Committee of the National Association, as their deliberate and final decision on the question of admission to the fellowship, would seem to have made up their minds *coute qui coute* to disown and shuffle off the great body of the members of the college. They repudiate, (such is the term which best characterizes their proceedings,) their obligations to the members, but carefully retain the manifold advantages which the College has heretofore derived from its connexion with them, and now add insult to the injuries already inflicted, by a wretched attempt at palliation for their obstinate rejection of the only fair and satisfactory mode of selection for the fellowship which, in reference to the existing members of the body, could have been adopted.

We have no intention of following them step by step throughout the fallacies of the sample of special pleading before us. For the weakness of their general propositions, they have one of two excuses to make, and perfectly are they welcome to their choice of either horn of the dilemma. It matters little whether it is to defective judgment or to the weakness of the cause, that so lame and impotent a production should have been issued from their body, or bear the official signature of their authorized organ of communication; in either case they have no right to the pre-eminence to which it is their endeavour so pertinaciously to make out a claim. But it does matter much for their individual characters as gentlemen, that the sneer with which it is insinuated, as an insurmountable objection to the adoption of the principle of seniority, that the fellowship would thereby have been profaned with "persons who have violated the laws of their country"—"professional paupers and notoriously bad character"—"puffers and venders of nostrums and secret remedies"—"the writers of indecent advertisements"—"surgeons' assistants"—"those who have connected themselves in business with chemists and druggists"—"retail shopkeepers, who expose for sale cattle drugs and perfumery"—we say it does matter much for their individual character as gentlemen, that the true import of such language should be explained.

The simple requirement of a certificate, signed by three or more surgeons of known respectability, (members of the Council in the first instance, and subsequently Fellows,) would have been sufficient

to obviate every objection from this source; and for the rest we should like to know how, if the respectability of the College is to be kept up at all, persons such as those referred to can be retained in it, whether as members or fellows.—*Provincial Medical and Surgical Journal.*

MEDICAL REFORM.

Hoc opus, hoc studium, parvi properemus, et ampli,
Si patriæ volumus, si nobis vivere cari.

To the Editor of the "Medical Times."

SIR.—In compliance with my promise, I transmit a third and final communication on medical reform.

Were the feud between the Council and members of the London College of Surgeons satisfactorily adjusted, which it will, I hope, be forthwith, there could, I imagine, be no better basis for a new code of laws, regarding Membership and Fellowship, than that on which the sister College of Edinburgh is founded;—an institution which, to its immortal honour, has done more to improve medical education than any other in the kingdom. It has especially improved the education of the general practitioner, and elevated his *status* in a high degree. That the Edinburgh College has also produced many surgeons surpassed by none in Europe—"Modern Athens" herself—London—our army and navy, at this moment, afford triumphant proof; to say nothing of the Monroes, the Bells, and the Woods of other days.

The liberal and enlightened policy of the Edinburgh Royal College of Surgeons is beyond all praise. Whilst other medical corporations have been *scheming*, by every artifice which subtlety and avarice could devise, to place gold in their coffers—or, rather, in the pockets of their officials—the Edinburgh College of Surgeons has uniformly resisted the temptation to which it has been long exposed, of taking any pecuniary advantage of its position, as a Licensing Board whose diploma has been eagerly desired. And why? That the candidates for the license might be enabled to spend more money in qualifying themselves for the important duties of their station—an example of magnanimity and disinterestedness unheard of in the history of incorporated bodies.

In my own recollection the curriculum has been judiciously extended, as was rendered necessary by the state of the times, and by the improvement of science, so that, in the course of the last thirty years, the expense imposed on candidates for the diploma has been, I suppose, quadrupled; whilst not one shilling has been added to the fees demanded by the College for more than double that time, nor any regulation made which promoted the peculiar interests of the Fellows, collectively or individually. The moderate fee of £7 5s. is the amount levied on each member on receiving his diploma, which is the essential license of the general practitioner of Scotland, and it qualifies for the army and navy. The course of study and training prescribed is very perfect, and is admirably adapted to fit those who enjoy its advantages, to practise the healing art, in the most extensive sense of the term, successfully. The general practitioners of Scotland, as a body—the *Members* of the College of Surgeons—are, beyond all doubt, in point of scientific acquirements and respectability, superior to any other in Europe: and, at home and abroad, they are respected accordingly. With the exception of a few situations in the metropolis—and these of little importance in a pecuniary point of view—they are eligible to all public situations of repute. Of the merits of estimable men who have been instrumental in placing the Edinburgh College of Surgeons in the exalted position it occupies, as a Board of Medical Education, it is impossible to speak in too high terms. On this subject I could say much, but that were irrelevant at present. I would, however, through the medium of your extensively circulated publication, pay a just tribute of praise to the names of the venerable Dr. Thomson, Emeritus Professor of Pathology in the University of Edinburgh, the late Dr. Kellie of Leith, Mr. William Wood, Dr. Maclagan, Sir George Ballingall, Dr. John Campbell, and Dr. Huie, whose unostentatious exertions in this good work, fairly entitle them to rank high in the history of their country, as benefactors of mankind.

In regard to Fellowship with the Edinburgh College of Surgeons, it is not considered of consequence, except to those residing in the capital—and even in Edinburgh and Leith, there are many practitioners enjoying, deservedly, high respectability and ample emoluments, not *Fellows*—and who have no desire to be so.* The fees payable on entrance as a Fellow, are high, and there is a second examination. The condition of the medical profession in Scotland affords conclusive evidence of the accuracy of the opinion delivered in my last communication, relative to the absurd importance attached to the Fellowship by the general Practitioners of England. The state of public feeling in the Northern division of the kingdom also tends to shew that the fears of many persons in the South are groundless, as to what they call *grades* in the profession. If the members of that class—the Licentiates in Medicine and Surgery—which they choose to consider a degraded class, be sufficiently educated and properly trained for the performance of their important professional duties, as certainly will be the case, under the superintendence of the Council of Health, the natural result will be, that they will find their proper place—a respectable, honourable, and lucrative one—in the medical commonwealth. It will be obvious that whilst, to obtain peace and harmony, I would advise that the wishes of the *present* members of the College of Surgeons, as to Fellowship, should be complied with, under certain restrictions, I am convinced they attach a degree of importance to carrying the point, to which it is not entitled. The degree of Licentiate in Medicine and Surgery, and the other degrees in the profession, as proposed by Sir James Graham, I conceive to be a wise arrangement, and one which will be conducive to the best interests of the profession and the community.

LUCIUS.

Devonshire, March 31, 1845.

* The entire number of Fellows in 1844 amounted to 99, of whom 82 resided in Edinburgh and Leith; 2 in Glasgow; and only 3 in the provinces throughout Scotland.—The remaining 12 reside in England, or abroad.

THE PLOT MEETINGS OF WAKLEY AND HIS CLIQUE.

(To the Editor of the Medical Times.)

SIR.—As the Editor of the *Lancet* appears to have overlooked the duty of an impartial journalist, by not inserting the enclosed reply to his correspondent, a "Lover of Truth," I shall feel obliged if you will allow it a place in your columns, together with my reply to Mr. Hillier.

I am Sir,
Your obedient servant,
E. T. MEREDITH.

15, Charles Street, April 21st, 1845.

(To the Editor of the Lancet.)

SIR.—If your correspondent a "Lover of Truth" in this day's *Lancet*, will throw off his disguise and favor the public with his real name, without indulging in vulgarisms and personalities, I may possibly be induced to give him my reasons for believing that the meeting at the Princess' Theatre, "professedly called in the name of the National Association of General Practitioners," was in reality got up by the discordant remnant of the Protection Assembly. Circumstantial evidence is often sufficiently conclusive, and is frequently far less open to suspicion than more direct assertion; and a real lover of truth need not be told, that instances are not wanting in which the accused, however clearly convicted, has pertinaciously denied the justice of his sentence. I admit that the members of the assembly *did* number 1,200, probably more; but where are they now? One half, perhaps, is the outside that still acknowledge the society, notwithstanding the original names may be retained on the roll; and I would ask, not invidiously, how many even of these now take any interest in, or connect themselves in any way with its proceedings. It is melancholy to contemplate the causes that have contributed to diminish its numbers and moral weight, and so reduce the assembly from its once high estate and apparently dignified position, to the least influential of all the medical associations. If, as your correspondent observes, the "assembly" has made such generous "sacrifices of time and money" in the cause of medical reform, there surely must be something radically faulty in its constitution and policy, when the greater portion of men of standing in the profession withhold their assent to its operations. Doubtless, these remarks, in some quarters, will be rather unpopular, but I have not to learn that truth is often unpalatable, and, therefore, am not unprepared for the obloquy that is frequently endeavoured to be cast, not very sparingly, upon its martyrs.

I have no other interest in medical reform than what is common to the whole profession, viz.—the attainment of good medical government; neither am I the apologist or censor of any Association, but, Sir, as an independent observer of passing events, I cannot be blind to what I have seen, nor deaf to what I have heard at several medical meetings held within the last few months, and however difficult it may be to select individuals, who are not only free from, but can steer clear of, all suspicion of interested motives, enough has transpired at those meetings to convince me to whom at least, the profession ought *not* to trust the adjustment of the important and complicated question of medical reform.

I *depend* upon your impartiality as a public journalist to insert this communication in your next number, and am,

Sir,
Your obedient servant,
E. T. MEREDITH.

April 22nd, 1845.

[Of course Mr. Meredith depended in vain, as all must who depend on a non-entity. Mr. Meredith made the great mistake of coming in personal contact with men without character and without honour, who would unswear the most known truths to set an opponent wrong, and sink, any hour, into any depth of lying, or calumny, to serve a momentary purpose. The Protective Assembly—that beggarly receptacle of the scum of the profession—that worthy society of the Wakleys, the Ruggs, and the Lynchs—is actually defunct. It has not thirty members who would give sixpence to prolong its discreditable existence a day.—ED.]

Mr. Meredith also sends us a note addressed to Mr. Hillier, in which he vindicates a former letter published in the "Transactions of the National Association of General Practitioners." Mr. M. unceremoniously gives the *coup-de-grace* to the statements of the persons who held the hole and corner meetings under the name of the National Association, but the assertions of the plot are really so intrinsically groundless and worthless, not to say palpably nonsensical and false, that they are beneath alike notice and discussion. Imagine *Medical Protectionists*—the Ruggs, Lynchs, and Wakleys—whose committee was appointed by a meeting of thirty persons (the principal speculators positively hawking about their vacancies through the small room without being able to fill them)—imagine, we say, these men virtuously irate at the *unconstitutional* appointment of a committee by a public meeting comprising at least from three to four hundred gentlemen; a committee appointed, too, in the teeth of a miserable, factious opposition that could only number fourteen or fifteen votes! Have these gentlemen any sense of shame? Have they even a remote guess at what, in common decency, should be paid to the feelings of respectable people? If heedless of infamy, need they be so reckless in shewing it? In truth, we cannot comprehend them.

Gentlemen admitted Members of the Royal College of Surgeons on Monday, April 14th., 1845:—T. Atchison, J. Palmer, J. Richardson, J. T. Griffith, T. Blake, J. T. C. Ross, A. Priest, T. G. Stockwell, J. Vass, and W. G. Dalgarns.

Prize Clinical Reports of Surgical Cases treated at the Queen's Hospital, Birmingham, in the Practice of W. Sands Cox, F.R.S., Senior Surgeon. By JOHN MOORE, Student of Queen's College, and Resident Medical Officer of the Queen's Hospital, Birmingham.

These reports speak favourably of Mr. Moore's industry and Mr. Cox's practice. The cases in general are the ordinary fractures, dislocations, &c., that visit every large hospital; but those marked 3 and 4, are instances of a rare form of dislocation of the thumb, that in which the base of the first phalanx is thrown back upon the trapezium, a form of dislocation unknown to modern writers on surgery, even to Sir Astley Cooper. Twenty-six cases complete the book.

Outlines of Chemistry, for the Use of Students. By WILLIAM GREGORY, M.D., Professor of Chemistry in the University of Edinburgh; *with various Engravings on Wood. Part I.—Inorganic Chemistry.* London: Taylor and Walton.

This is a deservedly successful work, and we have little doubt that it will become that very profitable thing both to author and publisher—the Universal Class Book on its subject. The work is very neatly got up, is well illustrated by engravings, and is all that a class book on Inorganic Chemistry should be.

ENCYSTED TUMOUR IN THE OMENTUM.—Mr. Russell, at a meeting of the Sheffield Medical Society, narrated the case of a female, aged 46, of light, florid complexion and sanguineous temperament, and who, having used violent exertion while attempting to rescue a child from danger, in stooping suddenly, after running, felt something give way at the pit of the stomach. She became very faint, and pain ensued, which has since continued, more or less. Three months after she observed her body to increase, and suffered from a sense of fulness, with great tenderness on pressure, at the pit of the stomach. When first seen by him her countenance expressed extreme anxiety. She was lying on her back, with the shoulders raised, and the legs drawn up. Breathing laboured; no power of turning to either side; the abdomen fully distended, and there was great soreness on pressure, especially between the umbilicus and the ensiform cartilage. The integuments of the lumbar region and the lower extremities were anasarcous; pulse 130 to 140, sharp; urine, four ounces in twenty-four hours, turbid, milky, with phosphoric odour; the albuminous tests produced no effect; bowels had been much constipated; mammæ completely absorbed; no trace of pregnancy *per vaginam*. The symptoms, in spite of the treatment, becoming urgent, the operation of tapping was resorted to, when two gallons of fluid, containing flakes of lymph and pus, were evacuated with great relief. A large tumour was then distinctly traceable, occupying the whole space from the umbilicus to the ensiform cartilage, filling the left hypochondriac region, down to the crest of the ilium. It was firm, but pressure gave great pain and the lower margin was irregular. The fluid again accumulated in a short time, and the tapping was repeated. The tumour had much increased; legs much more swollen. The constitutional disturbance increased; the breathing became more laborious; cough troublesome; pulse much weaker; skin hot; legs more swollen, and very cold. Incisions were made in the limbs to relieve their tension, but mortification ensued, and she soon sunk. *Post-mortem*, about twenty-four hours after death. On laying open the abdomen, the peritoneum was found to be much thickened, throughout, and very extensively adherent. An immense tumour occupied the place of the greater omentum, extending into the right and left hypochondriac regions, from the ensiform cartilage downwards, as far as the umbilicus, and backwards, so as to press upon the large abdominal vessels. Its upper surface was smooth and free from ulcerations but contained several encysted tumours, about the size of pigeon's eggs. In the folds of the omentum, were three or four cysts, containing serous fluid. The minor omentum was much distended with fluid, filling up the greater portion of the right hypochondrium. That part of the tumour which extended into the left hypochondrium consisted of a number of large blood-vessels, resembling in appearance an expelled placenta. The inferior surface was covered with coagulated lymph, from which pus had been very plentifully secreted. The tumour was contained entirely in the folds of the omentum, and had no other attachment. It weighed upwards of ten pounds. With the exception of the transverse arch of the colon, which was much contracted, the alimentary canal was normal. The liver, spleen, pancreas, and kidneys, were small and flabby, otherwise not unhealthy. The uterus was vascular, but not impregnated. There was an indurated tumour, about the size of a chesnut, in the left ovary. The chest contained between two and three pints of fluid. Lungs and heart not examined.

CAUSES OF MORTALITY IN PUERPERAL FEVER.—Dr. Blackmore says, the causes of the mortality of this dire disease may be referred to these heads:—(a) The specific nature of the disease, *e. g.* its extensiveness, its intrinsically asthenic and putrescent character; the sedative influence on the vital powers of the accumulation of the poison in the system, or of the congested venous blood in the abdominal viscera. (b) Early neglect of remedies; many cases being incurable, unless properly treated within twelve hours of the attack. (c) Improper treatment, *e. g.*, large bleedings, abuse of turpentine and opium. This treatment, indeed, may have been pursued without fault in the practitioner, who can sometimes only learn from painful experience, the real nature and proper remedies of the malady. An examination of one's own cases and others on record, will however, show that failure has been owing to the treatment *not being modified according to the changeful states of the case*, and the true character of the epidemic. Profuse bleedings, so generally practised in the early cases, and sometimes a more moderate bleeding at a late period of the disease, has evidently in later epidemics, served only to augment the serous effusion, and hasten a fatal collapse. He does not however, admit the paralysing belief, which has been derived from misfortune, that in a large proportion of cases all treatment is useless from the time when the medical man is first called in, and is convinced that some patients might have been saved, *Deo favente*, if the practitioner could have seen the case *unintermittingly*, or had had a judicious assistant on the watch during his absence. (d) The *antecedent state of the patient* has sometimes made the attack fatal—*e. g.*, a full-blooded irritable state of the constitution, or debility with poverty of the blood, or an indefinable unhealthiness connected with a sickly season, or a crowding in lying-in hospitals, or a stomach complaint, or disease of the ovaries.

SCIRRHOUS TUMOUR OF THE CERVIX UTERI.—At a meeting of the Birmingham Pathological Society, Mr. Elkington presented an uterus, in which there was a tumour near the cervix, apparently of a malignant character. The uterus and its appendages were very vascular; the lips of the os uteri red and granular; the cervix thickened and hard, particularly at its inner margin; to the right of the cervix there was a tumour about the size of a small hen's egg, of a firm structure, having in the centre a hard scirrhous feel; *posteriorly* the right ovary was connected with this tumour. In removing the uterus, the tumour, which was firmly adhering to the right obturator foramen or near to the right groin, was cut through, and a portion, perhaps nearly half, left behind. The right ovary and right Fallopian tube were doubled backwards, and adhering to the back part of the tumour and side of the uterus, as low down as the cervix, and within a few lines of the os; the left ovary was rather small, and on its upper surface posteriorly there was a large cicatrix of a hard gristly structure, and paler than the surrounding part, to which the Fallopian tube was adhering by small fibrous bands. The inner surface of the uterus was very vascular, and lined with a bloody fluid; the os was a little open.

NEW TROCAR FOR THE OPERATION OF PARACENTESIS THORACIS.—Dr. Fletcher exhibited a trocar and canula, which he had constructed to prevent influx of air into the chest during the operation of paracentesis thoracis. It consisted of the following modification of the common trocar and canula:—The canula is lengthened beyond the shoulder three quarters of an inch, and of course the trocar is so much longer than in the common instrument. To this lengthened-out portion of the canula is to be attached a piece of intestine of some small animal, which is pulled out as the trocar is withdrawn, and hangs down about three quarters of an inch. The trocar is passed along the canal of the intestine into the canula, and the loose portion is doubled up upon the shoulder of the trocar when the instrument is prepared for the operation. Dr. Fletcher said, that he thought this modification of the instrument would be useful in all cases: by including the lengthened-out portion of the canula in the grasp of the operator, the handle was somewhat lengthened, and the trocar and canula being held together, a greater degree of firmness would be attained. The lengthened-out portion allows much greater facility for catching the fluid as it runs from the canula than in the common form of the instrument; and the intestine permits the operator to check with very great ease the rapidity of the discharge of the fluid, which is sometimes very necessary in the operation of paracentesis abdominis.

PUERPERAL FEVER.—Dr. Blackmore, in a paper published in the *Provincial Medical Journal*, says—The phenomena of the cases suggest the following deductions:—(1.) That puerperal fever is a specific affection, which, when occurring either epidemically or sporadically, presents itself under *two forms*, which constitute merely *varieties* of the disease, and not specifically different maladies. They may be designated the *synochal*, sthenic, or more benign; and the *typhoid*, asthenic, putrid, or more malignant. The general form of puerperal fever at any period, usually resembles that of other febrile diseases, particularly synochus, and various exanthemata, and also of some purely local inflammations, which prevail at the time in the same place; and the analogies then observable among all these affections, strongly illustrate the character of each. The disease in both varieties is of a *malignant* nature, in comparison with common fevers and inflammation; it assumes a more asthenic character in hospitals, low marshy situations, and in a variable autumnal season. (2.) Disorder in the system, signified by an indescribable uneasiness, or a change in the nervous feelings, a quickened pulse, and disordered breathing, generally precedes the *manifestation* of the local affection, although to an inattentive observer these two elements may seem to begin and go on with an equal step. (3.) An extensive and severe abdominal affection is an essential part, and a great source of the danger, of puerperal fever. This local affection has *various seats*; in some cases, the *peritoneum* of the intestines is chiefly affected; in others, that of the stomach, or of the uterus and its appendages. In all the cases which have come under Dr. Blackmore's observation, the parietal or the visceral serous membrane has been more or less the seat of disease. Disease in the mucous membrane of the uterus, intestines, and stomach, forms occasional complications with the peritoneal affection, and severely aggravates the danger of the case; and sometimes this membrane is the original seat of the abdominal affection. In a majority of the cases, the rapid extension of the inflammation, wherever be its seat, is a distinguishing character of the local disease. In some cases, particularly of the typhoid form, besides the former organic lesions, there is a softened state of the liver and spleen, gangrene or fœtid suppuration in the uterus and ovaries, and a softened or gangrenous state of the lungs.—(4.) The specific character of the disease is not derived from an affection of any one organ or texture, nor from any particular morbid state of the abdominal viscera. The character of the constitutional affection in any particular case, the sympathetic or secondary fever, will, indeed, vary with the nature of the local disease as to its erythematous, suppurative or gangrenous condition; but in genuine puerperal fever, the primary fever and the local element are equally the pure results of its specific exciting cause. The malignity of the

disease, moreover, is not the effect of uterine phlebitis, and absorption of pus from the veins; nor even of gangrene of the viscera. The cases have shown an equally rapid course, in which vascularity and effusion into the peritoneum were the only morbid appearances. The degree of the local affection is variable; in some few cases forming the minor element of the disease; practically, however, it is alwas an important part thereof and a great source of danger; in its symptoms, and in its progress, it is remarkably different from those of abdominal inflammation from other exciting causes. (5.) The malignity of the disease is not more mysterious than that which marks erysipelas, the other exanthomata, and petechial typhus; and it appears to be analogous to these diseases when extensively prevalent and fatal. This malignity is characterised by the severity of the early rigor and shiverings, by the early acceleration of the pulse, and of the breathing, by the intensity of the pain, or by a want of correspondence in the degree of the pain with the other alarming symptoms, and by the rapid sinking of the vital powers. The symptoms of a severe affection of the nervous system, so often seen in bad cases of synochus or typhus, were absent in the fatal cases of puerperal disease that came under Dr. Blackmore's notice. The malignity is also manifested by the rapid extension of erythomatous inflammation over the serous and mucous membranes of the abdominal and pelvic viscera, and its attendant serous effusion; and by a suppurative or gangrenous affection of the lungs, the liver, the spleen, and of the subcutaneous and inter-muscular cellular tissue of the trunk and limbs.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL ST. LOUIS, AT PARIS.

SOAP OF JALAP. one ounce of powdered jalap resin; two ounces of scraped medicinal soap; dissolved in a sufficient quantity of alcohol at 82°, with the aid of gentle heat, then evaporated to the pilular consistence and preserved. Mode of exhibition—ten to twenty grains for children, as a purgative. *** The jalap soap of the formulary of military hospitals, is prepared with one ounce of grated medicinal soap, and two ounces of tincture of jalap The soap is dissolved in the tincture, then evaporated to the consistence of pills, and set aside for use. Mode of exhibition—four to six pills, weighing four grains each, in the course of the day.

SOAP, MEDICINAL: soap prepared with twenty-one parts of oil of sweet almonds, and ten parts of liquid caustic soda at 36°. *** A stimulant medicine employed as discutient in chronic enlargements, especially in those of the abdomen, as a diuretic, combined with camphor, nitrate of potash, &c., in the treatment of calculous nephritis, and other affections of the kidneys. Mode of exhibition—in bolus or pills, weighing from six to ten grains, and more daily. Its use should generally be continued for three or four weeks. It may also be employed in the form of bath, in the dose of from two to four ounces and more, in chronic affections of the viscera, or of the skin.

SOAP, SULPHUROUS (J. Franck): four ounces of white or green soap, four ounces of sublimed sulphur, half a drachm of essence of bergamotte, mixed together with the aid of heat, and of a little water to dissolve the soap. Mode of exhibition—half an ounce to an ounce in frictions in cases of itch. The soap, described as Spanish—a very alcaline soap—has been recommended by Dr. Graeffe against the itch.

SOAP, VEGETABLE OR GUMMY ALCALINE POWDER: one drachm of crystallised subcarbonate of potash, one ounce of powdered gum arabic, triturated together for a long while. Mode of exhibition—thirty to sixty grains in a little water, in enlargement of the abdominal viscera.

SCABIOSA (Flowers)—Infusion. one to three drachms to a quart of water. Diaphoretic, but rarely employed.

SCAMMONY—Powder: two to six grains in bolus or pills, and progressively to twelve and sixteen grains; tincture, ten to thirty drops in an appropriate menstruum. A drastic very little employed at present, probably on account of the difficulty of procuring it pure. Scammony has been advantageously exhibited in certain cases of habitual constipation, passive dropsy, &c.

SQUILLS: two to ten grains in bolus or pills, or by the endermic method; wine, half an ounce to two ounces; oxymel, half an ounce to an ounce, in an appropriate menstruum; vinegar, one to two drachms. In large doses, squills act after the manner of the narcotico-acrid poisons, in small doses, its action is principally on the kidneys, the secretion of which it increases. Squills also exercise a well-marked stimulant influence on the secretion of the mucous membranes, and especially on that of the bronchial tubes. Great benefit is very often derived from the use of preparations of squills, in the treatment of pulmonary phthisis, mucous catarrh, the asthma of old people, &c.

SEDLITZ POWDERS: eight drachms of tartaric acid, divided into twelve packets, and put up in white paper: also, eight drachms of bicarbonate of soda, twenty four drachms of tartrate of potash and soda, mixed together, and divided into twelve packets, put up in blue papers. Mode of exhibition—a packet of the acid is dissolved in a glass of water, to which a packet of the salt is added, and then stirred together. *** A gazeous, cool, and laxative drink.

SECALE CORNUTUM—Powder (which ought to be always prepared fresh, or else wrapped up in tin-foil): ten, thirty, 72, and 144 grains, in a little sugared water, or in lavement or injection, when the strength of the patient cannot bear it. Decoction, or better still, infusion, half a drachm to two drachms to five and ten ounces of water. Pulverulent conserve: half a drachm to three drachms, mixed with a little water. The obstetric virtues of the secale cornutum have been known for a long while. The midwives of the Lyonnais have used it to quicken labour from the time of Camerarius. This substance is now universally employed. Its special action consists in assisting the contractions of the uterus, when that organ endeavours to free itself of the products of conception. It is successfully administered when the labour is retarded by inertia of the womb, and when the patient is weakened, either by repeated pregnancies, or from some other cause. It is also given with advantage to change the pains in the loins, which occur during labor, into expulsive uterine pains. Before the secale is exhibited, it should be ascertained by the touch whether the position of the child is such, that its expulsion is retarded solely by the feebleness or absence of the uterine contractions. In no case should it be employed, until labour having already commenced for a certain time, it has been ascertained that the child presents either by the head or the nates, that its size is not disproportionate to the dimensions of the pelvis, and that the vulva is not too narrow. The secale cornutum also causes the expulsion of the placenta, and of the coagula which are formed, and which remain in the uterus after the completion of labour. It is also of service in cases of abortion, fluor albus, uterine hæmorrhage after labour, white discharges, &c. Its exhibition should be preceded by sufficiently free abstractions of blood in cases of general plethora. Puerperal convulsions are not a contra-indication to the use of secale cornutum. Some cases of palsy have been improved, and some fragments of calculi arrested in the canal of the urethra after lithotrity have been expelled by the use of the secale cornutum.

SALT OF ALEMBROTH: equal parts of porphyrised corrosive sublimate, and sal ammoniac.

SALT, BITTER, OF RIGATELLI: an unknown salt, recommended by Rigatelli, as a succedaneum of the sulphate of quinine.

SALTS OF CHELTENHAM. (English formula), a mixture of equal parts of Glauber's salts, Epsom salts, and table salt Mode of exhibition—one to six drachms as a purgative.

SALTS OF CODEINE (hydrochlorate and nitrate) · salts of very little activity, and rarely used.

SEL DUOBUS· see sulphate of potash.

SALT, FEBRIFUGE OF SYLVIUS; see chloruret of potassium.

SALT OF GREGORY: see double muriate of morphia and codeine.

SALT OF GUINDRE (Cadet). an ounce and an half of efflorescent sulphate of soda, twenty four grains of nitrate of potash, one grain of tartar-emetic. Mode of exhibition—five to six drachms in the morning fasting, in an appropriate menstruum.

SALT OF LA GARAIS: see dry extract of bark.

SALT, ENGLISH VOLATILE; two parts of powdered sal-ammoniac, three parts of dry carbonate of potash, mixed together quickly, and put into bottles stoppered with emery. *** A mixture preferred to ammonia, the gas of which evaporates too abundantly at once.

SALT, VOLATILE OF AMBER: see impure succinic acid.

SEMEN CONTRA—Powder or in infusion. one to three drachms to a cup of water or milk: syrup, half an ounce to an ounce, in an appropriate menstruum. An anthelmintic very much employed against ascarides and lumbricoides.

SEEDS, HOT: mixture of equal parts of aniseed, fennel, coriander, and carraway seeds.

SEEDS, COLD: mixture of equal parts of gourd-seeds, pasteque, melon, and cucumber seeds.

SEEDS OF MUSTARD: see mustard.

SENNA (Leaves and Follicles)—Powder (rarely used): twenty to sixty grains in bolus or pill. cold infusion, one to three drachms to a pint of water; syrup, half an ounce to an ounce, in an appropriate menstruum; extract (rarely used), twenty to thirty grains in bolus or pills, tincture (rarely used [?]), half a drachm to two drachms in a julep, potion, &c. Senna possesses well-marked purgative properties, nevertheless, it is rather less employed than it used to be. Administered in large doses, it violently irritates the gastro intestinal surface, and gives rise to nausea, and colic. These inconveniences are obviated by giving it in moderate doses, and by combining it as in England, with aromatic substances, such as cinnamon, aniseed, ginger, fennel, &

(To be continued.)

GOSSIP AND NEWS OF THE WEEK.

THE SELF-DEGRADED.—The following members of the Royal College of Surgeons of England were admitted to the Fellowship on the 17th of April, 1845:—Messrs. Edwin Canton, St. Martin's Lane; Wm. White Cooper, Tenterden Street; Wm. Edwd. Crowfoot, Beccles; Henry Davis, Tenbury; John Eric Erichsen, Welbeck Street; George Harcourt, Chertsey; Wm. Augustus Hillman, Argyll Street; Edw. Jackson, Chaddesley, Corbett; Alfred Keyser, Norfolk Crescent, Hyde Park; Wm. Salmon Lucas, Featherstone Buildings; Robt. Grueber Shute, Mecklenburgh Square; James Stilwell, Uxbridge; Christr. Maxwell Cowell, St. Helens; Jas. Thos. Ware, Russell Square; John Ludford White, Dowlais.

Gentlemen admitted Members of the Royal College of Surgeons on Friday, April 11th., 1845:—J. Gardner, R. R. Jefferiss, C. Muscroft, Wm. Mc'Hugh, J. C. Wordsworth, W. H. Thornton, T. B. Horne, T. A. H. Dodd, R. R. Noble, and R. S. Cross.

Gentlemen admitted Members of the Royal College of Surgeons on Friday, April 18th., 1845:—E. Snell, J. Duncan, W. M. Richards, T. Fisher, T. Alderton, P. Roscow, E. C. Odling, W. Lightfoot, R. Abud, J. Ody, W. Smith, J. Hewitt, T. D. Scott.

Gentlemen admitted Members of the Royal College of Surgeons on Friday, April 21st., 1845: R. S. Finch, C. Vicary, B. Micklethwaite, H. Wiglesworth, R. M. Bowman, F. H. Johnson, G. A. Hallion, J. C. Austen, T. Frampton, and E. Cripps.

CHINESE BOTANY.—The *Gardener's Chronicle* tells of the arrival at Hong Kong, of Mr. Fortune the Botanist. His collections for Europe are said to occupy many chests which are by this time on their way to England. Mr. Fortune had met with many beautiful shrubs, and it is hoped that a large part of them will prove hardy, or nearly so. Vibernums, with heads of large flowers, like a hydrangea; moutans in great variety; peaches, apricots, roses, handsome creepers, azaleas, daphnes, both sorts of the curious hexangular camelia—a great desideratum, for it must be beautiful of the varieties; others from Fokein: hydrangeas, a very fine double white gardenia, with flowers as large as a camellia; a curious chrysanthemum, named as a perfect gem; new pines, honeysuckles, and plums, are among the rarities mentiond as being actually on their way to England.

ROYAL COLLEGE OF PHYSICIANS, LONDON.—Gentlemen who have obtained Licences during the present year.—Licentiates.—Griffith, W. J., St. John's Square, Handfield, C., 3, New Street, Brompton Road; Stanton, J., Upper Charles Street, Northampton Square.—Extra-Licentiates.—Allen, John S., Belfast; Allen, J., R.N., Caroline Street, Bedford Square; Burgess, W. Liverpool; Browne, J. C., Weston-super-Mare; Carey, Sampson, Paris; Carter, H. Freeland, Plymouth; Carter, Matthew, Reading, Berks; Deshon, H. C., Devonshire; Hitchcock, Thomas, Winchester; Loman, Frederick, Bristol; Moore, Thomas R., Salisbury; Robertson, H. Amelius Powell, Bristol; Roper, George, Bristol; Rudderforth, Edw. Henry, Twickenham; Sloan, John R., Navy; Smith, John, Plymouth; Smythe, George, 17, Northumberland Street; Stanton, John, Clifton; Stewart, Robert; Tatum, G. R., Salisbury; Turley, Edw. Asbury, Worcester; Witt, George, Bedford.

In the House of Commons nothing has been done this week, except the announcement of Sir James Graham, that he will mention to-night (Friday) the alterations he proposes to make in his Bill. The second reading is fixed for the same evening. The Minister states the principle of his Bill to be uniformity of education, and free liberty for practice to medical men in every part of Great Britain and Ireland. Both are good aims, if the *uniformity* of education be a *high*, and not a low (two years') uniformity, and we own we should have thought that the true principles of a measure of medical reform would be, first, uniformly high educational qualification; secondly, government by representation, *id est* merit; thirdly, restriction of quack practice, alias playing at assassination, or mutilation; fourthly, uniform rights to practice.—Mr. Wakley has also given notice for a Committee of Inquiry into the Charter—a cause of procrastination that, as the *Morning Chronicle* remarks, will only obfuscate what is already sufficiently clear.—Mr. Guthrie has also presented a petition, praying that nothing may be done in the way of medical reform, till the College be put on a better footing with its members.

Some of the Medical Protectionists are trying to make arrangements to get up a dinner to Mr. Wakley. We are really curious to know who will be the *respectable* stewards *besides* Messrs. Rugg and Lynch. It will be our duty to take note of their interesting proceedings.

No. 293 **SUMMARY.** MAY 3.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

Yesterday we were on the subject of paralysis, and considered the two kinds, hemiplegia and paraplegia; I also mentioned some of the varieties, and I have now to describe some more partial kinds of paralysis.

Ptosis, a dropping of the eyelid, is a partial paralytic affection. There is an inability to direct the eye, and strabismus, a loss of power of the director from paralysis of the third nerves. This is more commonly a separate disease. The situation of the third nerve in the more anterior part of the brain towards the nervous centre renders it exposed to pressure from the same circumstances, that cause pressure on the nervous centre.

Another kind of paralysis is that where the eye remains permanently open from paralysis of the orbicularis. It is connected with paralysis of the portio dura, the nerve influencing the muscles of the face. The seventh nerve is paralysed, and there is a want of power of closing the eyelid, the result of which is inflammation of the eye from the absence of lacrymation. The paralysis of the muscles of the face may arise from paralysis of the portio dura, a branch of the seventh nerve, or of the motor branch of the fifth nerve. When these branches are injured, it is chiefly the muscles of mastication that are affected, and then sensibility is impaired at the same time; on the other hand, if there is any paralysis of the muscles of the face—the portio dura branch—and if this arises from disease within the head, in all probability there will be deafness. Tumour within the head, producing pressure on the two branches of the seventh nerve, may produce paralysis of the portio dura, and press also on the acoustic nerve. When paralysis of the muscles of the face occurs, it may be considered to arise from paralysis of the portio dura. This is very peculiar, in so much as it is commonly connected with paralysis of the fifth nerve, but the paralysis of the portio dura of the seventh nerve, alters the expression of the face to a much greater extent. It affects those muscles which are especially concerned in expression, and, consequently, all the time the healthy side of the face is influenced by affections of the mind, joy, grief, and so on, the other side of the face is blank, or exhibits a dolorous expression, tears often running from the eye. This is a very curious phenomenon, and the ludicrous effect is very striking. When the patient attempts to laugh he exaggerates the contrast still more. Paralysis of the portio dura arises from temporary causes; tumour of the parotid gland, or merely from cold affecting one side of the face, in which case it comes on quite suddenly. Partial paralysis arises from paraplegia, from inflammation or effusion in the sheath of the spinal nerves after hepatic affections, from exposure to cold, and other causes which produce rheumatism.

In all these different cases the treatment to be used is, in the first instance, antiphlogistic, and to be followed by colchicum, iodide of potassium, and so forth; cupping, leeching, and fomentations, and warmth to the parts, and afterwards using blisters, and other modes of counter-irritation. This will generally relieve to a considerable extent, and, if the disease is recent, altogether remove the paralysis. Sometimes the paralysis remains, and, under these circumstances, the stimulus of electricity is of great use in partially restoring the power of the muscles. Strychnia, locally applied, is also in these cases useful. The best form is the acetate, or some mild salt, applied in solution.

There is a class of affections which are not serious in their results, but nevertheless should be noticed:—Partial paralysis of the eighth and ninth nerves causing difficulty of articulation and deglutition, and sometimes an impediment in the breathing, or an affection of the respiratory branches. This is often connected with disease of the cerebral centres, something affecting the circulation of the whole brain, and hence difficulty in articulation and a tendency to spasmodic asthma, or spasm of the glottis; or a closure of the glottis is produced temporarily from determination of blood to the head, and the eighth and ninth nerves are exposed to pressure from the arteries forming the circle of Willis. Sometimes it produces giddiness, and this is of course more important than the other case, because it may lead if neglected to a more serious affection of the brain.

Now there is sometimes paralysis of sensation, or actual loss of sensation in the whole body, and there are many instances of loss of sensation of spinal senses. There is paralysis of the optic nerve, or amaurosis, in which there is paralysis of the retina, though no visible lesion can be detected in the eye itself. With this condition the pupil is sometimes contracted, sometimes dilated, and sometimes natural. It is a very common kind of paralysis, and may occur in connexion with cerebral disease, but more commonly it occurs as a symptom of partial disease, and the reason why the optic nerve is especially liable to derangement, is the same as that mentioned with regard to the eighth and ninth nerves. Throughout its whole course it is in intimate communication with the vascular plexus in the distribution of the arteries from the *crura cerebri* to the *thalami nervorum opticorum*, and then you trace it until it enters its proper foramen, where it is distributed to the retina accompanied by a fine extensive vascular plexus. Now you can understand how it is that the optic nerve throughout its whole course is liable to disorder. A person may be lying or stooping, and on a sudden there is great palpitation, and immediately a state of darkness is produced at each beating of the heart. This diseased vision occurs not only in diseases of the brain, and the nerve, but in the various extreme states of the circulation, plethora, and anemia, and frequently from hæmorrhage. So likewise in functional disorders of the stomach or liver, the sight is apt to become affected. This paralysis is therefore a common sign of these conditions. It however sometimes arises from excitement of the optic nerve itself, and from excessive use of the eyes; temporary, or permanent glares of light and flashes of lightning have produced it. In persons who have had amaurosis and have died, no distinct lesion of the nerve itself has been discovered, generally speaking, and though such has been found, the disease is not to be indexed by post mortem examinations. It only shews that we are not quite up in the structure of the nerve. Paralysis of the optic nerve may be partial, affecting only parts of the retina; here it is, that we sometimes see spots or specks on the cornea. It is more a disease of the eye itself, and the general health is not much affected. There is another affection that borders on this, namely *nyctalopia*, a loss of the power of modification of the sensibility of the optic nerve, so that persons so affected can only distinguish objects in broad day-light; or, on the other hand, in what is called *hemeralopia*, where they only see in the same light in which owls and bats see. Most persons affected with nyclatopia cannot see by night, the paralysis of the nerve being such that an indistinct light is insufficient to produce an impression on the nerve. *Hemeralopia* means excessive sensibility of the retina, and *nyctalopia* diminished sensibility. Deafness is another variety of paralysis, sometimes connected with disease of the nervous centres, and is a very common sign in the course of various cerebral affections, fevers and so forth. Not only are the nervous centres affected but the distribution of the nerves, and there are many cases of paralysis constituting deafness, arising from disorder in the internal ear. If it arises from paralysis of the seventh nerve, it ought to affect the portio dura also. Deafness with or without noises in the head is produced commonly in connexion with determination of blood, the manner in which disturbance of vision is produced; and after congestion and great loss of blood. Various circumstances that influence the circulation, will affect the hearing, taste and smell, but these more commonly result from some changes in the membranous expansion on which the nerves are distributed.

The next subject is *hydrocephalus*, water in the head, or dropsy of the brain. Acute hydrocephalus is to be considered an inflammatory affection; in fact, it has been improperly termed hydrocephalus, because though watery effusion is sometimes found, it is not of constant occurrence. Chronic hydrocephalus is obviously dependent on an excessive effusion of water or serum in the interior of the ventricles, causing an unfolding of the convolutions, and expanding the brain into a sort of sac, or else there is sometimes effusion on the surface of the brain under the arachnoid, compressing the convolutions to a small portion at the bottom of the skull, the accumulation taking place very gradually, and causing an expansion of the head, and opening of the fontanelles, and sinuses; in fact, an enlargement in every way. Hydrocephalus may be congenital; a child may be born with a watery brain, or it may come on after birth, but,

generally speaking, it occurs early in life, before the fontanelles are closed. In some cases there is no enlargement, and sometimes even the skull is closed at birth, and on opening the head it is found that instead of brain there is a quantity of water. When hydrocephalus comes on after birth, as a disease, its approach may be accompanied by a remarkable excitability, or sensibility, a readiness to laugh or to cry at small things; there are various circumstances shewing an increased excitability of mind; the moral feelings, and the memory are impaired, and often in the course of the disease, convulsive fits occur, particularly during the night, accompanied by a piercing cry. Then the child is usually very heavy, it sleeps much, and complains of a dull pain in the head, which is heavy, and leans on the shoulders when carried; the child will not walk, and in case of sudden motion, stupor may be induced. The pupil is commonly sluggish, showing a defective excitability of the nervous system, and, ultimately, there is amaurosis of the eye. The other senses are more or less impaired, or lost; the hearing, smelling, feeling, taste, and touch, are the last to go in these cases. The child is partially convulsed, and there is grinding of the teeth, and in some children liable to spasm, this is carried on to such a degree that the teeth are ground down to the gums. The locomotory powers are also impaired, and the child is unable to walk; the appetite is voracious, and there is a tendency to vomiting; change of posture excites giddiness, and produces sickness and vomiting. As the disease advances still more, and thus degrades the creature, diminishing the various senses, and the power of motion, it reaches the organic functions, and at length, the respiration and circulation fail, and the child dies. It is remarkable how these children with large heads live; how the system becomes accommodated to it. In a few cases that have come on gradually, where the shape of the head has yielded from the beginning, and continued to yield, it is remarkable how the intellect has been preserved, sometimes entirely, sometimes partially so. A very curious fact arises, that although hydrocephalus is generally a disease peculiar to children, it is not always confined to them, and cases are recorded of persons with this disease living to the age of 50 or 70. There is a curious case recorded of an hydrocephalous patient at the age of 32; the head was 33½ inches in circumference, 20½ inches from ear to ear, and 23 from the nose to the occiput. In this case the ossification was complete, so that no fontanelle of any size was left open, and although the patient was rather weak in intellect, he was by no means idiotic; but he was subject to epileptic convulsions, and he died in a state of coma. Heberden gives a case of a man with twelve ounces of serum on the brain, and ossification of the arteries, who experienced only a little giddiness till six weeks before his death. It is possible that the ossification of the arteries produced some change in the condition of the blood. Now with regard to the cause of hydrocephalus; it must be considered as the result of congenital formation, some disproportion or other between the parts of the head, and probably between the size of the veins and the arteries; something causing venous obstruction. It has been found in some cases of children who have died of hydrocephalus, that the veins are obstructed, and this would, you see, reduce this form of dropsy to the same category as the two other forms of dropsy arising from venous obstruction. Scrofula is commonly considered a cause of hydrocephalus. Blows on the head have been observed to be followed by it in some cases of the acute disease.

The treatment of this affection is in the case of congenital disease, of very little use, but where it occurs in early age, and is not congenital, it sometimes is curable. Golis seems to have had considerable success in the treatment of chronic hydrocephalus, having cured a great many cases by small doses of calomel repeated for a long time; a quarter of a grain to half a grain twice a day, using the stimulant mercurial ointment, and covering the head with a flannel cap. In six weeks of this treatment, he found the head diminished half an inch, or one inch. If no improvement took place in six weeks, then, in addition to the calomel treatment, he employed blisters or tartar-emetic ointment to the head, and even leeches in some cases, the diet being of a nutritious kind. I have cured cases myself in this way, exhibiting mercury, squill, and iodide of potassium internally, and using also the flannel cap. Dr. Gowe, of Middlesex Hospital, recommended a preparation of ten grains of mercury, a scruple of madder, and five grains of squills, rubbed up together and given three times a day for three weeks; then twice a day, and afterwards once a day. Compression of the head with bandages has been found serviceable in a few cases. The most signal success has arisen from puncture of the brain. There was a remarkable case in which it took place spontaneously: the patient fell on a nail, so that the back of the head was injured and perforated, and being tapped by this rough method, the fluid escaped and the child entirely recovered. In another case, the fluid burst out spontaneously, and temporary relief was given. Dr. Conquest, who appears to have had the greatest amount of success, has published an account of nineteen cases which he treated in this way, ten of which recovered; they were all children under nine years of age, and the quantity of fluid drawn away was from six to fifty-five ounces. The operation requires to be performed in some cases five times, and in others only once.

We now come to the subject of epilepsy which I can only just begin in this lecture. Epilepsy and convulsions occur in the course of other diseases. It may occur in the course of apoplexy as a prelude to paralysis, and in connexion with hydrocephalus. Convulsions may be produced by a temporary cause, in fact convulsions, and epilepsy, or the epileptic fit, are both essentially paroxysmal affections that occur for a short time, only they come on in paroxysms or fits, and in this case they are different from paralysis. Epilepsy may come on suddenly, or gradually; it does not come on and then cease, whereas convulsions occur in fits. Epilepsy is more a term given to a disease in which the fits come on again and again rapidly, and it may be said to bear the same relation to convulsions that asthma does to dyspnœa.'

The symptoms of an epileptic attack come on without any premonitory warning; the patient is sometimes suddenly seized with something which occasions him to utter a piercing scream, a yell of the most unearthly and appalling nature. The epileptic scream is not always present. There is a contraction of the muscles, a sort of tetanic convulsion, and rigidity; the eyes are distorted and there is strabismus; the face is altogether very much distorted, and becomes flushed from the excessive straining, and passes soon into a state of deathlike colour without becoming livid; then after a few seconds of this condition, convulsions ensue. In some cases, the convulsions are so violent as to cause serious injury; the jaws have been dislocated, the teeth broken, and the tongue bitten through; the appearance of the patient during the convulsion is most horrible: the eyes roll and squint hideously, and the features are horribly convulsed; the urine and fæces are involuntarily expelled; the breath is commonly affected, and becomes panting, and excited, and sometimes is accompanied by a sort of hissing, a hideous snorting noise, but not like the slow perfect stertorous breathing of apoplexy, being rather that arising from an extraordinary amount of contraction of the various muscles interfering with the proper motions of respiration. This state goes on for a longer or shorter time, and then there is a cessation, the patient taking a deep sigh as if recovering from violent exertion, and he recovers consciousness, sometimes suddenly and sometimes gradually, seeming not to have the slightest recollection of what has happened; and sometimes falls into a deep sleep. Sometimes there is an epileptic attack of the nervous kind, in which convulsions do not occur, but a loss of consciousness occurs, and a loss of power. The patient is suddenly seized with something that comes over him, and he becomes totally unconscious of what is passing around him. In still slighter cases, there is not a loss of consciousness, but a sudden disturbance of feeling whilst the person may be talking; his speech becomes interrupted, and in a few seconds this may pass off and he recovers. Epileptic patients subject to these attacks say it is like a cloud that comes over them, and they lose recollection and thought for a time; but there are no convulsions.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY,

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It is my present belief that, upon the whole, the capacity of the cranium of the white races must be somewhat greater than that of their darker brethren; but this is far from being proved, and as yet, as far as I know, measurements are against the theory. I shall, towards the conclusion of this lecture, give the measurement of a considerable number of Scotch heads; in the mean time, we shall proceed with the tabular views drawn up from an examination of the crania in the Phrenological Society.

Table IV,

Containing the absolute height of the cranium and face when placed on a horizontal surface, from the base to the vertex. (The numbers of the crania are marked in the column Race.) *The highest was just* 6 *in. and* 3-16*ths*; *the lowest* 5 *in. and* 3-16*ths.*

Race.	*Height of the square.*		
Irish, 12	5 14-16th	5 3-16th	5 8½-16th
Scotch, 15	6 1-15th	5 2-16th	5 9-16th
German, 4	6 1-10th	5 5-10th	5 12-16th
Swiss, 5	6 6-	5 12-	6
Greek, Anc^t., 7	6	5 7-	5 11-16th
Chinese	6 3-16th	5 9-16th	5 13-16th
Hindoo and Ceylonese, 64	6 2-16th	5	5 7-16th fully.
Burmese, 2	5 15-10th	5 12-16th	5 13-16th
Javanese 1		..	5 13-16th
Phillipines 1		..	6
Sandwich, 4	6 2-10th	5 10-16th	5 12-16th
New Hollander, 5	6	5 8-10th	5 9-16th
New Zealander, 1		..	5 14-16th
Madagascan, 1		..	5 11-16th
Ashantee, 1		..	6 1-16th
Mozambique, 2	5 15-16th	5 8-16th	5 11-16th
Caffre, 1		..	5 9-10th
Bosjeman, 2	5 6-16th	5 1-16th	5 3½-16th
Esquimaux, 6	6 6-10th	5 11-16th	5 15-16th
Flat Head Indian		..	5 11-16th
Modern Peruvian, 6	5 13-16th	5 5-16th	5 8-16th
Extinct Peruvian, 3	6 2-10th	5 6-16th	5 12-16th
Chilian, 2	6 1-10th	5 10-16th	5 13-16th
Araucanian, 1		..	5 12-16th
Parsee, 2	5 9-16th	5 6-14th	5 7-16th
Druids, 5	5 12-10th	5 5-16th	5 9-16th
Negress		..	5 9-16th
Van Dieman's Land, 1		..	5 13-16th
English Barbadian, 2	6 6-10th	6 1-16th	6 3½-16th
Vera Cruz, 3	5 15-16th	5 7-16th	5 10-16th
Blackfoot, 2	5 13-16th	5 11-16th	5 12-16th
Seminole, 2	6 3-	5 14-	6
Turk 1		..	6
Albanian 1		..	5 14-16th
Icelander		..	6

By height of square is simply meant, the greatest height attained by the vertex of the cranium when placed on a plane surface. It is not a measurement of much importance, but future enquirers may use it as an element in their calculations. Those attaining six inches and upwards are:

The English of Barbadoes	6	3-16th.
The Ashantee	6	1-16th.
The Swiss	6	
Phillipine Isles	6	
Seminole	6	
Turk	6	
Icelander	6	

Amongst those attaining five inches and upwards are:

The Black-foot Indian...... 5 12-16th.
Native of Vera Cruz ...... 5 10th.
Albanian .... 5 14th.
Chilian .... 5 13th.
Scotch.................... 5 9th.
Irish .... 5 8th.
Hindoo .... 5 7-16th.

From some subsequent measurements, I have reason to believe that the average height of the male Scotch head is considerably higher than the above; should it amount to six, which is not improbable, then it would possess an elevation of probably of a quarter of an inch over that of the Hindoo head; an important difference, no doubt, and yet scarcely adequate to the explaining why a handful of adventurers, whose doings have at times been sufficiently clumsy, should be able to hold in the most abject slavery a hundred millions of their darker brethen.

Table V. must be considered an important one; it embraces the whole range of the cerebral mass, and it exclusively.

TABLE V.

Tape measurement from the anterior margin of the foramen magnum occipitis to the root of the nasal spine of the frontal bone, over the vertex, longitudinally.

Irish, 12	..17 15-10th	..15	..16 6½-16th
Scotch, 15	..17	..15 12-16th	..16 2-16th
German, 4	.17 7-10th	..16	..16 3-16th
Swiss, 5	..17 1-16th	..16 2-16th	..16 7-16th
Greek, 7	..16 8-16th	..15 8-16th	..15 15-16th
Chinese, 6	..17	..15 4-16th	..15 11-16th
Hindoo & Ceylonese, 64	17	..14 6-16th	..15 10-16th
Burmese, 2	.16 6-10th	..14 10-16th	..15 8-16th
Javanese, 1		..	..15 10-16th
Phillippines, 1		..	..16
Sandwich Isles, 1		..	..15 11-16th
New Hollander, 5		..	..15 10-16th
New Zealand, 1		..	..16
Madagascar, 1		..	..15 10
Ashantee, 1		..	..16 12
Mozembique, 2	17	..16 4-10th	..16 10-16th
Caffre, 1	..	..	..15 8-10th
Bosjeman, 2	.15 12	..15 8	..15 10
Esquimaux, 6	17 12	..15 10	.16 8-16th
Flat head Indian, 1		..	..14 6-16th
Modern Peruvian, 6		..	..14 14
Extinct Peruvian, 3	17 10	..15 12	..16 11
Chilian, 2	..15 10	..15 6	..15 9
Araucanian, 1		..	..15 10
Pawnee, 2	..16	..14 12	..15 6
Druids, 5	..16 8	..16 2	..16 5-16th
Negress, 1		..	..16
Van Dieman's Land, 1		..	..16 12
Barbadian English, 1	17 12	..16 8	..16 14
Vera Cruz, 3	.15 14	..14 14	..15 7
Black Foot, 2	15 8	..15 8	..15 8
Seminole, 2	.16 10	..15 8	..16 1
Turk, 1	....	..	..16
Albanian, 1	.	..	..15 4-16th
Icelander, 1		..	..16 7

English of Barbadoes ..... 16 14-16th.
Native of V. Dieman's Land 16 12th.
Extinct Peruvian .... 16 11th.
Scotch .... 16 2nd.
Irish .... 16 3rd.
New Zealander 16
Greek.................. 15 14th.
Mozambique .... 16 10th.
Modern Peruvian .... 14 14th.

The lowest in the table is the head of the flat-head Indian, 14 6-16ths, but it may have belonged to a woman, the dimensions of whose crania in every way are considerably smaller than we find them in the male. These are the grand distinctions in crania—namely, sex and colour. At the close of the lecture I shall give another tabular view of a series of Scottish heads, distinguishing, in as far as we can, the male from the female. Already, from an examination of six male and one female, it seems to me that the average Teutonic head may be larger in most of its dimensions than those of any other race.

III. The differences observable in the skeleton of the head in mankind are referrible either to—1°, specialities as to race: or 2°, individual peculiarities which cannot be traced to any race in particular. Sexual differences exist, of course, in all the races; that is, the male head differs from the female apparently in every race. Of a few of these specialities and differences I shall now speak:—

1°. The crania of most mammals is probably symmetrical—cranium and face; but there is at least one exception to this, where a want of symmetry is "the law." There is a species of grampus in which the cranium is uniformly symmetrical; so it is also, to a certain extent, in the nerwhale. But the want of symmetry in the human cranium and face, exceedingly frequent in the human race, and perhaps most of all in the Scandinavian or Teutonic, is yet not regular; it is not a constant law; it may take place, or it may not, but at all events it belongs to no particular race.

2°. I have sometimes thought that a coarseness of fibre, and a looser texture of bone was observable in the dark races. The sutures also appear not so distinctly serrated; they run more in straight lines like harmonie, and there is less arching of the squamous suture generally; sometimes it is quite straight.

3°. The overlapping of the frontal by the parietal is exceedingly rare, and I have seen it only in the European; the overlapping, on the contrary, of the parietal by the occipital, and the extreme protrusion of the latter, is exceedingly common, but most of all in the fair races, and especially in the Saxon and Celtic. Indeed, it happens so rarely in the dark races, that for some time I doubted its occurrence.

4°. But of all the distinctions between race and race, the comparative difference in the size of the jaws is the most uniform, and the universal specific distinction. None of the fair races approach the dark in the vast size of the jaws; this begins to show itself very early, indeed soon after birth. It is a never-failing source of distinction when all others may fail.

5°. A long or short spheno-parietal suture is not peculiar to any race. It may be nearly wanting in the best formed European heads. The minute history of this suture, and its mode of formation, will fall to be described while speaking of the development of the sphenoid and temporal bones; it will then be found that the differences as to the spheno-parietal suture depend on the accidental development of one or two supernumerary bones at the angle of junction between the temporal, sphenoid, and parietal bones. These little bones overlap each other, and are squamous. As they unite to the temporal, or to the sphenoid, the spheno-parietal suture undergoes corresponding changes as to length; for should these supernumerary bones unite with the squamous plate of the temporal, and remain distinct from the sphenoid, then the spheno-parietal suture becomes very short, or may be wanting altogether; but when they unite with the sphenoid, and remain distinct from the temporal, the case is reversed. Thus, the presence or absence of this suture has nothing whatever to do with the general enlargement or diminution of the cranium. In fact, the whole matter resolves itself into one of an interchange of elements between the sphenoid and temporal bones, and a corresponding alteration of breadth, as one or other possesses itself of the supernumerary bones developed between them. These additional bones seem to be very interesting; they are repetitions of the squamous plate of the temporal on a small scale: pre-squamous bones.

6°. The races present no peculiarities in regard to the nasal and anterior palatine foramina; nor in the presence or absence of all traces of the inter-maxillary suture; nor in the development of those crests found so remarkably prominent on the surface of some crania. To these crests I have already alluded when describing the frontal bone; they form a system not understood by writers on mere human anatomy. They are disposed to become durable, or to bifurcate. One commences mesially on the external surface of the frontal bone, and running upwards, joins, by bifurcating, two on the parietal bones, which continue onwards towards the occipital. Another commences on each side at the external angular process of the frontal bone, and running upwards singly, or bifurcating, terminates by running on to the surface of the mastoid process of the temporal. But these crests, though forming remarkable approaches to what we find developed in the Oran and Chimpanzee, are not peculiar to any race; and the same may be said of the superciliary arches, whose development seem more connected with the generative organs than with the frontal sinuses. Ivory deposits may be found on any crania, nor is general strength of cranium peculiar to any race; nor persistance of the frontal or other sutures; nor are there any peculiar supernumerary bones.

PATHOLOGY OF EXPECTORATION.

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(Continued from page 53)

The secretion of thin mucous sputum may be *intermittent* or *remittent*, as usually happens in symptomatic affections of the respiratory organs; or *persistent*, as in their idiopathic disorders. It may be either casual or critical. No duration can be assigned to the discharge, for it will sometimes terminate in a few days; and again, it will continue for years. Its quantity is equally variable; at one time it amounts to only a few ounces in twenty four hours, and at another time, to many pints. It is generally expectorated alone, but in some varieties of bronchial irritation and catarrh, it is seen to contain masses or pellets of thick mucous or albuminous sputum, which float separately in it, and never intermingle or dissolve It may subside gradually, with or without an increase of density; or, as not unfrequently happens, it may cease suddenly and without any obvious cause. In some rare cases, patients die of the disease which it accompanies, and the expectoration will continue until within a few days or few hours of the period of dissolution. (1)

Local Symptoms and Physical Signs.—This form of expectoration is often exceedingly troublesome. but it is seldom indicative of danger. When the quantity discharged is very considerable, emaciation is a necessary consequence. It is attended with a tickling cough, of irregular, and occasional or incessant recurrence. There is generally a sense of irritation, or of slight smarting, rarely of acute pain, in the fauces, and along the course of the trachea and larger bronchi; occasional dyspnœa, and irregular respiration, which are easily and instantly increased by sudden emotions, and by active or violent exertion.

Percussion usually elicits natural sounds, or at most it only discovers slight dulness in the lower portions of the lungs. The respiratory sounds are various, and chiefly remarkable in the direction of the larger bronchi. They are the sibilant sonorous, or mucous *râles*; but often there is no perceptible deviation from the natural murmur. In the catarrhal affections in which pellets of thick mucus are singly discharged along with the profuse thin secretion, it sometimes happens that these tough masses will obstruct one or other of

(1) These cases are chiefly organic diseases of the heart, obstructing free circulation through the lungs, and giving rise to local nervous irritation of various degrees of intensity.

the air tubes, and consequently suspend the respiratory action in the part of the lungs to which it leads. (2) But if percussion be carefully employed, it will show that the vesicular structure is unimpaired. It very rarely happens during the expectoration of thin mucous sputum, that interruption to the free passage of air through any of the bronchial tubes arises from thickening or tumefaction of their lining membrane, though as we shall hereafter see, this pathological condition is not uncommon in chest diseases attended with other forms of sputa.

Pathology.—The expectoration of thin mucous sputum is usually consequent upon a relaxed or an irritated state of the mucous membrane lining the trachea and bronchi. It may be confined to the former, or may extend partially or entirely through the latter. It seldom arises from inflammation, and never but when such inflammation is of very slight intensity, and occurs in debilitated or naturally feeble subjects. When it proceeds from sympathetic irritation, forms of which are best seen in nervous and chlorotic females, the tracheal or bronchial membrane rarely presents any abnormal aspect; in other cases, in which the circulation is more implicated, it will be very slightly injected in patches or streaks. I have never observed the injection to be uniform, or of large extent. The most common appearance is a pale watery tumefaction of the membrane of the trachea and larger bronchi, and mucous exudation into the smaller branches. The tissue is not more tender than usual, but it feels soft, or pits under pressure, and exudes a little limpid fluid.

Treatment.—This will of course depend upon the nature of the disease or disorder which the expectoration of thin mucous sputum accompanies. In nervous, hysterical, and melancholic cases, a full dose of opium, or ether, or camphor, or any other stimulant and narcotic, will often either cut short the attack, or considerably lessen its severity. In debilitated and chlorotic subjects, there is nothing better than quinine or sesquichloride of iron, with generous living, walking exercise, and the shower-bath, or sponging the throat and chest with cold salt and water. When stronger local counter-irritation is necessary, it is best obtained by the application of tincture of iodine, tartar emetic ointment, or croton oil. Single blistering is not permanent enough to be useful, and if a perpetual blister be employed, it creates more irritation and pain than are equivalent to the good it does. Aloetic aperients will be found of excellent service.

When the expectoration depends upon some irritation, *sui generis*, of the tracheal or bronchial mucous membrane, infusion of buchu, with hemlock, hyoscyamus, or prussic acid, is an admirable remedy. I have known much benefit follow the respiration of the vapour of hot water, containing camomile flowers, or bruised poppy heads. A narcotic sedative bolus, with a little blue pill may be taken at bed-time. The following formulæ I have employed with much advantage.

℞ Extracti Papav. Conii Albi gr. iss.—iii.

Camphoræ aa. gr. ii.—iv.
Pil. Hydrargyri gr. ss.

Misce. Fiat bolus, hora somni capiendus.

Care should always be observed to maintain a due action of the kidneys and bowels. Derivatives applied to the legs and feet are useful adjuncts.

We must be mindful, however, to discriminate well the cases which come under our treatment. In some instances, as I have already remarked, it is more desirable to encourage than to check the discharge.

THIN MUCOUS SPUTUM. *b. Acrid.*—This form of expectoration, though to a certain extent resembling that which we have just considered, yet presents so many important points of difference and of pathological relation, as to require for it a separate denomination and notice.

Appearance and Qualities.—In external aspect, and specific gravity, this sputum differs little from the "insipid" variety. It is sometimes almost tasteless, but it is usually complained of as being sour, salt, biting, or bitter. Its reaction upon test-paper is either neutral or acid. Its saline constituent is chiefly muriate of soda, in variable proportion. It contains less mucus, as a rule, than the insipid sputum; albumen is occasionally present, and in severe cases, pus may be seen in it.

Pathognomonic Relations.—This form of expectoration chiefly occurs in inflammatory affections of a subacute and unhealthy kind, attacking the respiratory organs. Bronchial and tracheal irritation, also, which in a healthy subject will give rise to the secretion of insipid sputum, in a scrofulous, scorbutic, or otherwise depraved constitution, will excite the acrid variety. It is apt to prevail in some forms of catarrh and influenza, which are modified either by individual peculiarities, or by the circumstances of climate, season, locality, temperature, &c. Van Swieten (3) says, that in some catarrhs this matter is so acrid as to cause erosion and ulceration of the lungs. "Interim tamen, si materies catarrhi acrior fuerit, vel valida et diuterna tussis nimis quassaverit, pulmonem, quandoque pulmo eroditur, ulceratus, et sic ex catarrho phthisis pulmonalis sequitur." In the early stages of consumption it is sometimes met with, and in more advanced phthisis it will often alternate with the expectoration of purulent, or muco-albuminous sputum. It commonly attends the eruptive diseases of cachectic children, and will frequently excoriate the parts which it touches. I have seen even the backs of the hands completely abraded by it. (4)

I have repeatedly observed this kind of sputum in the bronchial affections of dissipated subjects, and of others who have suffered from wanton mercurialization, or from constitutional syphilitic ravages. In young people (especially scrofulous) it is apt to occur as a sequela of mercurial treatment.

The expectoration of this sputum is less liable than that of the former variety to intermit or to remit: it is usually persistent, but not for any great length of time, seldom indeed beyond a few weeks. It may terminate suddenly, or may be succeeded by a discharge of "insipid," "muco-albuminous," or "muco-purulent" sputum perhaps streaked with blood. It is rarely a critical expectoration, and its quantity is never considerable.

Local Symptoms and Physical Signs.—This form of expectoration is invariably accompanied by a teazing, and often by a painful cough. In severe cases it is agonizing, and is complained of as being "like tearing the throat in pieces," "or searing it with a hot iron." There is a sense of heat and dryness in the air passages, and occasionally of infarction in the chest. Percussion often elicits duller sounds than natural, especially in the more dependant parts of the lungs. The breath sounds are generally, at the commencement, a sonorous *rale*, in the larger bronchi, with wheezing expiration; in a more advanced stage, we have a sibilant *rale*, with diminished vesicular murmur; and at the termination, there is often a distinct mucous or crackling *rale*. When the larynx is affected, the voice is more or less hoarse or shrill, and the inspiratory sounds are hissing or grating.

The tongue is generally red, with inflamed and elevated papillæ, and the mucous membrane of the mouth and fauces is of a bright scarlet colour. In severe and protracted cases, the tongue and adjacent parts will become excoriated, aphthous or ulcerous. There is usually distressing thirst and much sympathetic fever.

Pathology.—Thin acrid mucous sputum, is the offspring of irritation and inflammation, more or less severe, affecting the lining membrane of the air passages. This inflammation is modified and marked, either by an unhealthy condition of the subjects affected, or by adventitious extrinsic circumstances. The *post-mortem* appearances are always more or less inflammatory—a uniform redness, limited, or diffused throughout the extent of the trachea and larger bronchi; circular or streaky patches of vascularity; and ulceration, bounded by areolæ of various hues, are the most common pathological features. Small irregular spots of ulceration are often found in the larynx. The mucous membrane is sometimes tumid, easily lacerable, and dotted with ecchymoses; at other times it will be found dry, shrivelled, and friable to the touch. The larger bronchi are either contracted irregularly, and flattened, or are uniformly diminished in calibre. The smaller sub-divisions are for the most part obliterated, or contain a mucous exudation, colourless or sanguinolent.

Treatment.—In severe cases, the treatment ought to be purely antiphlogistic, but should rather consist in the exhibition of salines, diaphoretics, and sedatives, than in blood-letting. The local abstraction of blood, by leeches or cupping, is often advantageous, but it very rarely happens that the patients are benefitted by general bleeding. I have more than once, in scrofulous subject, seen the disease aggravated by it. We must be careful also, of the administration of mercury; if there be much constitutional debility, or cachexia, it should be withheld. Antimonials, with alkalies, hemlock, prussic acid, and camphor, are the best remedies. Blisters, often do good, but they are apt to cause sloughing. Warm baths are beneficial, as is also sponging the throat and chest with hot water containing common salt or mustard. The patient should if possible inhabit a uniform temperature of suitable warmth, and should frequently respire the vapour of hot water, holding in suspension, camomiles, or bruised poppy-heads. It is desirable, as early as possible after the reduction of the inflammatory symptoms, to commence a tonic plan of treatment.

(To be continued.)

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, April 10th, 1845.

Academy of Sciences; Sitting of the 7th of April. M. E. de Beaumont in the chair.—M. Flourens presented the second edition of his "Histoire des Travaux de Cuvier." This work may be considered as the first part of the "Histoire des Travaux et des Idées de Buffon," for, as the distinguished perpetual secretary observes, "the history of one of these *savans* can only be considered complete by adding that of the other." It contains,—I, The eulogium on Cuvier, pronounced at the public sitting of the Academy of Sciences on the 29th December, 1834.—II, A historical notice of Cuvier's publications: 1° in zoology; 2° in comparative anatomy; 3° on fossil bones; 4° on comparative anatomy applied to natural history in a general and philosophical point of view.—III, Finally, it is closed by a list of the numerous works published by Cuvier.

On the Theory of Vision.—Mr. Stevenson addressed a letter on this subject, in which he remarks, that if the theory he combats had originated from M. Arago, he would have written to the illustrious professor himself, and not to the Academy; but as it is supported by all the professors in London, Berlin, and wherever science is cultivated, as well as in Paris, his communication tended only to attack the theory, not to make the least allusion to that distinguished *savant.*

On a New Classification of Organic Compounds, by M. Chs. Gerhardt, presented by Professor Dumas.—In a preceding paper, the author stated that in the union of a compound with a simple substance the latter was not merely displaced, but that reaction took place constantly, and in such a way that an element (hydrogen) of one of the sub-

(2) These masses of mucus will sometimes obstruct even the trachea, and produce asphyxia and death. I met with a remarkable case of this kind only a few days ago, in the person of a female, a patient of my friend Mr. Amphlett, of this town. The woman had been for some time suffering under a mild form of bronchitis; but in one of the paroxysms of coughing, she suddenly became unusually agitated and convulsed, threw her head back, and died almost instantly. The cause of death was a little "muco-albuminous" substance plugging the opening of the glottis.

(3) Comment. in Boerhaav. p. 2.

(4) Hoffman says that in schirrus of the lungs, the expectoration is sometimes very acrid—"sub qua ardens sensus os, fauces, et asperam arteriam obsidens, ad cordis usque scrobiculum propagabatur, ac cuticulam oris internam excoriabat." Op. Om. Phys-Med. Tom. 4. p. 117.

stances was united to one of the elements (oxygen) of the other, so as to form a compound (water) which was eliminated, whilst the remaining elements were combined. This law, which may be called the "law of residua," is equally applicable to all nitrogenized bodies, amides, ethers, salts, &c. According to this law, ammonia—which is a hydrogenated compound—combines with the oxygen or chlorine (bromine, iodine) of the organic substances to form either H^2O or $H\,Cl$. which is eliminated; the residuum of the ammonia which remains in combination with that of the organic substance, may be represented by NH or NH^2, and if we indicate the two organic compounds by AO and ACl., the following formulas may be established:—$AO + NH\,H^2 = H^2O + ANH$, and $ACl. + NH^2H = HCl. + ANH^2$. Alcohol and analogous substances, like ammonia, act by means of their hydrogen on oxygenated or chloruretted compounds, giving rise to an elimination of H^2O or $H\,Cl.$, the remaining elements constituting ethers. When engaged in the study of these substances, the author obtained two anilides in decomposing the oxalate of aniline by heat in a sand bath; at a few degrees above 212° F it boils, and disengages water, carbonic acid gas, and aniline, when the temperature is raised to 320° F, or 356° F, oxyde of carbon is disengaged, and the heat need not be augmented; as soon as this last mentioned gas ceases to escape, a liquid residuum is obtained, sometimes limpid, sometimes more or less coloured red, according as the salt employed is more or less pure; this soon after hardens into a mass of the consistency of butter, containing beautiful crystals, and which is a mixture of two new compounds—oxanilide and formanilide. Oxanilide:—by adding boiling alcohol to the residuum, the formanilide is dissolved, and the oxanilide left in crystals, like small spangles, of a pearly white, somewhat similar to boric acid; melts at 473° F, and on cooling forms a radiated mass; boils at 608° F; distils without being decomposed; insoluble in water, ether, and cold alcohol; slightly soluble in boiling alcohol; undecomposed by boiling solutions of alcalies or acids; formula $C^4\,H^{12}\,N^2\,O^2$. Formanilide:—the alcoholic solution obtained, as before stated, must be heated so as to cause the alcohol to evaporate; the residuum must then be dissolved in water in order to remove the small quantity of red or brown matter formed by the action of the air; the aqueous solution is then allowed to evaporate spontaneously, and the formanilide is slowly deposited in small flat lance-like rectangular prisms, sometimes an inch in length; soluble in water, especially when hot; still more so in alcohol; the aqueous solution is slightly bitter, without any action on test paper; melts at about 115° F, but when liquid, the temperature may be carried much lower without its concreting, if care be taken not to stir it, for on so doing, it becomes solid instantaneously; cold diluted acids and solutions of alcalies have no immediate effect, but decompose it gradually; when hot, the decomposition takes place with greater rapidity. Formula, $C^7\,H^7\,NO$.

On Diabetes Mellitus or Glucosuria, by Dr. Bouchardat.—First memoir. The author in this memoir establishes from numerous facts the *rapport* between the proportion of fecula taken by diabetic individuals and the sugar contained in their urine, and recommends as the most appropriate remedies, alcoholic liquids and fatty substances.

On the Splanchnic System of Nerves. Memoir read by J. M. Bourgery, D.M.P.—From his researches the author concludes: 1° That the so long contested opinion of the anastomosis from one side to the other of the cephalic extremity of the sympathetic nerve is solved affirmatively, but with a modification in their relation as interesting to physiologists as to anatomists.; 2° That instead of a single cephalic cord, there are two, a vertebral and a carotidean, which offer five modes of termination, to which are associated the cephalic nerves and the gland constituting the pituitary gland. In this mysterious anatomical conflict of the different nervous organs, grouped together in the central sphenoidal region of the base of the skull, their affinities, as far as can be judged, are equally numerous, whether they are studied separately, or in the union they form with each other by means of their anastomosis; 3° That considered separately—(*a*)—the cephalic or supra-sphenoidal pituitary gland seems to be the organ by means of which union takes place, that is to say, between the pyschological and instinctive nervous centres and the cephalic nerves, these forming the principal mode of communication with the great sympathetic, which connects all the splanchnic nervous system. Besides the size of the pituitary gland being more considerable in the animal than in man, and the number of branches which this gland receives from the two lateral portions of the sympathetic, seems to prove that it belongs especially to the nervous system of organic life, and constitutes the central gangliomary cephalic mass—(*b*)—the sympathetic varies in its four modes of termination; the principal, or at least the most voluminous and which seems to be the union of the sphlanchnic nervous system with the encephalon, is effected in the pituitary gland. That which forms the two median plexuses constitutes the anastomosis or the outer union of the two lateral halves of the sympathetic. The apparent termination on the cerebral arteries may be considered rather as an origin, and is nothing but the visceral nervous system of the encephalon, united in its centre, like all the extra-visceral plexuses, by a central gland, which is here the pituitary, but like these plexuses, accompany the arteries with the branches of the sympathetic. The last termination of the sympathetic is its anastomosis with the extremities of the cephalic nerves.—(*c*) As to the cephalic nerves, the four last have as many anastomoses with the superior cervical ganglia as with the temporo-carotidean ganglia. The facial and the acoustic anastomose with the branches of these ganglia The plexus of the six first cephalic ganglia present as numerous anastomoses with the pituitary gland as with the sympathetic. Although the six cephalic gangliomary nerves, situated beside the *sinus cavernosus*, contribute to the formation of a common plexus, it is principally the trigeminus which produces this, it being the focus where the numerous grey filaments unite with each other. In this respect this nerve seems to be an annex to the sympathetic, intermediate between the two nervous systems (ganglionic and cerebro-spinal) and justifies by its structure as well as by its anatomical relations, the denomination of *small sympathetic*, given to it by some physiologists; 4° That finally studied together, in their union, the three varieties of nervous organs situated in the supra-sphenoidal region offer seven species of anastomosis.—(*a*) On the same side from before backwards, the union, by means of the communicans, of the carotid and vertebral nervous system—(*b*) from one side to the other, the six others take place on the mesial line.

On Scrophula, or Remarks on a Work of Dr. Lugol, "Recherches et Observations sur les Causes des Maladies Scrofuleuses." By Dr. Vergnies.—The author considers that the primitive seat of this disease is not in the glands; that an hereditary taint alone does not produce the affection; that the vital powers oppressed by the morbific principle remain always unaffected, and sometimes combat the disease advantageously without the help of medicine.

Dr. Fauche writes to state, that an artificial arm in every respect equal to that of M. Van Petersson was invented by M. Laurent, one of his ancestors, in the reign of Louis XV.

MM. Bouchardat and Sandras in reply to the reclamation of M. Mialhe, refer him to the *Compte Rendu* of the 15th April, 1844, which contains their ideas, researches, and theories on the action of alcalies on saccharine and amyloid substances, and their memoir, read at the sitting of the 21st January; they likewise announce, that they are pursuing their researches on digestion, and will communicate the result to the academy.

Professor Orfila addressed a letter, stating that the report presented by the *experts* named to examine the *rob*, mentioned in MM. Flandin and Danger's memoir, never asserted that it contained mercury, that they knew that the apparatus invented by Smithson often failed, and that the precautions described by him many years ago are the same as those indicated by the authors of the memoir.

M. Barse addressed a letter on the same subject, in which, after combating the various opinions emitted by MM. Danger and Flandin, he concludes by claiming the priority as to the carbonisation of animal matter with sulphuric acid.

Dr. Guylon sent some instruments of lithotrity invented by him, and Dr. Morel Lavallée a memoir on the physiology of respiration, both for the Monthyon prize.

Academy of Medicine. Sitting of the 9th April: M. Caventou in the chair.

Considerations on Mental Alienation in a Psychological point of view, by F. Dubois d'Amiens, D. M.—According to the author, the study of mental alienation cannot, without inconvenience, be separated from psychology. It is by a perfect knowledge of the faculties of the mind, that the nature and causes of dementia can be elucidated. It is for this reason that Maine du Biran, at the demand of Royer Collard, instituted a course of study of mental diseases founded on psychology; dementia is but a long dream, in which the divine principle, the *moi*, deprived of its power and free will, can neither escape nor overcome the false perceptions. All the intellectual lesions indicate the existence of an organic affection of the central nervous mass, which may or may not be appreciable, but which must be admitted in order to avoid being bewildered by a host of hypotheses. Dr. Rochoux, after stating that he coincided with the author of the memoir on the last opinion emitted, continues thus, "When I heard the famous *moi* announced, I expected it to be clearly and evidently demonstrated. Vain hope! Moreover Maine du Biran, quoted by Dr. Dubois, was not more fortunate. As to Royer Collard, his favourite argument to prove the existence of a spiritual principle was: 'All takes place in the organism except the will.' Now, if the will is a proof of a spiritual principle, is there a creature so highly endowed as the ass. As to the anathema pronounced against the principles of sensualists and this conclusion, 'all the varieties of mental alienation are dependent on an organic lesion, I cannot see on what grounds it can be founded." Dr. F. Dubois, in reply, said that the contradiction was more apparent than real, and that he was a sensualist, inasmuch as he considered the senses necessary for the perception of surrounding objects. Dr. Virey does not consider it possible to explain partial delirium by organic lesions. Dr. F. Dubois said, that partial delirium is not very common, for on examining the patient attentively, the intellect is found more seriously affected. But it may be asked, where is the lesion in these cases? This it is impossible to answer; but by *post-mortem* examinations, this question will at length be elucidated. Dr Ferrus: "I consider dementia to be always dependent on an organic lesion, and am of the same opinion with respect to cases in which the intellect is obtuse, since every functional, supposes the existence of an organic, lesion. The functions of the brain are; feeling, perception, judgment—in short, intelligence. Now, when one or more of the intellectual faculties are changed—perverted—we must necessarily conclude that an organic lesion exists. The domain of pathology is the organism, and the philosophy of medicine is founded on the observation of facts, independent of the primary cause; it is by the functional disturbance that we study diseases, and it is by this that we act on the individual by what we call moral treatment, and that we employ the remedies which are considered as modifying diseased organs. As to the opinion that the soul sleeps in idiots, I consider it quite erroneous, since the idiot sees, walks, hears with difficulty, and, indeed, in confirmed idiotcy, the patient would die of hunger if he were not fed. Dr. Castel thinks that alienation may be produced by a moral as well as a physical cause. Professor Gerdy considers it highly important not to confound faculty and function. After some further remarks from Drs. Rochoux, Ferrus and Dubois d'Amiens the discussion was closed.

On Tubercular Affections of the Lungs and the

Bronchial Glands.—The following cases, which occurred in the wards of Professor Trousseau at Necker's Hospital, prove how difficult it is to discover the presence, or suspect the development, of these diseases in children, hidden as they are under the appearance of the most perfect health. Thus, children previously quite well, are seized with pneumonia, which ends fatally, and on the *post-mortem* examination, the bronchial glands are found to be completely tubercular. That this is the case, clinical and pathological observation daily show; it cannot, therefore be denied, that tubercles may develop themselves with extraordinary rapidity in children, and, as this occurs very often, it may be concluded that this affection is at its maximum of frequency in children, and not in adults, as is generally supposed.

Case 1st,—Vomiting, Meningitis, Convulsions, Tubercles.—Elizabeth Pauline Godard, æt. 10 months, vaccinated when two months old, generally enjoys good health; never had convulsions, no teeth; has coughed for the last month; cough increased in intensity within the last month, but not in fits; a short time before her admission (28th Feb. 1845), she was affected with diarrhœa, followed by constipation and frequent vomiting, not produced by the fits of coughing. No fever in the morning, but the skin is very hot towards evening and during the night (℞ Magnes. gr. iv. ex. aqua :—enema.)—March 2nd. Cough still continues, and by its intensity produces vomiting, not only of the food taken, but likewise of a ropy liquid; pulse frequent; heat of skin normal. ℞. Magnes gr. viij.)—3rd. Vomiting persists, but less violent, bowels confined, slight fever during the night. (℞ Calomelan. gr. j. pulv. jalap. gr. vj. pulvis statim sumendus.)—4th. Medicine has operated; abundant vomiting, produced by the cough, which does not, however, come on by fits, as in pertussis —(pastill. calomelan. No. 1.)—5th. Abundant vomiting, fever still the same; one evacuation; during the night awoke screaming, as if frightened, and, contrary to her custom, remained all day in a semi-comatose state—repet. pastill.—6th. During the night the child woke up frequently, screaming aloud; quiet in the morning; uncertainty in the looks; left eye apparently larger than its fellow; loud moans; from time to time the eyes stare, the pupils are directed upwards, and then the little patient remains perfectly motionless; slight convulsive motion in the muscles of the face, and feeble contractions of the fingers, as if *subsultus tendinum* existed; pulse unequal, 100; hitherto she had screamed violently when examined; to-day, on the contrary, seemed quite indifferent; takes the breast with avidity; tongue moist, foul at its base; nausea and vomiting still persisted; constipation; urine abundant but thick and highly scented. ℞ Calomel gr. j. sacchar. alb. ℈ij. ft. pulv. No. xij. quarum sumat j. quaque secunda hora. ℞ Rad. valerian. ʒj. aq. puræ Oj. pro enemate. At 11 A.M. the child was seized with intermittent convulsions, during which she remained in a comatose state; during the fits the following symptoms were observed:—tetanic rigidity and torsion of the limbs and of the neck; eyes staring; strabismus; skin cold, and of a violet hue; pulse imperceptible. ℞ Moschi gr. j. aq. distill. melis. off. ℥j. syrup. aurant. ʒv. syrup. ether. ʒj. pro potione.—7th. The symptoms persisted and death took place at one P.M. Autopsy 36 hours after death. *Brain.*—Meninges colourless; pia mater infiltrated with a considerable quantity of transparent serosity; no traces of a fibrinous secretion; small white firm granulations evidently not of recent formation, on the upper surface of the right hemisphere; on the left there was likewise a granulation, but it was so minute that it was discovered with the utmost difficulty; considerable quantity of transparent serum in the ventricles, at the base of the brain, and in the theca vertebralis; no abnormal coloration or *ramollissement* of the grey or white substance. *Lungs*, full of small granular tubercles; a large tubercle existed in the nascent state, near the surface of one of the lobes affected with pneumonia; granulations on the pleura; no traces of pleuritis; tubercles in the bronchial glands. *Abdomen.* Tubercles in the mesenteric glands, spleen, and liver; stomach in its normal condition.

Case 2nd.—Convulsions, Pneumonia, Tubercles.—Edward D—, ætat. 15 months, general health good, weaned at twelve months; vaccinated; had seven teeth, four upper incisors, two lower incisors, one upper molar. On the 2nd of January, during a visit the mother made to another patient in the hospital, the child was taken with a convulsive fit, which lasted an hour, and yielded only to the administration of a draught containing ether, and sinapisms to the lower limbs, and was followed by vomiting and slight diarrhœa. The child while in the hospital slept badly, woke frequently by starts; skin hot during the night; pulse at 150; cough. These symptoms yielded to gentle laxatives and an appropriate diet, and the mother and child left the hospital on the 13th of January. About the 17th or 18th, the little patient was seized with violent fever and dyspnœa; the mother, however, did not come to Necker, though she confessed that her child appeared to be very ill, until the 3rd of February, when the following symptoms were observed:—dyspnœa intense; face not thinner than usual; right cheek red; the remainder of the face and the lips livid; pulse very frequent, 176; skin hot; cough; superficial ulcerations on the lips; gums swollen; auscultation indicated the existence of a mucous *râle* in all the posterior portions of the lungs, mixed with a slight sub-crepitant rhonchus during deep inspirations; opposite the two fossæ infra-spinatæ the expiration was harsh, as if it formed the first degree of the bronchial inspiration; hands and feet affected with œdema. A leech was applied to each knee; the tail of one of them, when nearly full of blood, was cut off, and it bled for an hour and a half ere it fell; poultices were then applied over the leech bites; and a blister put on between the shoulders. 4th. Amelioration; breathing still frequent but much easier; colour of the skin normal; no fever; pulse 170; œdema of the feet less; pneumonia furrow not so deep as on the preceding day; sub-crepitant rhonchus still perceptible, more so on the left than on the right side; expiration not so harsh; diarrhœa, which existed from the commencement of the disease, was somewhat less; urine not albuminous. ℞ Looch. alb.(1) ℥vj., oxyd. antim. alb. gr. x. M. ft. mist. tertia pars 8vo. quâque horâ. As diet, fæcula cooked in water, and properly sweetened, and a little milk. 5th. Dyspnœa greater; face violet; no fever; pulse 144; tongue red; lips *ut antea*; no bronchial respiration; small mucous rhonchus; very slight sub-crepitant *rale*. A leech to be applied to the knee; repet. haustus; no food. 6th. At two a.m. the little patient was seized with convulsive movements; at the morning visit they still persisted; face pale and slightly tumefied; eyes turned upwards and slightly injected; pupils very dilated; cataleptic rigidity of the extremities; breathing difficult, more like that observed in epilepsy than in pneumonia, pulse frequent, small, hardly perceptible, 204; the child refuses to drink. ℞ Aq. distill. meliss. off. ℥j., syrup. flor. aurant. ʒv., moschi gr. j., tinct. belladon. gtt. ij. M. ft. mistura; cochl. min.qq. horâ sumend. Frictions on the limbs and thorax with baume tranquille ʒij. (2) 7th. The convulsions continued without interruption until four p.m. on the preceding afternoon, and then ceased; the child, however, did not come to his right senses before this morning; eyes still turned upwards; screams from time to time; dyspnœa; skin very hot; pulse very frequent, 176; sub-crepitant ronchus; no bronchial respiration; carphalogia on the left side. Repet. mistura, et frictiones; pro potu infus. tiliæ Europ. cum fol. aurant. 8th. The child seems better; eyes still fixed; carphalogia; insomnia; now and then subsultus tendinum; no convulsions; dysphagia; dyspnœa less violent; pulse not so frequent; skin cooler; sub-crepitant rhonchus still intense, though somewhat diminished; when touched, the child cries, without weeping; slight nausea, no vomiting; constipation; left pupil much more dilated than the right. Repet. looch ut antea. 9th. No convulsions; pulse not so frequent; pupils equally dilated; two blackish stools; sub-crepitant rhonchus; bronchial respiration at the base of the right lung, apparently produced by effusion, rather than a modification of the structure of the parenchyma of the lung. Repet. looch et potus. 10th. No convulsions; considerable agitation; dyspnœa great; cough frequent, by fits; mouth dry; thirst pulse 164; skin warm; when the child is quiet its eyes are turned upwards; but while asleep the lids are completely closed; while the agitation lasted, a slight sonorous rhonchus only could be heard; no bronchial respiration, nor dullness; pupils equally dilated. Rep. looch cum tinct. belladon. gtt. j. 11th. During the night, the left leg and the right arm were agitated convulsively; pulse 150, feeble, irregular; slight nausea; no vomiting; two stools; in other respects as before. Repet. looch. cum. tinct. belladon. gtt. ij. 12th. pulse very feeble, 160; no fever; right hand and leg œdematous, almost incapable of performing any voluntary motions, and when raised, fall like an inert body; eyes turned upwards and half closed; a *bruit* amounting almost to ægophony at the base of both lungs; bronchial respiration on the right side from the scapula downwards; several liquid stools. 13th. at one p.m. The convulsions recommenced, and presented a tonic character; opisthotonos; these symptoms persisted until six p.m., when the child died. *Autopsy*, thirty-six hours after. *Thorax.* Bronchial glands hypertrophied; some changed entirely into a tubercular mass, others only partly degenerated; pulmonary lobes adherent to each other; on the left side, pneumonia occupying all the inferior lobe, with the exception of a lobule here and there; the aspect of the parenchyma was not granular, but the cut surface presented the varieties of colour so common in infantile pneumonia; at the posterior and inferior portion of the upper lobe, a few lobules were affected with pneumonia: on the right side, the inferior lobe was not so inflamed as on the opposite side; the greater part of the middle lobe healthy; the upper lobe presented posteriorly and inferiorly an indurated mass containing small tubercles in the nascent state, and the pleura covering this spot offered numerous granulations. Other organs in their normal state.

Case 3rd.—Pertussis, pneumonia, tubercles. Albertine Thaler, ætat. seventeen months, entered the hospital on account of a slight enteritis, which soon yielded to an appropriate treatment, but when about leaving, she was taken with fever, cough, and lachrymation, which led to the supposition that rubeola was about to appear; this, however, proved not to be the case, and as the fever no longer existed, the child left, still coughing. About a week after, the cough became paroxysmal, and the fits increased in number and intensity, so much so that in twenty-four hours before her return to the hospital, she had had twelve during the day, and eleven during the night. The face and eyes are slightly œdematous, respiration somewhat more rapid, but no dyspnœa; no fever; pulse frequent, 160; abundant mucous and sibilant *rales*; as is customary in pertussis, the paroxysms are followed by vomiting of a ropy liquid and sometimes of food.—℞ Muc. gum. acac. ℥iv; syrup. simp. ʒvj; aq. distill. flor. aurant. ʒj; ammon. gtt. ij; tinct. belladon. gtt. ij. M. ft. mistura cujus sumat cochl. magn. q.q. secunda hôra.—Feb. 12th, Nine fits of coughing during the day, and thirteen during the night, each followed by vomiting; pulse not quite so frequent; cont. mist. 13th, thirteen paroxysms during the day, and twelve during the night; dyspnœa, fever, vomiting, mucous rhonchus; pulse feeble, 160. Emplastr. cantharid. region. thorac. posterior.—℞ Looch, ℥iv, kerm. min. gr. ij, haustus coch. magn. q.q. secunda hora sumend. 14th, amelioration; five paroxysms during the day, and four during the night; dyspnœa not so great; pulse 152; no fever; no vomiting produced by the

(1) *Looch blanc*(white looch) is composed of sweet and bitter almonds, almond oil, gum tragacanth, sugar and water.

(2) *Baume tranquille*, ℞ Folior. belladon., fol. hyosc., fol. solan. nig., fol. nicotian. tabac., fol. datur. stramon, papaver. capsul. aa. ℥iv., summit. absinth. off., summit. hyssopi., summit. lavand., summit. origan. majoran., summit. menth. aquat., summit. menth. virid., summit. hyperic. perforat., summit. rutæ. graveol., summit. thym. vulgar., flor. rosmarin. off., flor. samb. nig., aa. ℥j., ol. olivæ, lbij.—(Codex Francais.)

kermes; no diarrhœa; repet. mist. 15th, nine paroxysms during the day, and seven during the night; face pale; respiration frequent; abdomen slightly tympanitic; skin hot; pulse very frequent and small, 160; sub-crepitant *rale*; two leeches to the knees; cont. medic. 16th, pulse frequent; skin hot; four stools; paroxysms less intense; sub-crepitant *rale*; repet. 17th, fourteen slight paroxysms during the day and night; skin very hot; pulse, 160; face pale; respiration easy; abdomen slightly tumefied; bronchial respiration; nine stools; repet. mist. sine kermes. 18th, paroxysms continue, those during the day (seven) more intense than those during the night (five); pulse 150; less dyspnœa; respiration still frequent; features more natural; skin not so hot; slight bronchial respiration at the angles of the scapula; less sub-crepitant rhonchus; contin. medicam. 19th, pulse 168; skin hot; dyspnœa; sub-crepitant rhonchus increased; respiratory murmur heard with difficulty; two stools; sixteen paroxysms.—℞ Aq. distill. ℥iiiss, antim. tart. gr. ij. Mist. tertia pars 4ta qq. hora sumend. 20th, vomited several times after the administration of the medicine; four stools; pulse 176; no fever; fourteen paroxysms; slight dyspnœa; agitation, but no convulsions; death at two p m. —Autopsy thirty hours after. Thorax. Bronchial glands tumefied and almost entirely tubercular; hepatization of nearly the whole inferior lobes of both lungs; the various tints of these lobes and the normal condition of some indicated that the pneumonia was lobular; no tubercles in the lungs. The middle lobe of the right lung was partly affected with pneumonia; some inflammatory spots here and there in the upper lobes; no tubercles in either.

Case 4th.—Pneumonia of the right lung, tubercles in the Bronchial Glands.—Augustine Marain, ætat 19 months; vaccinated; never had convulsions; for the last four months has been affected with ophthalmia and eruptions on the face, followed two months after with crusta lactea, and with intense cough for the last five days. On her entry, the 28th February, she presented the following symptoms; slight dyspnœa; pneumonic furrow not very visible; cough not frequent; bronchial respiration in the whole of the right lung; on the left side sub-crepitant rhonchus; all the surface of the body is covered with a pale eruption somewhat similar to rubeola—large blister on the back; four leeches to the knees immediately, four more in the evening — 1st March, amelioration, bronchial respiration not so intense, and replaced in some places by a marked expiratory murmur, or by a sub-crepitant rhonchus; on the left side this last was heard only during the deep inspirations; pulse 120; the roseate spots are replaced by bluish ones; pneumonic furrow more visible—two leeches —℞. Looch. ℥iv. oxyd. antim. alb. gr. x., mistura; tertia pars quarta quaque hora sumend.—2nd—death took place at half past five. a.m. Autopsy, 28 hours after—*Thorax.*—Right lung. Inferior lobe, hepatized, of a very dark colour, of an aspect less granular than in the adult; the tint of the cut surface, uniform; superior lobe inferiorly and posteriorly presented the same lesions; the cut surface is not of so uniform a colour as the former, indicating evidently that they did not both commence at the same time; the diseased portions were distinctly separated from the sound; middle lobe in a similar state; no tubercles. Left Lung. Indurated nuclei are to be felt in the parenchyma, and seen on the surface; the superficial are of a darker colour than the surrounding parts; the tissue composing these indurations is hard, of a dark violet color, granular, and friable, as the parenchyma of the lungs in the 2nd degree of pneumonia in adults; no tubercles. No mucosities in the bronchi. Bronchial glands tumefied and almost all tubercular.

Œdema glottidis: Tracheotomy.—A. mason, ætat 19, affected with balano-posthitis ulcerosa; entered Dr. Packe's ward, Hospital *du Midi*;—this affection being sometimes of a syphilitic nature, inoculation was performed but without any result; when nearly well the patient was seized with cynanche tonsillaris, followed four days after by dysphagia, dyspnœa, and finally orthopnœa; the usual remedies having failed, and the face being violet, the extremities cold, the pulse very frequent and small, and the pupils very dilated, Dr. Ricord, convinced that death by suffocation would soon take place, decided upon performing tracheotomy. The crico-thyroidean membrane and the cricoid cartilage were promptly divided, and the edges of the wound kept open by small hooks, fixed to bits of tape, which were tied over the nape of the neck. Respiration took place through the artificial opening, and an hour after, the patient went to sleep. The pulse being full and large three hours after, six leeches were applied on each side of the neck. On the third day, the hooks were removed, and a canula introduced instead, and this last itself was taken out on the seventh day. Finally the wound was nearly closed fourteen days after the operation. The only consecutive symptoms were fever, insomnia, slight sibilant rhonchus, cough. This observation comes in support of the opinion of Dr. Vallin (Bull, de Ther. Jan. 1845) who considers this affection to be consecutive to one of the larynx (*Gaz. des Hopitaux.*)

Dr. Flandin, already well known by several remarkable memoirs—performed conjointly with Dr. Danger—on some of the most controverted toxicological questions, has just received the just and merited reward of his labours, being nominated member of the *Conseil de Salubrité*, vacant by the death of Dr. Olivier d' Angers. Fourteen candidates presented themselves, among whom the *Conseil* chose three, Drs. Flandin, Bricheteau, and Laugier; the nomination depending on the *prefect de police* and the minister of the Interior. The merit of the two unsuccessful candidates is sufficient, were this at all requisite, to show how highly the researches of the individual appointed have been appreciated.

Academy of Sciences, Sitting of the 14th April. —M. Elie de Beaumont in the chair. Received. On the morphology or the re-production of the sertilarian zoophyte, and its analogy with the reproductive system of the flowering plant, by E. Forbes, F.L.S., Professor of Botany at King's College, London. The electrical Magazine, conducted by Mr. Charles Walker, Vol. 1, No. 8. April, 1845. Journal of the Royal Agricultural Society of England, Vol. 5, 1845. Part 2nd.

M. Arago, whose lectures on astronomy at the Observatory here are so very popular, informed the Academy and the public that he was in no way cognizant of the work published under the title of "*Lecons d' Astronomie professes par M. Arago, recuillies par un de ses eleves,**" and that it is a very bad compilation, and full of the grossest errors, though, if the title page say true, it has reached its fourth edition.

On the Muscular Current.—M. Matteucci in a letter addressed from Pisa, to M. de Humboldt, states that he has obtained signs of electro-chemical decomposition by the muscular current, and from his researches concludes—that the intensity of the muscular current is in proportion to the activity of the aspiration—that the same result is obtained on frogs deprived of air, that is to say, in a state bordering on asphyxia, as when they are acted upon from 25° F. to 61° F.—that the result is the same, when instead of atmospheric air, other gases are employed (oxygen, carbonic acid)—that when hydrogen is made use of, the deviation remains constant for several hours—that it is in the muscle, in its organization, and by the chemical action which takes place in its interior on the living animal, or one recently killed, that the current exists—that there is a current peculiar not only to the muscles of the frog, but likewise to all the muscles of animals, provided their extremities are tendinous; that all these muscles possess a current directed from the tendinous extremity to the surface. The same author gives the details of some experiments on the electrical discharge of the Leyden jar.

On a powder known by the name of Bleu d' Azur. by M. C. Briffaud.—The different varieties of *Bleu d' azur*, (composed of oxyde of cobalt, siliceous sand, oxyde of iron, and potass) are known in trade under the denomination of *azur* 1st degree, *azur* 2nd degree, &c. according to the colour and the impalpability of the powder. From analyses performed on several varieties, (8th, 6th, 2nd, 1st, degrees and pale *azur*) the author concludes—that this powder contains a considerable proportion of arsenic, which may easily be separated by water—that the presence of a soluble arsenical compound, in the powders obtained by calcination is highly interesting, and that this powder ought not to be employed by confectioners to colour their sweetmeats, nor in the different domestic usages.

On Azotized Componnds. By M. Aug. Laurent.—This author, in this memoir, continues his researches and gives the following formulas. *Quinine*—formula, $C^{38} H^{22} Az^{2} O^{2}$; may be converted by means of potass into *chinoline*, thus $C^{38} A^{22} Az^{2} O^{2} = C^{31} H^{14} Az^{2} + C^{2} O^{2} + H^{8}$ —*Cinchonine*—formula, $C^{38} H^{22} Az^{2} O$ — *bichlohydrate of cinchonine*, may be obtained in beautiful crystals by evaporating its solution *in vacuo*: formula, $C^{76} H^{44} Az^{4} O^{2} + H^{4} Cl^{4}$ — *bichloroplatinate of cinchonine*, formula $C^{76} H^{44} Az^{4} O^{2} + 2 (H^{2} Cl^{2} + Cl^{4} Pt.) + 2 H O$; by the addition of an atom of water, cinchonine is changed into *chinoline*, thus $C^{38} H^{22} Az^{2} O + H^{2} O = C^{36} H^{14} Az^{2} + C^{2} O + H^{10}$.—*Morphine*, formula $C^{68} H^{38} Az^{2} O^{6}$; *hydrochlorate of morphine* $C^{68} H^{38} Az^{2} O^{6} + H^{2} Cl^{2}$.—*Piperin*, formula as indicated by M. Regnault.—*Lophine*, $C^{92} H^{32} Az^{4}$.—*Picryle*, $C^{84} H^{30} Az^{2} O^{4}$; *chloro-picryle*, $C^{84} H^{30} Az^{2} O^{4} Cl^{2}$; *bromo-picryle*, $C^{84} H^{30} Az^{2} O^{4} Br^{2}$. *Coneine*, $C^{32} H^{30} Az^{2}$.—*Narcotine*, $C^{92} H^{50} Az^{2} O^{14}$ is changed by oxydation into *cotarnine*, $C^{52} H^{26} Az^{2} O^{6}$; the residuum $C^{40} H^{24} O^{8}$ when oxydyzed gives *opianic acid* $C^{40} H^{20} O^{10}$, a monobasic compound, which, when oxydised anew, furnishes a bibasic (hemipinic acid) $C^{40} H^{20} O^{12}$. *Narcogenine* is the result of the action of narcotine and cotarnine on each other; formula, $C^{144} H^{70} Az^{4} O^{20}$. Several other compounds have been studied, but the formulas are not given.

On the Functions of the Pancreas and its Influence on Digestion. By MM. Bourchardat and Sandras. —From the facts contained in this memoir the authors conclude:—That the pancreas is the organ which, in animals living on feculent substances, secretes the principle (*diastase*) specially destined to dissolve the food, so as to enable it to be absorbed, and that diastase also exists in the bile, saliva, and the secretion of the gastric mucous membrane.

On the Equivalents of several Simple Bodies. By M. J. Pelouze, M.A.S., &c. The progress analytical chemistry has made of late renders it possible to attain a correctness unknown at the period Berzelius established the laws by which chemical compositions took place. Thus, in carbonic acid, Professor Dumas has proved that the atomic weight of carbon was not 76.44 but 75·00; the same *savant* discovered, that the equivalents of hydrogen and calcium were 12·5 and 250. It, therefore, appeared that the hypothesis of Prout on equivalents, considered as multiples of a single body, *hydrogen*, was not without foundation; and new substances—azoto, chlorine, sulphur, zinc, bromine, mercury, borium, strontium—were added. This hypothesis was generally admitted until the researches of M. Marignac proved that the equivalent of chloride of potassium was not a multiple of that of hydrogen, and that one, if not both, were exceptions to the general rule. In the following table, the author gives the results of his researches on the equivalents of various metals compared with those of Berzelius.

			Berzelius.
Sodium	287·17	..	290·90
Potassium	489·30	..	489·92
Barium	858·03	..	856·88
Strontium	548·65	..	547·29
Azote............	175·08	..	177·03
Silicium..........	88·915	..	92·43
Phosphorus	400·00	..	392·29
Arsenic	937·50	..	940·08

Shewing that the greatest difference is between the eq. of phosphorus. If these numbers were divided by 12·5, the eq. of hydrogen, some give a very different result from that law indicated

* This is neither improbable nor indeed astonishing, for the public, from the way in which the work is announced, have naturally concluded that it contained the ideas of the illustrious *savant*, (G. de B.)

by Prout, whilst others—phosphorus, azote, arsenic—coincide with it, their eq. being multiples of that of hydrogen. Finally, it is principally the elements of organic bodies whose eq. seem always multiples of that of hydrogen.

On the Sulpho-Arseniuret of Lead, by M. A. Damour, presented by M. Dufrenoy, M.A.S.—This substance is found on Mont St. Gothard in trapezoid crystals, but generally in amorphous masses; it is combined with realgar and copper; from its brightness it has often been confounded with the latter, but it may be distinguished by its being somewhat similar to resin, and by its powder, which is of a reddish brown; specific gravity, 5·519; heated with charcoal it melts rapidly, disengages gases which offer at first a sulphurous, and afterwards an arsenical smell, and leaves a small globule of lead, malleable, and surrounded with a yellow circle; heated in a closed tube, realgar is sublimated, and appears in the form of small transparent globules. Composition:—

	1st analysis.		2d analysis.			
Sulphur	0 2057	..	0 1453 or	5	atoms	22 18
Arsenic	0·1892	..	0·1360	2	,,	20·73
Lead	0 5066	..	0 3688	2	,,	57 09
Silver	0 0019	..	0·0011			
Copper......	0 0027	..	0·0014			
Iron........	0·0040	..	0·0021			

whence the formula, 2 P6 + As.

MM. Danger and Flandin addressed the following letter:—"The Academy at the sitting of last week received two letters—one from Professor Orfila, the other from M. Barse. It is with infinite regret that we find ourselves obliged to reply, the more so, as science derives no benefit from discussions which have no motive but personal interest. On the faith of a periodical, Professor Orfila reproaches us with having erroneously attacked the report presented by MM. Pelletier, Chevalier, and himself; now, had he waited until the publication of the memoir,* he would have perceived that the report was not mentioned, but only experiments, owing to which two chemists, led astray by Smithson's apparatus, thought that mercury existed in a liquid which contained none. The error, as we stated, was rectified, and the precept was then given not to be content with the change of colour of the gold, but to affirm that mercury was present, only when globules of that metal could be obtained by heating the apparatus in a tube." Had Professor Orfila read this phrase, he would not have reclaimed the priority of an idea of which we never thought of depriving him—that of volatilizing in a tube the mercury on the gold of Smithson's apparatus. By mentioning that he had published "a memoir in which he indicated the various errors to which this apparatus may give rise, and the means by which they may be avoided," Professor Orfila owns that the error of which we spoke really existed; now in no part of our memoir did we say aught from which it might be concluded, that it was the report presented by the experts. However as the celebrated toxicologist is not explicit as to the errors and plagiaries he imputes to us, we cannot do more than join in the wish he expresses, that the committee named by the Academy to present a report on our memoirs, should do so as speedily as possible. The author of the second letter is more explicit than the master whose doctrines he upholds, as he declares what he considers to be our plagiaries and our errors:—1°. That we announced as a novelty, in 1842, the concentration of poisons in the liver, a fact published by Professor Orfila in 1840. But, we would ask those who have attentively studied this subject—what is the exact date of the expression, *concentration of poisons in the liver?* Is it not posterior to that of *localization of poisons*, by which we first drew the attention of physiologists to this curious and unexpected phenomenon—that poisons were not equally distributed in the various parts of the body; that tartar emetic was never found in the lungs, nor copper in the urine, &c.? In order to explain why the liver contained a greater quantity of poison than the other organs, Professor Orfila referred to its vascularity, and the nature of its functions as a secreting organ. Now, we think we *first* indicated that poisons were carried directly to the liver, principally by the vena portæ, formerly empirically denominated the *porta malorum*. And were not these ideas novel, and deserving the attention of physiologists? 2°. That several propositions advanced by us are inexact—(*a*) "that without containing a particle of arsenic, some spots may offer the physical characters, and produce the same result with the different chemical tests of the real arsenical spots." The Academy has announced its opinion on this subject; every body is aware that this learned body has declared "Marsh's apparatus of no use as far as the spots were concerned."* Nothing, therefore, need be added. (*b*) "That the earth of cemeteries contained no arsenic." How is it possible that we could have made such an assertion? Arsenic is one of the minerals which constitute the elements of our globe; therefore, may it not, must it not happen that cemeteries have been formed in parts that naturally contain arsenic? From several experiments on some earth taken from three of the principal cemeteries round Paris, we certainly stated that we did not find any arsenic. But in reading what we published on this subject, it will be seen that we did not even insinuate that the absence of arsenic on one spot necessarily precluded its existence elsewhere. One ought to grant one's adversaries at least common sense. (*c*) "That animals when poisoned do not urinate." In *acute* poisoning with arsenic, we stated that in general animals do not urinate. The absence, or minute quantity of urine is a symptom of this species of poisoning, a fact with which practitioners are acquainted; and we have, in the numerous judiciary reports drawn up by distinguished experimentalists, found the conclusions to which we were led by our first experiments on animals, confirmed by the facts observed on man. (*d*) "That copper does not exist in our organs in their normal state." We maintain our opinion, but at the same time would request that the terms *normal copper* and *accidental copper* be not confounded. (*e*) "That no poison is to be found in the blood of animals when poisoned." The proposition emitted was far from being so absolute. We said that *certain poisons* (copper and lead) would not be met with in the blood. But we know that arsenic and antimony may be found, and we trust from this fact to be able to draw some conclusions useful in a therapeutic point of view. (*f*) Finally he protests against the assertion "that, in judiciary experiments, the animal matter had better be divided, and that for instance, it is sufficient to examine three or four ounces of liver to prove the presence of the poison." This division, in these enquiries is in our opinion, useful, and even in every case it ought to be done. Recent experiments have proved the correctness of this opinion, and we therefore, maintain it; let it however be clearly understood, that we do not limit the researches to so small a portion if no poison is discovered; in these cases, we must analyse half a pound, a pound and even two pounds. To conclude, as doubtless the Academy is wearied with these long and useless discussions, in future we will reply to no reclamations no better founded than those just answered."

M. Carillon writes, stating that he has invented a machine (of which a drawing is given) by which lustre may be given to the paper in stained paper manufactories without incommoding the workmen.

Academy of Medicine. Sitting of the 15th April. M. Caventou in the chair.—Received statistical tables of mortality in London.

On the Plague.—M. Hamont, corresponding member, addressed a letter on this subject, in reply to one from Dr. Aubert Roche, which terminates with the following *resumé*:—Cases of plague were observed on the guardians of lazarettos, after the arrival of infected vessels. Ought men and merchandize to be permitted to be put on shore, without paying attention to sanatory measures? I do not think this ought to be permitted in every case; but goods must be exposed to the air for several days, so as to do away with the infectious principle. Dr. Aubert-Roche requests that the quarantine be limited to twelve or thirteen days, voyage included, when no sickness is on board; I would wish it to be fifteen, as in England. Quarantines are not suppressed in England, but all vessels which have been *at least* fifteen days at sea, are permitted to land passengers and goods: but if cases of plague had been observed during the passage, a quarantine, longer or shorter, according as the cases may be, is rendered obligatory. Finally, M. Hamont coincides with Dr. Aubert-Roche in the opinion that it is necessary to reform the sanatory laws in France.

On the Extent of Surface of the Brain, and its relations to development of Intelligence.—This interesting memoir, read by Dr. Baillarger, one of the candidates for the vacant place in the section of anatomy and physiology, and distinguished for his researches on mental diseases, will shortly be published in the *Medical Times*.

Professor Roux read a long memoir on Exostosis.

Fragment of a Sound in the Bladder.—Dr. Leroy d'Etiolles shewed the Academy the fragment of a gum elastic sound of a large calibre, 2¾ inches in length, which he extracted *per urethram* from the bladder of an old priest living at the Batignolles near Paris. It had been in the bladder for more than three months, and its surface was already covered with a calculous incrustation, which was detached and previously removed. The instrument made use of is so disposed that if the sound is seized transversely, it is bent, the two extremities turned backwards, so that when cut in two, one remains between its branches, and being in the direction of the urethra may easily be extracted. When the sound is very small it may be extracted, bent in two, without being divided. Dr. Leroy d'Etiolles mentions the case of a young woman, from whose bladder he extracted the handle of a mustard spoon in box-wood, 3½ inches in length, without producing the slightest accident.

GARLAND DE BEAUMONT, D.M.P.L., & S., &c.
Honorary Physician to the Spanish Embassy.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

On the Endermic use of Strychnia in Functional Amaurosis.—Pure strychnia, when used by the endermic method, exerts an effect equal to that of the nitrate, or hydrochlorate. If rubbed into the vicinity of the eye in quantity so small as that of a quarter of a grain, it produces a sensation of violent burning, with increased lacrymal secretion, accelerated pulse, head-ache, vertigo, and obstructed respiration. Two or three hours after it has been applied, convulsive movements set in, accompanied with shooting pains in the head, extending to the affected eye; these disappear as soon as diaphoresis is induced. Two grains and a half produce the above symptoms, besides great restlessness. The author prefers the endermic, to the internal use of strychnia: 1. Because the remedy can be applied to the affected spot itself. 2. Because smaller doses are required. 3. Because a useful change of remedies can be more easily effected. For the purpose of excoriation, a blister is used by the author in preference to other means. He applies it to the supra-orbital, or temporal region, and when the part is excoriated, the strychnia, mixed with saliva, is then rubbed in; and the wounded spot covered with waxed paper. It is necessary to begin with the smallest dose of strychnia, and to increase it gradually and carefully. The writer of this paper strongly dissuades medical men from directing the application of strychnia behind the ears, as he has witnessed violent tetanic convulsions from such an application.—*Dr. Wimmer, of Munich, in Neu Medic. Chirurg. Zeitung.*

On the use of a Mild Preparation of Scammony.—A purgative nostrum, used by the late Dr. Baader, which has been made public since his death, turns out to be nothing more than a resinous extract of scammony. His method of preparing it was as follows: A quantity of powdered Aleppo scammony

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* *Vide* the memoir published in the "*Medical Times.*"

* *Vide* Comptes Rendus de l'Acad. des Sciences, vol. xiii. p. 57

was put into a digesting glass, and as much rectified spirit poured over it as would rise about an inch over the powder. The mixture was then exposed to a moderate temperature, and shaken several times a day. After a week, the liquid was filtered, and the yellow solution decanted off. Pure water was poured into the resinous solution as long as a precipitate appeared. The liquid used to precipitate the resin, was next distilled to save the spirit, and a small quantity of dirty resin poured in the distilling apparatus. The pure resin is agitated with pure water until all its peculiar taste is lost; it is afterwards dried at a gentle heat. In this state it is transparent and brittle as glass. Baader disguised this preparation by mixing with it gum. Arab., and balsam of Canada, Castile soap, and almond syrup. Latterly, he administered it mixed with powdered biscuit, in which form children take it most easily.

The following is Baader's formula for the administration of his preparation:—℞. Resinæ Scammonii, ʒiij.; Saponis Veneti, gr. v.; Sacchari duri gr. lv.; Misceantur intime terendo. Denique pulveri additur. Panis vulgo dicti, *Biscuit*, ℥j.; Conterentur simul, denuo servetur pulvis in phialâ obtuturatâ.

Each drachm of this powder contains six grains of resin of scammony. Its doses may be graduated thus: Children, 2 years old, 5 grains; ditto, 8 years old, 10 to 15 grains; adults, 1 drachm to 2 drachms.—(*Dr. Wimmer of Munich, Opere Citato.*)

Chronic Enteritis and Gastritis probably caused by the excessive use of Morison's Pills.—A gentleman 47 years of age, had used Morison's pills against hereditary tetter, (herpes) with some apparent advantage, and became by that means so prejudiced in their favour, that he took them on every occasion, and made his family also use them. (He consumed in a year and a half, pills to the value of £25.) When in his 24th year, he suffered from obstinate intermittent fever, and latterly with a gastro-nervous fever, which underwent a relapse, and produced a most depressing effect on his mind, terminating in monomania, so that he believed that mortification of the viscera had taken place. Hydropathic treatment, change of air, all were employed in vain, and he was at last placed in the author's private lunatic establishment. He complained of lancinating and cutting pains in the abdomen, under the short ribs, increasing periodically in violence; for several months he had not been able to lie on his back. On the third of September, he was evidently in great pain in the abdomen, and labored under intense thirst. These symptoms continued to increase till the 5th, when he died, notwithstanding the employment of energetic antiphlogistic treatment. The *post-mortem* examination showed a spot in the duodenum, affected with recent gangrenous inflammation; and in a considerable portion of the small intestines, the mucous folds were very prominent, much injected and of a fleshy consistence. A great number of spots were perceived, probably the openings of degenerated mucous glands; in the ascending colon, and a little further in, there was found a spot which was almost black. The small intestines contained a reddish pus-like liquid; there were cicatrices on the mucous membrane of the fundus of the stomach, one of which was decidedly the result of a perforating ulcer. The membrane was also thickened and injected in several places. The author ascribes the inflammation and subsequent insanity, to the excessive use of drastic pills. They must have caused great irritation in the already weakened bowels, and caused a metastasis of the skin-disease to the abdomen, as frequently happens. Disorder of the small intestines may affect the understanding (intellect) whilst disease of the large intestines rather tends to affect the feelings. Constipation and the consequent pressure on the abdominal organs and diaphragm, most certainly influence mental derangement. The greater the evidences of the failure of the voluntary power in the maniac, the more certainly will the cause of the aberration be found in the abdomen.—*Dr. Whittfeld and Dr. Albers, in Rhein. id. Westphal. medic. correspond. bl.*

Osseous Concretions in the Epiploon and Spleen.—In the body of a woman who died at the age of 65, from abdominal disease, an osseous concretion of the size of a walnut, was found in the right side of the epiploon, surrounded with a layer of fat, and of the shape of a walnut. It weighed one drachm, and had a smooth surface. A larger osseous concretion, weighing half an ounce, and measuring 3 inches in length, 1½ inches in breadth, and 4 inches in thickness, was found at the convex part of the spleen; its external surface was likewise smooth, the internal rough and unequal; both consisted of phosphate and carbonate of lime. The liver was enlarged.—(*Dr. Rock in Allgemein. Zeit. fur Chirurgie.*)

Syphilis Congenita.—F. ætat. 40, had a chancre 12 years ago, and was treated by a quack with pills, which probably consisted of sublimate. He rapidly increased the dose from 2 to 80; the larger doses invariably caused violent pain of the stomach, lasting for hours. A cure was effected in four weeks. During the treatment, the patient drank freely of brandy. Three years after this he married. His wife bore a healthy child, still living. The next five children were born apparently healthy, but were all seized five or six weeks after birth, with an eruption of the skin, during which they emaciated and died in a few weeks. When the next child was similarly attacked, the author was called in, and he found gradually enlarging pustules on the scrotum, anus, and internal side of the thighs. Eight days after, the penis and legs were covered with superficial ulcers; the skin between the ulcers was of a copper red colour; the child was greatly emaciated, and cried almost constantly in a hoarse, crowing tone. The author exhibited ¼ of a grain of hydrarg. oxydul. nigr. with carbonate of magnesia three times a day, and cured the child in a fortnight. The child was constantly suckled by the mother during the treatment, but the nipples were washed after each suckling. The child, as well as the parents, now enjoy perfect health.—*Dr. Maenicke in Rhein. id Westphal. Correspondenz blatt.*

Birth of Four Children.—A healthy, strong woman, ætat. 35, after having had five children, became pregnant again, and this time her abdomen appeared to be of larger dimensions than usual. During the subsequent process of parturition, the waters were discharged sparingly; one child presented itself with the feet, and was expelled by the efforts of nature. Half an hour after, the birth of the second child began and was terminated in an hour. The third and fourth children (apparently still-born) speedily followed. The quantity of water discharged was about 2lb. After one hour and three quarters, four separate placentæ were expelled. These four children (boys) were all born with the feet foremost; they were all perfectly mature and well formed; they resembled each other, and performed their functions regularly. Their length averaged from 15¼ to 17 inches, their weight from 3lb. to 4lb. They all died within the next five days, notwithstanding the greatest care was taken of them as regards their nourishment and preservation. The mother left her bed five days after delivery, and remains in very good health.—(*Prof. Pfau in Oester. Medic. Wochenschr.*)

The History of a Human Anencephalus.—The following case confirms the existence of a system of excito-motory functions dependent on the spinal marrow, independently of the brain. A loaded cannon took off the head of the soldier who fired it; nothing was left of the whole face but the tongue and the lower jaw. The tongue was in violent convulsive motion, and the respiration deep, slow, and rattling. Both continued in this state for seven minutes and a half, when they became gradually slower and more rare, and ultimately ceased 15 minutes from the time of the accident. The whole brain (cerebrum and cerebellum) lay torn and scattered about; a few small pieces of the ossa parietalia were still hanging to torn pieces of the skin; the os basilare, with the foramen occipitale was still present, and showed the torn portion of the medulla oblongata. —(*Dr. Schleifer in Oesterr. Medic. Wochenschr.*)

On the Convulsions of New-born Children.—The author only treats of the epileptic convulsions (epilepsia eclampsia neonatorum. Meissner.) and not of involuntary movements of the muscles of the face, eyes, or extremities. Meissner believes these convulsions to be rarely idiopathic, but most generally symptomatic, or reflex of diseases of the reproductive system. The observations collected in the Lying-in and Foundling Hospitals of Prague, led the author to the following results. Out of 2,500 infants only nine cases of well marked convulsions appeared, all of them caused by a derangement of the central nervous system. The disease might be regarded in almost all these cases as primary; but in two cases suppurative phlebitis umbilicalis seemed to be connected with the cause. In the other cases, hemorrhage was found to have occurred within the skull, or the cavity of the spinal marrow, on the *dura mater*, rarely between the membranes, and never in the substance of the brain. As regards the *causes* of the hemorrhage, nothing could be ascertained; neither difficult nor artificial labour, neither artificial nor natural birth, seemed to exert any influence. In all convulsions produced by affection of the brain, the temperature of the head was increased, the facial muscles distorted (as also in hydrencephalus), and in two cases there was an erection of the penis; in convulsions, however, proceeding from affection of the spinal marrow, opisthotonos appeared, with contractions of the extremities; and increased temperature of the head was a later symptom, so that the seat of the hemorrhage may be presumed from these symptoms. The pulse could not be counted in any instance; the urine and fæces were rarely evacuated. The first attack never appeared before the second day after the birth, and one case only, on the 12th day, when the dissection distinctly showed that the extravasation of blood must have taken place several days before. [This shows that it is not every extravasation of blood that produces convulsions, but that it only favours convulsive tendency.] The paroxysms were repeated in some cases every three minutes, in others every hour. In the intervals, the children appeared in a state of stupor. The author did not see any child recover from real convulsions. The course of the disease was always very acute, varying from an hour to one or two days, when it invariably terminated fatally. A powerful antiphlogistic treatment seemed alone to have any beneficial influence.—*Dr. Schleifer of Neuhofen in Oesterr. Medic. Wochenschr.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN SCIENCE.

(The following are the principal articles of interest to our readers in a recent number of the *Lancet*.)

Dislocation of the Shoulder.—Mr. Potter had an opportunity, in the dissecting-room belonging to University College, of dissecting a shoulder in which dislocation of the humerus had taken place. The following were the appearances presented:—the capsular ligament was extensively ruptured on the outer aspect of the joint, between the tendons of the sub-scapularis and supra-spinatus muscles. The opening, large enough to allow the head of the humerus to pass readily through it, communicated with a large bursa, which lined the under surface of the acromion, forming a species of false joint between that process of bone, and the upper and outer part of the head of the humerus. The long tendon of the biceps was torn through, near its origin, from the margin of the glenoid cavity; it appeared to have retracted, and was closely united to the bicipital groove by means of slender semi-transparent shreds, attached somewhat after the manner in which the columnæ carneæ are attached to the walls of the heart. The tendons of the supra-spinatus and infra-spinatus muscles were stripped completely from their natural insertion into the upper part of the great tuberosity of the humerus, but retained their connexion with the teres minor, through the medium of which they were indirectly attached to the neck of the bone. The supra-spinatus muscle was pale and atrophied, and forced to pass in a curved direction round the head of the humerus, leaving its upper part bare and rough. No ulceration appeared on the surface of the cartilage, though its margins were fringed with numerous little fleshy projections, as if

lymph had been deposited there, and organized during the process of repairing the injury in the capsular ligament. From these appearances, Mr. Potter concludes that the primary injury had been a dislocation of the head of the humerus forwards and upwards.

RETENTION OF URINE, CAUSED BY OBSTRUCTION IN THE RECTUM.—Mr. Todd narrates the case of a man, 62 years of age, who, after partaking several times of pease pudding, made with whole grey peas, was seized with retention of urine, and symptoms indicative of obstruction in the rectum. The retention was relieved on several occasions by the use of the catheter, and the obstruction was finally overcome by purgative enemata. The patient recovered.

ULCERATION OF THE IRIS.—A case of syphilitic iritis is reported from the London Hospital, in which there was great deposit of lymph, and the formation of an abscess in the texture of the iris. A mercurial treatment, combined with tonics was prescribed, and under its influence the effusion of lymph was gradually absorbed. When this had been removed sufficiently to allow the iris to be seen, its structure appeared as if it was considerably attenuated at the spot in which the lymph had been most abundantly deposited: and in a few days, when a more complete view was obtained, it was evident that there was an absolute deficiency in the iris, that ulceration had taken place, and a fissure, extending from its pupillary margin to one half its depth, was left; the margins of this fissure were firmly bound to the capsule of the lens, so that belladonna had no effect in altering its dimensions: and, indeed, there was but little action in any portion of the iris, and that only in the superior part, the remainder being irregularly adherent. When the patient left the hospital, the fissure was somewhat diminished in size; the edges having become slightly approximated.

EXTRAORDINARY EFFECTS OF LIGHTNING.—Dr. Le Conte, of Savannah, in the *New York Journal of Medicine* states that five negresses were simultaneously prostrated by a single stroke of lightning on a plantation in Georgia. The sun was shining brilliantly at the time, and a greater portion of the visible hemisphere presented the usual serenity of the summer sky. A singular and rather angry-looking cloud had, for a short time previously, been observed near the verge of the south-eastern horizon, from which occasionally proceeded the low rumblings of very distant thunder. Suddenly the whole atmosphere was illumined by a flash, succeeded by a single report, and the cloud quickly dispersed precipitating a little rain. The five negresses were all taken up in a state of apparent death. The 1st case, that of a negress, aged about thirteen years, who was up in the branches of a small mulberry-tree, twenty feet high, and standing sixteen feet in front of a line of negro houses, which extended parallel to a wood situated one hundred yards in the rear of the same. She was engaged in throwing down the fruit for her little companion below. Every principle of life seems to have been instantly extinguished by the intensity of the electrical shock*:—her body had to be taken down from the branches of the tree where it had lodged. No marks of external injury observed. The 2nd, was that of a female child, aged about six years, who was standing immediately under the tree. She was instantaneously killed. No superficial marks of injury observed. The 3rd, was that of an adult woman, aged forty years, who was walking about ten feet more remote from the base of the tree than the latter child; and, also, about five feet more distant than the two who survived the shock, viz.: than cases 4 and 5. She was instantly killed. No marks of injury recognized, excepting a burnt spot, the size of a dollar, under the right axilla. Her clothes were set on fire: but this was probably occasioned by the breaking of a tobacco pipe which she was smoking at the time, and which scattered its ignited contents over her cotton garments. In the three cases above-mentioned, all the ordinary attainable means of resuscitation were tried without success. 4th, also that of an adult woman, aged twenty-nine years, who was standing half-way between cases 2 and 3, and, consequently, about five feet from the root of the tree. After remaining in a state of insensibility for some time, she gradually recovered her consciousness. A dose of castor-oil was then administered. The skin on her right shoulder was abraded for a space as large as a dollar. Her clothes were rent into shreds; on the right side of her body, the skin was blistered, and marked with discoloured streaks, which extended anteriorly on the lower portion of the abdomen towards the pubes. A small streak likewise extended along the interior aspect of the right arm. She complained of pain in the stomach and bowels for three weeks. No vomiting nor burning in the hands and feet, as was experienced in the next case. She has been married several years, but has never been pregnant. Her menstruation was perfectly regular prior to the reception of the shock; but has since that time been very irregular; sometimes having two periods per month, and then escaping two months. The flow has also been much diminished in quantity. Her health has not been very good since she was struck; manifestly resulting from her menstrual irregularity. A recent copious bleeding has afforded her evident and immediate relief. Her reproductive functions appear to continue dormant. The 5th, was that of an aged woman, at least seventy years, who was standing immediately beside the last. She, likewise, gradually recovered her consciousness. No medicine was administered. Her clothes were rent; and after a few days, marks of discolouration were manifested along the right arm and right side of the trunk. A violent paroxysm of vomiting followed the restoration to a state of sensibility; which continued, with occasional interruptions, for ten or twelve hours. As in the preceding case, she complained very much of pain in the region of the stomach and bowels, for at least two weeks after the accident. A troublesome sensation of burning was experienced in the palms of her hands and the soles of her feet; and in the course of two or three weeks a swelling made its appearance under the right foot, which ultimately resulted in the exfoliation of a portion of the thick, indurated epidermis of that part, about one and a half inches in diameter. The catamenial discharge, which had, in accordance with the ordinary arrangement of nature, ceased for more than twenty years, was completely and, thus far, permanently re-established. At least, a discharge from the genital organs, having all the obvious and sensible physical characters of the catamenia, and observing, with rigorous exactitude, its peculiar law of periodicity, has been established, and continues to recur, with the utmost regularity, up to the present time, (Aug., 1844), after the lapse of more than a year. She has not missed a single menstrual period since she was struck by lightning. To use a liberal paraphrase of her own language, her 'moons return as regularly as when she was a young woman.' The flow comes on with the usual premonitory symptoms. Her mammæ have undergone an obvious preternatural enlargement, apparently originating in a sympathetic irritation, emanating from the establishment of the reproductive functions. This woman has but one child, to which she gave birth, soon after reaching womanhood. The catamenial flux is represented to have been regular up to the period of its natural cessation, between forty-five and fifty years of age; subsequently to which epoch, she has presented all the appearances ordinarily attending the gradual approach of the state of senility in a vigorous constitution. The electrical shock, likewise, completely relieved her of a troublesome strangury which had harassed her for four or five years. Very recently she has occasionally had a slight recurrence of the same complaint, although in a much milder form. Otherwise, her health continues perfectly good; there being, so far as symptoms show, not the slightest indication of the supervention of organic disease of the uterus.

REMOVAL OF A DISEASED OVARIUM.—Dr. J. D. Bowles, of Harrison, Ohio, in the *Western Lancet*, states that Mrs. Brant, aged 25, in the middle of August, 1843, for the first time noticed a small tumour in the left hypogastric region, which had unceasingly continued to increase; it now occupies the whole lower part of the abdomen, and extends upwards to midway between the umbilicus and ensiform cartilage; it is very movable in a lateral and somewhat in a vertical direction; its surface feels hard and uneven as if lobulated. Upon examination the vagina and os uteri feel healthy; the direction of the vagina inclines to the left; pressure to the right of the neck of the uterus gives slight pain; here, through the vagina, the tumour can be felt. She complains of pains in the lumbar region, and down the thighs, at times resembling those of parturition. The urine is frequently and rather painfully voided. The bowels are inclined to be costive: in other respects, the various functions of the body are performed in a healthy manner. In pursuance with the opinion expressed at a consultation, Dr. Bowles proceeded to operate upon the plan pursued by McDowell, Lizars, and Clay. The patient having her bladder and rectum evacuated, was laid on a table; her head resting on a pillow; her legs hanging over the end, and her feet resting on a chair. Avoiding the umbilicus, an incision nine inches in length was made through the linea alba, from the upper part of the tumour to the symphysis pubis. Upon drawing aside the parietes, the tumour might be seen through the greater omentum, which passed down in front of it: upon endeavouring to raise it, it was found adherent to the tumour. The adhesions were readily separated by the handle of the scalpel or fingers. There were no adhesions on the posterior part. In endeavouring to raise it from the right iliac fossa, its attachment to the broad ligament of the uterus, which formed the pedicle, was brought into view; the pedicle was about two inches wide; its broad surface closely adhered to the tumour; its blood-vessels were large and distended; following its course for a short distance, the finger could be passed around it; here a ligature of double silk was applied, and firmly tied, and passed through the pedicle between the tumour and place of application; the broad ligament was then cut through. Endeavouring to raise it from the right iliac fossa, it was found firmly bound down by adhesions to the uterus and bladder; the close adhesion of the tumour to the former gave to the hand, when examining it from behind, a sensation as if their structures were intimately blended into one consolidated mass, but as soon as the pedicle was divided, upon raising the tumour in front, the adhesions between it and the fundus of the bladder and uterus, were easily separated by the handle of the scalpel, and the tumour was removed. She was placed on one side, that the accumulated blood might escape, of which not more than six or eight ounces were lost, and not a jet of arterial blood was seen. Upon being replaced in her former position, vomiting occurred, which forcibly protruded the intestines from the wound, and rendered it somewhat difficult to replace them, but Dr. Fuller by well directed pressure resisted the propulsive action, and stimuli being administered, the vomiting subsided. The wound was then closed by an interrupted suture of five stitches. At distances of an inch and a half, long strips of adhesive plaster, reaching across the abdomen, were applied between the sutures; a long compress on each side of the wound; raw cotton over it; and a broad bandage surrounding the body, enveloped the whole. Since the operation she has gone on well, and has had nothing to complain of, excepting that on the remainder of the fifth, and until the evening of the following day, her stomach would retain nothing; it yielded to an effervescent, or gruel. From that period she cannot be said to have an untoward symptom. Her diet was the mildest that could be suggested; and a dose or two of morphine the only medicine administered. To keep her abdominal muscles at rest, her urine was constantly drawn drawn off by the catheter, and her bowels washed out by enemata; to prevent distension from flatulence a tube was kept in the rectum. Three of the sutures were removed on the 9th, one on the 10th, and the remaining one on the 11th. Adhesion has taken place (with the exception of an inch near the lower part) throughout the wound; the ligature is not yet come away. The urine and fæces are discharged without difficulty or assistance. Her appetite is good; her health better

than before the operation. There is no doubt of her ultimate recovery. The tumour weighed five lbs.; its external appearance resembled the human brain enveloped in the pia mater: upon dividing it, the interior seemed quite solid, resembling the mammary gland, having a dense white appearance, agreeing with Dr. Good's definition of the emphyma mammarium. It measures in its shortest circumference fifteen inches, in its longest twenty-two and a half. The adhesions and solidity of the tumour would have rendered its extraction totally impossible by the short incision. The propriety of operating in the linea alba was manifested by finding the pedicle to be the right broad ligament, instead of the left, as we expected from the history given by the patient.

Rupture of the Spleen.—A robust man, about 40 years old, was engaged in a scuffle with another of the same size, and received a blow from the fist of his opponent, in the left hypochondriac region; the combatants then clenched each other, and so equal were their exertions for five or ten minutes, that it seemed doubtful which would come off victor; at length, however, the strength of J. W. seemed suddenly to fail. He turned pale, staggered and sank helpless upon the ground, complaining of nausea, faintness, and pain in the left side. He was carried, in a sinking condition, a short distance to a house, where he expired, in about fifteen minutes after the termination of the conflict. On dissection, twenty-four hours after death, no marks of violence were observed on the exterior. The cavity of the pericardium contained about two ounces of effused serum. In other respects, the contents of the thorax appeared natural. But upon cutting through the abdominal parietes, exit was given to between two and three quarts of dark, partially coagulated blood. An extended incision brought into view the spleen, enlarged to about five times its natural dimensions, and so soft in texture as to be easily broken down; under slight pressure with the finger. Upon its posterior surface, was a lacerated fissure of about five inches in length, extending deep into the centre of the organ. It was evidently from the divided blood-vessels of this torn structure, that internal hemorrhage had taken place to such an extent as to cause immediate death. The coroner's verdict was as follows:—"Death from lacerated diseased spleen, caused by a blow, fall, or over-exertion, while engaged in a scuffle with B. R.". B. R. was tried for manslaughter, and acquitted, by the Circuit Court.—*Dr. Herrick, in Illinois Medical Journal.*

Fracture during Pregnancy.—Dr. H. C. Marthens relates, in the *St. Louis Medical and Surgical Journal*, a case of fracture of the radius in a woman 30 years of age, at the time in the seventh month of pregnancy. The fracture united firmly in one month,—as short a period as union would have occurred under ordinary circumstances.

Foreign body in the rectum.—Mr. Blanchard, of Pimlico, in a communication which he has obligingly forwarded us, states that he was called to a man who he found in a state of great prostration, and apparently dying; on recovering from which the man complained of agonizing pain about the anus, with which he was seized while at the water-closet, where he fainted. Mr. Blanchard examined him, and saw a piece of black thread about an inch long hanging from the bowel. On introducing the finger, he found a needle with its point downwards about three inches up the rectum sticking in the gut. He experienced considerable difficulty in extracting it, in consequence of its position, &c., but after repeated and careful attempts, succeeded, and found it to be a tailor's needle with about half a foot of black thread attached. Inflammation commenced in the neighbouring parts on the second day, but by the application of leeches and other antiphlogistic means, the man got well in a week.

Memoranda on natural labour.—Mr. Close, of Manchester, promises, in a recently received communication, to draw up for the convenience of the student of midwifery, a synopsis or chart of most of those points which are of bed-side importance, and which ought to be indelibly fixed on his recollection. The following are the memoranda which he supplies with reference to the theory and practice of natural labour. The student should closely study and remember: 1.—The construction of the pelvis—the promontory of the sacrum—the sacro-iliac synchondrosis—symphysis pubes foramen ovale—acetabulum—linea ileo pectinea—the false and true pelves. 2.—The relative position of the uterus, bladder, rectum, blood vessels, and nerves to each other and to the pelvis—the situation of the meatus urinarius—mode of introducing the catheter—perineum. 3. The measurements and diameters of the brim of the pelvis, especially the antero, posterior, transverse and oblique—the measurements and diameters of the outlet. 4. The form and structure of the child's head—the anterior and posterior fontanelles—the sagittal suture. Its measurements and diameters, especially the longitudinal, occipito-mental or oblique, and the transverse. 5. The mechanism of labour—the necessity of there being an exact adaptation of the various diameters of the head to those of the pelvis. 6. The situation of the head in the first stage of labour—the mode of its transmission, particularly that given by Naegelè—the situation of the head at the outlet. 7. The obliquity of the pelvis in relation to the spinal column—the axis of the brim—the axis of the outlet—the necessity of the propelling power being in the direction of the axes—the necessity of placing the patient in labour so that the axis of the uterine cavity may correspond with that of the brim—the impossibility of safely using any extracting force but in the direction of the axes. 8. The position of the uterus just previously to the commencement of labour—the nature and manner of uterine action—the state of the os uteri in the first stage—its situation—the means made use of by nature for its dilatation—the necessity of not unnecessarily interfering with this process. 9. The character of the pains in the first stage—the change which takes place in their character, in the position of the head, and state of the os uteri during the second stage. 10. The best mode of applying support to the perineum during the expulsion of the child. 11. The need of knowing that there is not another fœtus in utero before any attempt be made to extract the placenta. 12. The best kind of bandage, and the best mode of applying it. 13. The time and manner of extracting the placenta, and the necessity of ascertaining the condition of the uterus before attempting it. 14. The time and mode of tying securing and dividing the umbilical cord. Lastly:—The necessity of being perfectly satisfied that the patient is safe before he leaves her.

Modified variola after vaccination.—Mr. Blackall of Henry Street, Avenue Road, Regent's Park, has forwarded us the particulars of a case of modified variola after vaccination. A strong healthy child, aged two years, of full habit was vaccinated by him, and the arm shewed no tendency to inflame before the 5th day; on the 6th, it presented the usual appearance resulting from the application of the vaccine lymph; on the 7th, there was high fever with convulsions added to which, the child appeared to suffer from teething. On the 8th, a vesicular eruption was thrown out on the lower extremities, back and face, but without any abatement of the constitutional disturbance. On the 9th, the eruption was more numerous, but still thin and partial, but no convulsions, and less fever. On the 11th, the pustules on the face seemed fuller and better formed, and in a few instances shewed the pit or central depression attendant on variola, but this distinguishing symptom was confined to a few pustules, and was very indistinct; a few days after desquamation took place very favourably. In some concluding remarks on this interesting case, Mr. Blackall draws attention to the peculiar circumstance that, on the fifth day from the time the child was vaccinated the puncture of the arm inflamed, and on the sixth the pustule was distinct, and presented the usual appearance of a successful and well defined vaccination, previously to which no eruption was visible on the body, face, or limbs. The fact of the vesicular eruption appearing after, and not before the pustule of the arm rose from the application of the "vaccine lymph," would lead one, he says, to conclude the vaccination succeeded; but the strangeness of the eruption, and the constitutional excitement that followed, coupled with the other facts of the case, made it highly improbable. He then enquires why did the puncture of the arm first inflame, and arrive at the pustular form of the complaint if the vaccination did not succeed? and if it did, how and why did the variolous disease shew itself, and whether a scratch or wound on any part of the body would give a preference to the latter to shew itself in that identical part when small-pox arose from natural causes? and if a person labouring under an undeveloped attack of variola was vaccinated while under its influence could it so modify and alter that disease as to produce the varied form of it which he has described? or could it neutralize the efficacy of the "vaccine lymph," and predominate and attack the part primarily at the point where the puncture was made for vaccination.

TRANSACTIONS OF LEARNED SOCIETIES

Royal Medical and Chirurgical Society, April 22nd 1845, Dr. Watson, Vice President, in the chair.

Two cases of Formation of Artificial Pupil, with the Description of a New Instrument for Seizing and Detaching the Iris, by Wm. R. Beaumont, Esq., Professor of Surgery, in the University of King's College, Toronto, Upper Canada, &c.

In bringing forward these cases, the object of the author was to present to the notice of the Society, a forceps which he has invented for seizing the iris, and detaching its ciliary margin from the corpus ciliare, or for drawing any portion of the iris through a wound in the cornea. After noticing the instruments used in these operations, and particularly the fine hook which is recommended by Mr. Lawrence, he remarks that the hook sometimes tears its way out of the iris, instead of detaching it; but in using the forceps suggested by the author, this laceration of the iris without its detachment never occurred, and he never failed in any instance in seizing the iris at the first attempt, and close to its ciliary margin. The hook may possibly in transfixing the iris, wound the capsule of the lens; the teeth of the forceps are too short, and are set in a direction which causes them to enter the iris obliquely. The point of the forceps when the blades are closed, is perfectly smooth, the teeth being then concealed, so that the instrument may be introduced into the anterior chamber without risk of wounding any other part, than that portion of the iris which it is the intention of the operator to seize. After giving directions as to the mode in which the instrument is to be used, the author concludes his paper by narrating two cases. One was a case of leucoma with contracted and adherent pupil, in which an artificial pupil was formed by the detachment of the iris from the ciliary ligament. Vision afterwards gradually improved, so that the patient was able to maintain himself by his labour; before the operation he could only distinguish light from darkness. The other was a case of central leucoma of the right eye; the pupil elongated toward the temple by a previous operation for artificial pupil. An artificial pupil was formed by detaching the iris from the upper part of the ligamentum ciliare, and by the excision of some of the detached portions of the iris. Vision was so much improved by the operation, that the patient was able to read large print and sharpen the teeth of his saw.

Mr. Cæsar Hawkins observed that he thought the cases which had been narrated by Mr. Beaumont were not of a character to induce surgeons in this country to avail themselves of the instrument in operating. It appeared to have been successful in only one of the cases; in the other, the instrument became entangled in the iris, and required a further operation for its extraction.

Case of remarkable hypertrophy of the fingers in a girl, with a notice of some similar cases; by T. B. Curling, Esq. Lecturer on Surgery, and Assistant Surgeon to the London Hospital.

Eliza Hitchcock, aged 15, the subject of this congenital malformation, is a pale sickly girl, the

daughter of poor parents. On the right hand, the fore, middle, and ring fingers are of unusual size. The enlargement of the fore and ring fingers is only slight, but the middle one is of extraordinary proportions, measuring as much as five inches and a half in length, and four in circumference. On the left hand, the thumb, index, and middle fingers are hypertrophied. The index finger which is most enlarged, measures five inches and a quarter in length, and four in circumference. The middle finger has a lateral inclination occasioned by the displaced extensor tendon, which forms a bridle along its outer edge. All parts of these hypertrophied fingers are equally developed in excess, the bones, articulations, integuments, and nails. The two largest fingers are fixed in an extended position, and the author attributes the girl's inability to bend them to the flexor muscles not having acquired a development corresponding to the fingers upon which they act.

The author observes that in this remarkable example of partial hypertrophy, there is an apparent absence of all those circumstances which seem favourable to excessive growth; a feeble constitution, sparing nutriment, no extraordinary exercise of the part, and no enlarged vessels or activity of circulation. It would seem as if the formative powers which we see in some few cases exercised to excess in every part of the frame so as to make a giant, had been limited in this instance to an insignificant part of the extremities.

The paper contains a communication from Professor Owen giving an account of a case analogous to the preceding one. The subject was a child two years old. The middle finger of each hand was nearly twice as long, and more than twice as thick as the index finger.

The author gives the particulars of a hand, the cast of which was sent him by Mr. Diamond of Frith Street. It is from a Spaniard, the Governor of a fort in the Philippine Islands, and presents congenital hypertrophy of the first and second fingers of the right hand. The second which is of enormous size, had the same kind of lateral inclination, as was observed in one of the fingers of Eliza Hitchcock. The author also describes a cast contained in the Museum of King's College, London, of the hand of an adult, in which the middle finger is hypertrophied with a slight lateral inclination.

The author after noticing the rarity of this malformation, refers to two published cases of it; one recorded by Mr. Power of Dublin; the other by Dr. John Reid. In the former the fingers were divaricated from the middle. In all the four foregoing cases in which the hypertrophied fingers bent to one side, the author suspects that the inclination was produced as in the case of Hitchcock, by the tension of the displaced extensor tendon, which had not elongated in proportion to the increase in the size of the finger.

The author notices whether it be possible by any mode of treatment to arrest the inordinate growth of the fingers in early life. He doubts if this could be accomplished by any other method than by firm and long-continued pressure, but in addition to the suffering attending it, the impairment of the functions of the part caused by the pressure, constitutes an insuperable objection to its employment. In a case in which only one finger to a great extent is enlarged, and nearly useless, he recommends its removal. In other cases, the enlarged finger might be reduced in size by amputation of the distal phalanx.

The paper is concluded by a brief notice of two cases of hypertrophy of the toes.

Description of a Malformation of the Duodenum.— by Robert Boyd, M.D. communicated by Robert Lee, M.D., F.R.S.

This morbid specimen was from a male still-born infant; the duodenum was enlarged, and appeared like a bladder two thirds filled, and contained a greenish coloured fluid. The lower, or most distant part from the stomach, was imperforate, and of larger calibre than the upper part, so that the malformed duodenum as exhibited in the preparation, is somewhat of an oval shape. The intestine is completely closed by a transverse membrane at the lowest part; two inches and a quarter above this, a valve extends across, nearly half closing the gut, proceeding from its concave side. Around the membrane which closes the duodenum, the small intestine is attached, and when dried and distended with air is only about the thickness of a writing pen. The author, in conclusion, refers to various writers who have given an account of similar divisions and other malformations of the intestinal canal.

A case of Abscess in the Groin attended with symptoms of Hernia, from which two Lumbrici Teretes, and afterwards fæcal matter were discharged, and the patient recovered, by Thomas Howell, Esq., of Risborough. Communicated by Alexander Shaw, Esq.

John Stevenson, aged 70, was attacked with symptoms of strangulated hernia. The author found a small tumor, about the size of a hen's egg, in the right inguinal region, lying over Poupart's ligament, about midway between the internal and external abdominal rings. At first he supposed it to be a hernia, but on careful examination could detect no impulse on coughing, nor could he find a neck towards the internal ring; the tumor was not in the precise situation of inguinal hernia, and he was therefore led to conclude it was an enlarged inguinal gland. The symptoms were relieved by calomel and opium, and a dose of castor oil, which acted freely; after two or three days phlegmonous inflammation took place, and on fluctuation being perceived, the part was opened, and four ounces of pus discharged. On the poultice being removed next morning, two worms, (*lumbrici teretes*) each from five to six inches long, were found in it. After that, feculent matter continued to escape from the wound for three weeks. He also passed fæces per anum, but not of so bright a yellow colour as from the groin. The discharge from the wound gradually diminished, and in five weeks the author succeeded by means of pressure in healing the orifice. The patient stated that he never had hernia.

Mr. Cæsar Hawkins said that there was one point which he could not allow to pass without observation, especially as it had been a cause of error in other instances. He alluded to the diagnosis which had been formed by the author after an examination of the tumour, which, as it appeared to him (Mr. Cæsar Hawkins), he was led to regard as not being a case of strangulated hernia, because there was not any impulse communicated to the hand on coughing. This, with him, would have been a reason for believing in the existence of strangulated hernia, because, in nineteen cases of twenty, the strangulation of the intestine removed the impulse on coughing, which occurs generally, only when the gut is not strangulated.

Dr. Chowne had seen a case, some few years since, which he thought bore some analogy to the case which had been narrated by Mr. Howell. The patient was affected with obstinate constipation, to whom, after other remedies had been tried, and had failed, a quantity of mercury was administered. A tumour formed subsequently in the groin, sloughed, and from two to three ounces of quicksilver were discharged. The case was attended with similar symptoms to those which were met with in Mr. Howell's case, and had also a similar result. He thought the case was very unusual, to say the least of it.

Mr. Arnott recollected a case, which had occurred a few years ago, in the Middlesex Hospital, in a young girl, who had an abscess in the right side, in the same situation as Mr. Howell's patient, and which sloughed, and discharged fæcal matter. The girl ultimately did well. He had thought that the circumstance, with reference to diagnosis, which had been alluded to by Mr. Cæsar Hawkins, was one that was generally known to the profession. He himself had pointed it out to his pupils in a case which he had operated on, a week or two before. Abscesses in this situation, are often a source of great annoyance to the practitioner. He (Mr. Arnott) was called in consultation, some time since, by a gentleman, to such a case, in which the surgeon was apprehensive of having made a mistake. There was a tumour in the left groin (a rather unusual circumstance, as these abscesses generally form on the right side), which, from the want of impulse on coughing, he concluded, was not a case of strangulated hernia, and was induced on the supervention of redness, and evidences of fluctuation, to put in a lancet, on doing which, however, and giving issue to fæcal matter, he became alarmed, and in the belief that he had opened a strangulated hernia, sought for an additional opinion. The case proved to be a simple one of fæcal abscess, and the patient ultimately recovered.

Case of Traumatic Tetanus successfully treated by large quantities of wine, brandy, and other means. By James William Scott, Esq., of Bromley, Kent, communicated by James Arthur Wilson, M.D., Physician to St. George's Hospital.

The patient, a robust man, ætat. 30, was thrown from his chaise, Nov. 28, and met with a compound fracture of the tibia and fibula, and considerable injury to the soft parts. By extension, the bones were placed in a good position, and it was determined to save the limb. The patient went on remarkably well, till the 12th of December, when tetanic spasms first commenced. Healthy granulations had formed, and were covering the denuded bone. The spasmodic action affected the muscles for a time and then gave way, the muscles of the jaw being those chiefly affected. On the 14th, he complained of cramp and spasm in the chest; a blister was applied, and calomel and cathartic medicine were administered. 15th. The pain and spasms of the chest were somewhat relieved, but he was very weak. He was ordered brandy and water, and medicine with ether, every two or three hours, after which he somewhat rallied. He continued much the same till the 18th, when the tetanic symptoms were much increased in severity, and in the evening there was opisthotonos. Mr. Scott saw the patient, and agreed in the propriety of continuing the stimulants, and suggested opiate enemata, and ol. terebinth. and ol. ricini internally. This treatment was pursued with little variation till the 21st, when he was observed to be extremely low, with a pulse about 40, and in a cold, clammy perspiration. The quantity of brandy at this time administered, amounted to rather more than three pints in the 24 hours. Every part of the muscular system seemed affected with spasm.

Dec. 23rd, he was much the same, but the wound was looking more healthy. Dr. Wilson saw him, and urged the continuance of the stimulants, but recommended the entire discontinuance of the opiates. He also recommended a suppository composed of quinine, sesquicarbonate of ammonia, and camphor, to be administered every three or four hours. From this period he continued to improve, and on the 26th, all tetanic symptoms had disappeared. During the eight days in which the disease was at its height, the patient took two gallons of brandy, besides wine, beef-tea, jelly, &c. Jan. 29th, the wound was nearly healed, and he was daily gaining strength.

In a supplement to this communication, Dr. Wilson remarks, that the case affords a well marked case of traumatic muscle-fever, and that the principle on which it was treated was one of unremitting stimulus and support, opium, and all other narcotics, being entirely laid aside on the tenth day of the attack.

The extent and severity of the constitutional disorder were strongly indicated by the patient's indifference to all the ordinary effects of the alcoholic stimulus. From this case he draws the important pathological inference that tetanus, like fever, is a disorder of the entire system. Determined specially to the muscles, it is continually operative in the other structures, as in the universal blood. Generated after a definite period of incubation, it requires time for its development, time for its cure. On these views and indications, that treatment that assumes to be rational must address itself to the general business of nutrition, rather than to the partial agencies of the nerves. Under the great systematic error of our modern pathology, tetanus is encountered almost exclusively by opium and other narcotic poisons. There is no plausible theory to account for the

preference of these fatal drugs. By experience, they have long been utterly condemned.

Mr. Davis of Hampstead, was much astonished at the concluding observations of the paper condemnatory of the use of opium. He had seen a great many cases of traumatic tetanus, the result of gun-shot wounds; and he felt convinced, that if he had not had any opium at his command, many men of his acquaintance would not now be living. Small doses of opium, however, were of no use; he had given as much as a scruple at a time, and frequently administered ten grains at a dose, repeating it from time to time as it was required. Opium, in his opinion, was our sheet-anchor in the treatment of this disease; opium and carbonate of ammonia were the principal remedies to be relied on. The unguentum hydrargyri had certainly been rubbed into the system in his cases, but he believed that the other drugs were principally efficacious. He had seen many cases of tetanus which had been cured by opium alone.

Dr. King referred to two cases of tetanus which had been successfully treated by Dr. Sutton, of Greenwich, by the external use of a solution, containing a pound of opium. He (Dr. King) had essayed this plan of treatment in the case of a lady labouring under traumatic tetanus, and had certainly relieved the disease, all the symptoms of the tetanic character having ceased, but the solution of opium was so powerful, as to cause deep sleep, and the cessation of the heart's action, and the consequent death of the patient. He regretted that, from the deep sleep in which his patient lay, he was unable to exhibit stimuli, as, had he done so, he believed she would have recovered. He recollected, when in the country, having seen two cases of tetanus in the horse, which were cured by the use of tobacco enemata.

Dr. Snow thought that the case which had been detailed in Mr. Scott's communication was different from ordinary cases of traumatic tetanus. The disease, when it did occur, generally came on soon after the receipt of an injury, whilst the stamina of the system were not much impaired; whereas, in Mr. Scott's case the patient's strength must have been exhausted by the long continuance of the pain, and the excessive discharge of pus. The attack of tetanus began by simple spasmodic twitches, a result, as he thought, of debility, and therefore the treatment which had been adopted was the best that could have been employed. He had recently seen a similar attack of spasmodic twitching in a patient whose strength had been previously reduced by rheumatism. Although he approved of the treatment in this case, he was of opinion that further experiments were required, ere its employment could be admitted as generally available in the treatment of tetanus.

Mr. Blizard Curling observed, with respect to the case which had just been read, that he was disposed to give the greater part of the credit of its successful treatment to Messrs Scott and Ilott, who had conducted their patient through the most dangerous part of the disease, inasmuch as it is generally admitted that if the patient survives till the tenth day, he will in all probability, do well, and it appears from the paper that there was not any important alteration made in the treatment up to that date. He had seen a case of tetanus in the London Hospital, under the care of one of his colleagues, which was quite as severe as the case narrated by Mr. Scott, and which was successfully treated on the stimulant plan. In a work on tetanus which he published about ten years ago, he (Mr. Blizard Curling) stated that he had not any confidence in opium, and he had not since had occasion to change that opinion. In the same work he had suggested the use of stimulants&c in the treatment of this disease, on the ground that it was a complaint which tended to exhaust the powers of life, and he believed that in some instances, life was lost for want of the requisite support.

Mr. Solly had happened to have three cases of tetanus recently under his care, the cases occurring very close upon each other. Two of these terminated fatally; the other recovered, and he was inclined to attribute the successful result of the last case to the free exhibition of stimulants, which was continued night and day, by the intelligent sister of the ward. He (Mr. Solly) fully concurred in the opinion that the use of opium in this disease was prejudicial.

Dr. Jeffreason was of opinion, that the remarks attached by his old teacher, Dr. Wilson, to the communication which had just been read, materially increased its value. He had seen several cases of idiopathic and traumatic tetanus, and had found that the treatment must be modified according to the circumstances of the case; in some instances, purgatives, in others stimulants proving advantageous. The rule was, he thought, to treat the disease as one of fever, and not to depend on the action of any specific remedy. He, (Dr. Jeaffreason,) quite agreed with Mr. Davis, that in the exhibition of opium, large doses alone would be effectual.

Mr. Simon observed that in tetanus, the disease was reflected on a single system of the body from a local cause, and he thought, therefore, that it should not be considered as a malady, directly affecting the general economy. The functions of life and of the nervous system were unimpaired, and the intellectual faculties generally remained intact to the last. The utility of the exhibition of stimulants and tonics in the treatment of this disease, might, he believed, be interpreted, by the support they gave to the powers of nature, thus enabling the patient to outlive the disease, and not by any specific action they exerted against the poison of tetanus. Their influence was expended in enabling the sufferer to bear up against the disease, until the cause which produced it was worn out, and then the tetanic attack naturally came to its termination. This is more evident in chronic cases of the disease, such as that under notice. If we do indeed possess any remedy, entitled to be called anti-tetanic, it is tobacco, which, by relieving the spasmodic action, and diminishing the general severity of the attack, affords time for the exhibition of such other remedies as may enable the patient to struggle through, until the disease is terminated by the efforts of nature.

Dr. King stated, that in the case in which he adopted the plan of treatment employed by Dr. Sutton of Greenwich, there followed a cessation of all the symptoms of tetanus. This again was succeeded by deep sleep, which proved to be the sleep of death, for his patient died three hours afterwards. He regretted much that he was not able to administer stimulants, by the use of which he believed she might have been recovered. The external application of the opium solution, in this instance, produced its full sedative action.

Mr. Streeter enquired how many hours elapsed after the application of the opium had been made, before sleep was induced, and further, how long a time passed away after the patient fell asleep, before death took place.

Dr. King, in reply, stated that he saw the lady at twelve o'clock at night, and then gave her a glass of wine. She died at three in the morning. A pound of opium was made into a plaster, and was applied for four-and-twenty hours.

Mr. Streeter was inclined, in this instance, to refer the cause of death to the poisonous action produced by the external application of so large a quantity of opium.

Mr. Cæsar Hawkins alluded to the plan adopted by Dr. Wells in this disease,—that of the do-nothing system.—Like all other vaunted plans, it was stated, that under that system also, the patients had recovered, (laughter.)

Dr. Watson remarked that in the paper, special allusion had been made to the curative influence of the element of time.

Ethnological Society, April 23rd, Admiral Sir Charles Malcolm, President in the Chair.

Major General Briggs, Richard Cull, Jonathan Rigg, Albert Gladstanes, David Wilson, and Richard Bayley Esquires, were elected Members.

Dr. King then read a paper "On the human mouth" by Mr. Nasmyth. "Was mankind originally of a low or of an elevated degree of development?" enquires Mr. Nasmyth, and he answers, the development compatible with the due fulfilment of the exactions required from such a being as man must have been perfect. No feature bears so instructively on the solution of the various difficult problems involved in the study of ethnology as the form of the mouth, and the development of the teeth. In the lower animals the mouth is peculiarly and beautifully adapted to their exigencies, but in that of man exists a medium type fitted to every peculiarity of terrestrial existence. No other conformation than that given to him, can at once admit of perfect articulation and mastication of his varied food; moreover it may be regarded as fulfilling a most essential part in his intellectual life, for it is the organ of intellectual expression, and a grand agent in the communion of social life. Deviations in the character of the mouth, Mr. Nasmyth contends, are simply the effects of deviations in the habits of individuals composing races. When these deviations are partial, they are shown in individuals, when general, they amount to a national or tribe characteristic, and when continued from generation to generation, they become hereditary. The natural action of the lower jaw upon the upper is to push out, evert, or expand, the arch of the upper jaw, while on the other hand it is impossible by any habit to bring in or to contract that arch, so as to produce out of the advanced jaw of the negro the vertical jaw of the Caucasian and other well developed races; a vertical is said to be the original development of the infant negro; the advanced mouth of the adult negro is therefore not congenital but factitious. The negro of the southern provinces of the United States, owing to the different circumstances in which he is placed, has not the advanced mouth of his progenitors of Africa, after the 2nd or 3rd generations. Mr. Nasmyth then proceeded to show most ably that the plasticity of the mouth in infancy, was such as to admit of the factitious development pointed out. The ordinary duties required of the mouth in civilised life are a moderate exercise of power for division, tearing, and comminution or grinding, whilst in uncivilized life there exists much more powerful exactions, which have a great controlling influence over the development of the parts. Man in the uncivilised state has but few instruments or tools to assist him in operations of any kind, and his teeth are ready substitutes for those, which on all occasions from infancy to old age, he most inscrupulously resorts to. He attacks the roughest materials of all kinds with his teeth. He uses them to form and to fashion those materials in all sorts of ways; and thus he converts the dental organ into a prehensile one. He also uses his teeth as instruments for punishing his enemies, seizing his prey, and separating the assimilative portions of his food from those which are not, which with the little assistance he derives from cooking, tend most decidedly to evert both the upper and the under jaw. Mr. Nasmyth explained at length various modifications of the face, arising out of the eversion of the upper jaw so common in uncivilized life, whilst in the civilized, a perfect organization of the mouth was pretty generally accompanied by a well developed brain, a regularity of feature, great energy of character, and corresponding physical power and activity. * After the reading of this paper which was as elaborate as it was important, as affecting materially the existing classification of mankind, Dr. Wolff addressed the society on the Asiatic Tribes of his acquaintance, the Turkomans holding a prominent place.

Society of Arts.—March 12th.

A paper was read, describing a machine invented by Mr. Tomes, surgeon-dentist to the Middlesex Hospital, for making artificial teeth and palates. The machine, which was exhibited then, and subsequently at the Royal Society's *Soirees*, is a form of copying instrument, fitted for working in hard substances; and from the rapidity of its execution, together with the great faithfulness with which it copies any undulating surface, it seems likely to

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* A point insisted upon by Mr. Nasmyth is, an irregular development of the mouth from a suspension of its use, which tends to produce destruction of the teeth and sockets.

supersede, to a considerable extent, hard labour in making artificial teeth.

In the paper, an account was given of the usual manner of working. First, a plaster of Paris cast is taken of the gums to be fitted with teeth. If hippopotamus teeth be chosen as the material (and the author gave reasons for considering this the best,) a block is taken of sufficient size; the cast is then covered with paint, and the block is placed upon it; on removal, the block will show the points where contact has taken place, by the paint which has adhered to it. These points are cut away. The operation is repeated a great number of times, till the block fits the surface of the cast. As this manner of working requires considerable expertness, both in the hand and eye, as well as time and patience, great accuracy in fitting the block to the cast is in many cases not gained; and to this defect the author ascribed the inconvenience which is often complained of by the wearer of artificial teeth. A method of testing the accuracy of the plaster cast, previously to commencing the work, was pointed out which is also new. The plaster cast having been taken in the usual manner, a peculiar hard wax, or moulding composition is, when treated by boiling water, pressed upon the cast; when cold it is removed, and cut into the shape of the proposed artificial teeth, forming, in fact, a model of the new teeth. This is placed in the mouth of the patient, and if the cast be accurate will fit perfectly; but if the cast be untrue the fault will be discovered by the model not fitting the mouth.

If, however, the composition model fits perfectly, a copy is made from it in hippopotamus, or other teeth, by the aid of the machine, and so singularly accurate, that were the model and copy of similar material, it would be difficult to distinguish the one from the other.

If gold be used for the base of the teeth, then the masticating teeth are fitted upon its surface by the machine.

The body of the machine is made of cast iron, and consists of two planes, which are united at a right angle, leaving two large surfaces at right angles. These planes are placed vertically and horizontally.

Upon the vertical plane are two slides, which carry a flat plate of metal in two directions, namely, vertically and horizontally, each motion being in the vertical plane. Upon this so-moved plate are placed, side by side, the composition model and the substance to be worked, the two being on one plate, and receiving motion only through that plate, must move exactly alike. A third slide is placed on the horizontal plane of the machine, and moves horizontally, but at right angles, with the two motions of the plate which carries the model.

Upon the third slide are fixed, parallel to each other, a tracer with a rounded point and drill, which, when in motion, describe an exactly similar shape and size.

The drill being set in motion by a foot wheel and over-head motion, similar to that of a turning-lathe, the tracer, by the sliding movement, is made to follow in consequential lines the surface of the composition model, while the drill partaking of similar motion, cuts in the substance placed before it, a surface similar to that described by the tracer, and in doing so, produces a fac-simile of the model. Various mechanical contrivances were described for economising time, and rendering the machine complete, which would not be understood without the assistance of a plate. The machine is constructed to produce a reverse, but this part not being essential for the dentist, was not dwelt upon. The invention is of great importance in forming substitutes for loss sustained about the organs of mastication and articulation, and may be found useful in remedying other surgical losses.

Professor Liebig according to a Liverpool Journal, has taken out a patent for some artificial manures suited to various kind of crops produced by different soils. Mr. Muspratt the eminent capitalist of Liverpool is associated with Liebig in this important mercantile speculation of the German Philosopher.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers to whom bills have been sent are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared to us.*

Mr. H. *should himself look to his accounts. No items should have been allowed without vouchers; and the declaration of the auditors should distinctly have been made public.*

D. F's *Letter contains personal charges unsuited to our pages.*

Many obliging communications on the action brought against us by Mr. Wakley have come to hand. The writers are requested to receive our best acknowledgments, and again we have to express our hope that our friends will reserve themselves, till the result of the Inquiry become known to them.

H. B.—*Hair dyes from the German have been given in former Nos. of this Journal.*

We have received an original communication from Professor Piorry of the Faculty of Medicine, Paris, which shall have a very early insertion.

Contributions have also been received from Mr. Braid, Manchester, Mr. Anderson of Leicester, and Dr. Clay. Other papers kindly sent to us are under consideration.

Mr. Harris *thus addresses us.*—

Redruth, Cornwall, 24th April 1845.

"*I beg as one of your numerous readers, to ask if a person who passed the College of Surgeons about two years ago, and who about the same time was rejected at the Hall, will be allowed to register as a general practitioner under the new Bill?*

"*The whole county of Cornwall condemn the recent monopolizing Charter granted to the College.*

"*And every medical man has the utmost confidence in the proceedings of the National Association of General Practitioners. Our county motto is 'one and all,' and we will maintain the sentiment of our loyal motto, in a medical sense." The M.R.C.S. not a L.A.C. will be allowed to register as a General Practitioner by the new Bill."*

B. *has misunderstood us. All the lists are carefully published, though an occasional delay will, of course, necessarily arise from circumstances familiar to all connected with the management of a journal.*

A Regular Subscriber.—*It would be illegal and irregular.*

A Poor Student *need not be alarmed. The alteration suggested will be made in the Committee. We shall not overlook the circumstance however.*

A Subscriber *may possibly derive some benefit by entering himself* "perpetual" *to all the courses in one of the medical schools. The date would be, of course, in his favour. But nobody can yet say what shape the Bill will finally assume.*

"An Apothecary" *is too long for admission; but we avow that we were wholly unprepared for the handsome act of corporate self-denial performed by the Apothecaries' Company. It stands in splendid contrast to the besotted bigotry and insane obstinacy of the College of Surgeons. We are sure the spontaneous and generous abdication for the good of the Profession, will not be overlooked by those whose interests it will so well serve. Nothing in this life, it will be again said, so well became them as the manner of their quitting it.*

Dr. Roche Lynch's *circular has reached us. It omits to say* by whom *the accounts were audited.*

Argus.—*Adverts to Clause 32 in the Bill and complains of the obscurity as to who is a "legally practising" surgeon; and what are to be the satisfactory proofs of the fact that are to be submitted to the Council of Health. The London Surgical Diploma confers no legal right, not common to all her Majesty's subjects.* Argus *foresees great inconvenience from the Bill's incertitude in these points, many medical men now acting as surgeons, who, if the obscurity be left uncleared, cannot register as surgeons.*

M. D. K.—*The Bill is obscure on the point.*

Justitia. *Arago gives four kinds of lightning.*

H. B.—*Present the Bill to the Magistrates in Quarter Sessions.*

A Surgeon.—*The College is on the high road to ruin. The Fellowships are* not *worth purchasing. There is a power in the National Association, no minister, while he has a Bill in the House, can resist. The new college will absorb every thing, if the same course of independence and freedom be persevered in.*

THE MEDICAL TIMES.

Saturday, May 3rd, 1845.

I, this infer:—
That many things, having full reference
To one concert, may work contrariously,
As many arrows loosed several ways,
Fly to one mark.
Shakespeare.

The bill is undergoing another tinkering, and on Monday evening, if we are lucky enough to have a house formed, we shall be able to see whether the ill-fated measure will, after all, hold water. During the eclipse of the sun a certain breed of Africans, who believe that he is devoured by some heavenly animal of huge appetite, compel the monster to disgorge their lost luminary by a very continuous clangour of instruments and clamour of voices. During the occultation of our unfortunate Bill, a little noise from our editorial rattle may be of almost equal service. The order of things political may be as much under our influence as that of nature under the impulsion of our darker brethren,—a very consolatory reflexion.

The great leak in the Bill—the *hiatus valdissime deflendus*—is the omission to provide for the General Practitioners in their relation to the College of Surgeons. Now the tinkering that will set this right must be applied with no sparing or hesitating hand. No *gentle* touches of the legislative hammer, however skilful—no "soft sawder" of a smooth-tongued secretary, however bountiful—will reach the mark. If Graham will not dare the bold and handsome thing, he may as well give up the "*job*" at once. His first tinkering proved the new measure bad; his second showed that his mendings were failure; and if he try a third with no better luck, it will be time to bethink him of marching out of office. A legislator that makes ill and mends worse may have the confidence of Peel, who wants a foil, but not of men who cannot afford to be kept in hot water from one holiday to another—from session to session. Patch on then, Sir James, if it please you to patch honestly,—boldly,—and completely; not otherwise.

Had we the settlement of the dispute between the Council and their Members we should proceed somewhat in this fashion:—The whole struggle is, whether or not, in a College of twelve thousand equal Members, a peculiar set of Surgical Practitioners, about four hundred in number, shall *monopolize* the honours, privileges, patronage, and government of the Institution. Obviously such an insulting ascendancy is unjust as it is impolitic and permanently impracticable. It is wrong of itself, that ten thousand gentlemen because practising surgery in connection with pharmacy, (we will not say midwifery, for that *is* surgery) should thereby be excluded from those distinctions in their own College which their *surgical* merits singly would have secured them. If the Jacksonian prizes in Surgery were so illiberally restricted, the most worthy competitor of this year, Mr. Crisp, a General Practitioner, would have had his brilliant labours discouraged for the illicit patronage of some less able "pure;" and it is clear that the College that in any fair part so trammels its Members' exertions, retards and impedes the science it should aid and expedite, and forgets the first great end of its being for petty personal considerations. Cutting off thousands from the ennobling stimulus of competition.

and turning the select few, more highly favoured, into sycophantic place-hunters or apathetic functionaries, it leaves science to the chance cultivation of the naturally enthusiastic. The exclusiveness is, therefore, simply infamous. Besides, on what decent plea can the Member of a Surgical College be placed under such disabilities? The Council that would deny him the *honours* gave him the *title* of the "surgeon." The Council which would withhold the *privileges*, present him the *rights* of "*Membership.*" At their own absolute discretion they fixed his surgical curriculum of study; they adjusted, after their own notion of right the standard of his surgical qualifications: they (charged with the *uncontrolled* duty of testing his surgical competency) deliberately examined and formally certified to the world, that he was "fit and capable to exercise the art and science of surgery;" and having thus made him, at *least* as good a surgeon as they liked, at least as competent a surgeon as they thought society required, charging him as much for his new membership with them, as they were charged themselves—they cannot be allowed to go back shamelessly from their bargain and say to the legislature, "We did not perform our duty fully: degrade these gentlemen for us. True, we educated them as surgeons, examined them as surgeons, authorized them as surgeons, drew fees from them as surgeons; but we still assure you they are not surgeons! We that made them Members of the College, deny them, even to our own ignominy, the rights of Membership." What is the answer? This: "Gentlemen, if you, fixing at will the terms of worthy Membership, declared them worthy Members when *they* held their fees, we can recognise from you no objection to the worthiness of that Membership now that you have got them. Your own act precludes your objection. *You* have had the advantage of their money—some ten thousand a year—*they* must have the advantage of that for which it was paid. They may be physicians, apothecaries, accoucheurs, or a hundred other things—but by your own unanswerable shewing they are "able and competent surgeons," approved Members of your Surgical College, and as long as they are so, so long must they have a fair participation in the rights, privileges, and powers belonging to their corporation. As you cared nothing what they were, if surgeons, when they asked privileges for fees, you must care nothing what they are besides, now that they come forward to *exercise* privileges for fees. If you like not the result, you should have made a different arrangement. You cannot be paid for your surgeonships, and recall all that they carry with them."

All being, thus, members (by every usage and compact, *equal* Members) *all* being, thus, surgeons, —all having undergone *equal* studies and examinations, and paid equal fees—no difference in fact existing, in a *Collegiate* view of things, but in natural ability, good fortune, or some contemptible variety of practice, the first great step to a remedy in our mind—and let Sir James think on it—is to re-model the recent Charter, to again put the Members on a perfect Corporate level; to give them full and honourable Corporate privileges, and as it is more gracious to rise than to fall, to constitute *all* Fellows. If gentlemen are unworthy to be Fellows, they are unworthy to be Members, and let the statute which re-establishes the old equality, weed the College of all those disreputable characters whom the careless or undiscerning Council have given it. The Members being thus replaced in a natural, comfortable. Corporate position of equality, it would appear to us a foolish carefulness of precaution which would confine the elective privelege to any division of the Members, and constitute the enormous evil of invidious distinctions and antagonistic grades for an end so very trifling. All Members registering their addresses each year, and residing within the three kingdoms, should, on the occasion of a Councillor's election have voting papers transmitted by post, and their return, through the same medium, would be conclusive as to the Member's suffrage. The whole process of a dignitary's election might thus be as simmple and placid as the decision of a Jacksonian prize, and if Surgeons had really not the taste to appreciate the worthy men of their own body, so much the worse for themselves. They might in that case be more discredited than now, certainly not worse governed. The present Council might not unreasonably be required to relinquish the offices they have so ill-filled (so many (three?) each three years); but we believe if the simple plan we have sketched were adopted, the body of Surgeons would not object to the retention of their life interest, especially if their numbers were added to in about an equal proportion. The plan we submit is thus plain, simple, and just, and really does nothing to frighten anybody. The College of Surgeons *should* exist for its *members* who are, in fact, *the* College. The Members *should* govern the College, and elect their own rulers. The governing body *should* exist for *them*, not *they* for the governing body.

Now this just, practicable, and reasonable arrangement, would *save* the College, and nothing else will. Vain is the hope that the opposition will run itself dry. As soon will the Thames. At this moment the Profession is in its hour of strength and knows how to use it. The College must be given to its members, or the members will destroy it by another. Sir James Graham has four courses before him—of which two alone can be successful. He may refuse everything—which will be dangerous. He may make a small compromise—which will be useless. He may make the College of Surgeons a National Institution which will please everybody, save some dozen or two placemen and their hangers on. And, finally, on the ruins of the Apothecaries' Company, and by the aid of the coalesced Medical Associations, he may build up a National Faculty in which no worthy medical man shall be alien, and in which worth shall be the touchstone of honour and great incentive to exertion. Of the two last plans, though substantially not very dissimilar, many might dispute which is the more perfect, especially after the Council's madness, and the honourable voluntary retirement of the Apothecaries' Company. But all will concur in this, that either would be an infinite improvement for the profession.

We await with much anxiety, the result of Graham's conference with the six gentlemen appointed as the profession's "plenipotentiaries," at the Home Secretary's request, to negotiate, on the part of the Association and the Apothecaries' Society, the conditions of the new incorporation. The result will be fully divulged at the meeting of the Association, on Tuesday evening next. On the following night, the Home Secretary will let us know the extent of the re-construction he is at length—let us fain hope, in a statesmanlike spirit—willing to give the Profession. Let us then, rejoice in the grateful expectation that the coming week may open a new and happy era in medical government; not omitting, meanwhile, by petition and protest, to second every favourable inclination to equity and good feeling.

"Ut vivat castor, sibi testes amputat ipse:
Tu quoque, siqua nocent, abjice, tutus eris."—Alciat. Emb.

"—— Dabiturque licentia sumpta prudenter."—Horace.

We terminated our last article by observing that tea should never be taken in large quantity shortly before going to bed. The chances are that it will prove troublesome either through the kidneys, or the skin. It is a rule in physiology, that none of the secretions are formed with the same regularity or rapidity during sleep, as during waking hours. Any exception to this is either an indication of disease, or is the offspring of contingent circumstances, which may prove more or less hurtful by their persistence. Thus, in diabetes, the condition of sleep is no impediment to the accelerated action of the kidneys, and the sufferer, if not troubled with *eneuresis*, is compelled to rise once, or oftener, in the course of the night; in certain affections of the stomach, with which the salivary glands sympathise, the mouth is never dry during sleep, but is perpetually watered with saliva, which, if it flow down the throat, will sometimes endanger choking; and the relaxed skin of the bed-ridden, and consumptive, is favourable to nocturnal perspirations, that seldom fail to hasten the poor patient's end. Imagination has, now and then, a share in these things. Lucretius finely pictures an infirmity of childhood:—

> Pueri sæpe, lacum propter, seu dolia curta,
> Somno devincti, credunt se extollere vestem:
> Totius humorem saccatum corporis fundunt.

A baneful habit of later life, often the consequence of morbid imaginings, leading to voluptuous dreams, he represents with no less philosophical than poetical skill:—

> Tum, quibus ætatis freta primitus insinuantur,
> Semen ubi ipsa dies membris matura creavit
> Conveniunt simulacra foris e corpore quoque.
> Nuntia præclari voltus, pulchrique coloris,
> Qui ciet irritans loca turgida semine multo:
> Ut, quasi transactis sœpe omnibus rebus profundant
> Fluminis ingenteis fluctus, vestemque cruentent.

There are certain things which, if taken just prior to bed-time, produce in a healthy subject, and apart from all imagination, a disturbance either of the kidneys, or the skin, quite equal to what we observe in diabetes, or in the last stage of consumption. A common remedy for a cold, is a profuse potation of cold water, the last thing at night—if the body be well covered with bed-clothes, an abundant diaphoresis will follow—if the surface be chilled, then there will be a proportionate diuretic action. Once in a way, such a remedy is all very well, but, if long-continued, it would likely be the forerunner of settled mischief. Tea, if taken under like circumstances, whether hot, or cold, will produce a like effect. But, as we have said, it is the consequence merely of its sedative, or depressing action. Terror, or mental anxiety, will act just the same. The "please, ma'am, may I go out," of the infant-school child, just summoned to say an ill-prepared lesson, is a proof how rapidly the kidneys will respond to the emotions of the mind. The most pitiable, and permanently injurious consequences have followed detention, or corporal punishment, one of which is the common treatment in such cases. Even in adult life, this is not a rare trouble. Napoleon was apt to suffer from it at certain seasons, and the cool, calculating Talleyrand, was in some-wise its victim. Nor in our country, have senators escaped it. It often distressed Pitt, and more than once drove the indomitable Sheridan from the House. We knew a man, a member of one of the leading debating societies of Edinburgh, who, with every qualification, except confidence, for a good speaker, was yet at any time unable to get

out a sentence, from an incontrollable desire of micturition, the moment he rose upon his legs. It mattered not if he had taken no fluid for hours before going to the society; the effect was just as severe. Nothing that he could do relieved him of his misery, and though intended for the bar, he gave up all idea of ever being able to speak in public. We have met with many similar cases, but never with one so utterly intractable. With the exception of the instance just named, we have never known this infirmity not to yield either to common precaution or to some simple remedy. The subject is popular and important enough to deserve that we should give it the results of our personal observation and experience. We lay it down then as a fundamental rule, that men who suffer from this liability, should be especially careful to abstain from diluents for some hours, experience will tell them how many, prior to the occasion of public speaking. It is of the utmost consequence that this rule, too often neglected, be scrupulously observed. Should a diluent or stimulant be in some sort necessary, limit the quantity as much as possible, and let the material be milk, oatmeal and water, or port wine. It is desirable that the fluid swallowed should have some solid matter in it, for this restrains the diuretic property. There is a filtration required, which makes the passage of the liquid part more slow. As they say of the black Bohemian beer,

> Nil splssius illa,
> Dum bibitur, nil clarius est, dum mingitur; unde
> Cons t at, quod multas fœces in corpore linquet.

To explain the matter physiologically, the veins possess the power of absorbing, by their open mouths, pure fluids, whilst the absorbent vessels only take up less rectified materials. In the one case then, the veins spreading over the surface of the stomach will carry an unmixed fluid from this organ, directly into the torrent of the circulation, whilst in the other the absorbed matter having to traverse the more slow and circuitous route of the lacteals, is much longer in becoming the companion of the blood. Now whatever is absorbed by the lacteals, is less foreign, stimulating, or troublesome to the blood, than such other as may be absorbed by the veins, so that there is a reason, both in point of time and of condition, why diluted, more than undiluted matters should stimulate the kidneys to a rapid action. Those who are familiar with debating societies, and are well used to criticise their workings, know how intolerable a thirst will often seize a man who is about to make a speech. Though much used to debate ourselves, we have never been troubled with much nervousness, and have therefore had plenty of opportunities for observing the more timorous and unlucky. We have often ventured to predict a new speaker in the person of a man who has lustily plied the water bottle. And we have known many an aspirant for rhetorical honours cut short by the abominable action of this water upon his sensitive system. To treat this matter physiologically also, a man who sits under any exciting apprehension, say of speaking, becomes fixed to one thought—it possesses him to the exclusion of his common mind, and even makes a fool of his senses. He sees nothing, hears nothing, feels nothing—he is the victim of one single idea—he is in a trance—he is sleeping and dreaming with his eyes open. In thus suddenly locking up his senses, and calling home his thoughts, can it be wondered that his mouth should become dry? Mucous secretion becomes suddenly suppressed and the matter last effused, instead of being carried off by swallowing becomes dried by evaporation, and the mouth and fauces are coated, as it were with varnish. In such a plight as this you may swallow water to all eternity, and it will never quench your thirst. It is such a state of dryness as you feel, when, after a hearty supper, singing, cigars, and so forth, you awake in the night, and finding you have already dicussed the contents of your water-bottle, wonder how you can persist in being so thirsty. What liquid you swallow glides down your throat as it would over a mackintosh. It leaves no trace of itself, and takes nothing away. But it will not spare your kidneys for all that. In bed or in the debating room this "cold water cure" will only add to the complaint for which you took it. *The secret is to eat a little something solid and difficult to chew*—it will restore the action of your salivary glands, clear the mucous membrane of your mouth and throat, and make a wine glass of water do more than, under opposite circumstances, an *amphora* of liquid could do. We have said that the preparatory drink of the public speaker should contain some solid matter—if he will insist upon a more dilute beverage, at any rate it should be taken upon a tolerably full stomach. In proportion to the amount of solid matter it meets with in the digestive organs, will be the slowness with which it distils away. All acids should be avoided—rhenish wines, lemonade, oranges, gin and water, whiskey toddy, and tea. With these precautions, should the infirmity continue, then some remedy may be tried. It is said of a once-celebrated barrister, that his best speeches were made with a blister on his chest: by this we are to suppose, that his vocal and respiratory organs were so weak as to require an artificial stimulus to enable them to perform any extra work. The opposite treatment often does good to men whose kidneys are unusually weak or irritable. We have known the troublesome *liquidity* of unpractised speakers completely relieved by a plaster of opium or belladonna over the loins. Twelve inches by eight is the most convenient size—it may be put on a dozen hours before the period of trial, and taken off immediately afterwards. The same plaster will serve once a week for a year, and as we have said, is a most serviceable remedy. A strong stimulant in a solid form is often of much use, by exciting the stomach and earlier intestinal apparatus; it will divert most happily from the kidneys, at the same time not failing to render the brain, by sympathy, some assistance. A man's mind is as little at his command as his courage, *if his stomach be cold.* "Warm his heart," as he calls it—he speaks of the *actual*, whilst physicians speak of the *physiological fact*—and intelligence and courage will be each within his summons. The commodity is portable enough—a rhizome of ginger, or cayenne lozenges, are all that you want. It is said of a man distinguished at the bar (we forget his name) that he never could speak without a ball of pack-thread in his hand, which he called *the thread of his discourse*—we knew a man who never could make a speech without his piece of ginger, which he called *the stimulus of the occasion*, and capital ginger *it* was, and a capital speaker *he* was, and much was the Edinburgh Hunterian indebted to both of them. Another means of preservation against the unhappy circumstances we have spoken of, is opium. And it is really a good remedy in cases where its influence on the brain does not interfere with a man's intellectual operations. Whenever such is the case, of course it ought to be altogether discarded. But under the best of conditions it is apt to be a treacherous remedy. It will take liberties with your mind when you are not aware of it. It is best used in morphia losenges, which must be sucked sparingly, or mischief will follow, as we shall describe anon.

THE MAN OF VERACITY.

> Ecce iterum Crispinus, et est mihi sæpe vocandus
> Ad partes; monstrum &c. JUVENAL.

We have a devoted love for a "*Gentleman,*" using the word in its *English* sense—a sense giving an idea no other nation knows of. With the ordinary share of humanity's weaknesses and faults, he is never without the two greatest of social virtues—probity and truth. His mind of honour knows of no temptation to sin against these. Wrong, he may be in many things, he is always right in this—that *guiltily* he will injure none but himself. Whatever he aims at, he will have it honestly, in fair fight and above board, or not at all. He is *sans peur et sans reproche*. There is in him a natural dignity of soul that instinctively loathes low courses as a pollution. One deliberate falsehood would stamp him to his own conscience a villain for ever. To him, there is such a thing as self-degradation, and he avoids it as the greatest of miseries and the most guilty of crimes. In every formal untruth he feels that there is the same unprincipledness in question which on other matters constitutes the pick pocket, the swindler, or the other elements of low society, and a sacredness of regard for veracity is the primary quality to him, that draws the broad line of demarcation between the order of gentlemen and the mob of felons and petty larceners. Happy for England that we have the idea of Gentlemen! Happy that we insist so rigorously on its realization! Happy that our senate—the nation's first assembly of gentlemen—by the prefix "*honourable*," brands as ridiculously infamous, and with the hot mark of irony, all entering it, who are *not* gentlemen.

It is our happiness this day to signalize, from our own ranks, a brilliant specimen in public life of what we have so faintly attempted to depict on paper. We have to record a transaction which, combined with others from the same source, proves that our learned body, our time-honoured calling, has won the distinction of giving the House and the country—its noblest exemplar of that noble being—the *English Gentleman.* The man of honour, *par excellence*, the man, *par excellence*, of veracity—the mirror of chivalry is—how proudly we note it—is—who would have thought it?—Mr. WAKLEY!

Several months since, that honourable person was in collision with the Provincial Association for expressing on Medical Reform some moderate opinions which he has himself since adopted. It is said of Huntingdon, the pious preacher, that when shoes wore down i' the heel or galligaskins, immodestly threatened to show the "disparting" effects of time, the physical want became a matter of psychological aspiration, and forthwith a pair of handsomely polished bluchers or well-fitting smalls, made their visible and palpable descent. It is much the same thing of Wakley. He has incontestibly super-ordinary help in his necessities. It was at the period we speak of, a matter of great pecuniary consequence to smite, hip and thigh, the rulers of the Association, and their literary organ. Forthwith, therefore, appeared in the *Lancet*, a dashing epistle from Nottingham, signed "a Member of the Association," and saying and doing, by an odd coincidence, exactly what Mr. Wakley stood in need to have said and done. But now came out the marvel. No Member of the Association wrote the letter; every one of them resid-

ing in or near Nottingham spontaneously joined in disclaiming any knowledge of it till it made its mysterious apparition in the *Lancet*. Hence, as some scoffers charged Huntingdon with buying his heaven-sent breeches at the next tailor's shop, many accused Wakley of manufacturing his member-written letter in his own editorial bureau. Small headed men! They fancied that because it served so well his ends, he would have been the man to stoop to such an ignominious forgery. For ourselves, we, who know him, would much sooner believe that the letter was miraculous, than that he, who profited by it, ceased to be a *man of honour*. Of the two hypotheses, the latter is a myriad-fold more incredible.

"One down, the other come on" is the old rule of English pugilism, and when Mr. Wakley had vanquished the Provincial Association by adopting their opinions—a dangerous ordeal for the poor people—he set to work in good earnest with the National Association. Here, again, a letter was wanted, and here again—wonderful to say—the letter came. A bodiless "Member of the Committee" with a power of creative invention large as that of Huntingdon's ghostly tailor (who made super-substantial small clothes out of viewless broadcloth) detailed against his Committee brethren (in the flesh) imaginary turpitudes of the deepest dye, exactly in the terms Wakley would have dictated, if acting by mesmeric sympathy on the mental organism of the incorporeal scribe. Again comes your miserable earthly disclaimer, as if that—however conclusive on ordinary principles—*could* cause discomfiture to one so far above their ken as Mr. Wakley. With vain preciseness, all the "members of the Committee" declare, that they know nothing of the letter or "its unfounded statements and fabrications," as they impertinently describe its contents; and they go so far as to call on our distinguished representative, the mirror of English gentlemen, to account for his publication of what they almost, in direct terms, name as his own forgery. But what an answer to the audacious men! Mark how meekly "the man of veracity" sits under the charge of "dishonour," yet, how proudly he challenges their right to question *him*, (*him*, above all others!) about the fellow "member" and accuser he had given them. But the world shall lose no iota of this historic document. Every word is pregnant with the high pride of an honourable mind: there is no trace of a juggle in it from beginning to end.

Gentlemen, 33, Bedford-square, April 28, 1845.

A letter, signed by you, and addressed to the Editor of the LANCET, was sent to me last night by Dr. Bennett. You request to be furnished with the name of the author of a communication which was published in the LANCET of last week, relating to the proceedings of the Committee.

Without admitting your right to make such a request, I state at once, unhesitatingly, that the letter in question was sent to the "Lancet-office" without any name being subscribed to it, and, considering the circumstances which have since transpired, I regret exceedingly that it was published.

I have the honour to be, Gentlemen,
Your obedient servant,
(Signed) THOMAS WAKLEY.

To Messrs. Ancell and Bird, Hon. Secs. to the Committee of the National Association of General Practitioners.

It must not be supposed that the letter's unforeseen "*disclaimer*" by the Committee was one of the "transpiring circumstances" which induced the "man of veracity" to "regret exceedingly that it was published," nor should it be forgotten, that when the slanderers of Mr. Wakley's character, which during twenty years has stood fire-proof, the severest ordeals to which that gentleman in his utmost ingenuity could submit it to—it must not be forgotten, we say, when these foul and infamous slanderers choose to accuse the hon. M.P. with dishonour, that if a laxity of assertion exactly proportioned to his needs really formed, as they say, his most prominent characteristic, he would most certainly have denied in his note, at once and unhesitatingly, his knowledge of the *writer* of the mysterious letter. There was very little more danger of detection in that assertion than in the fellow one, that the letter came "nameless," and the additional falsity would have saved the reply from the charge of a shuffling evasion. But, no! Mr. Wakley is emphatically the man of honour—"at once and unhesitatingly" *the man of veracity*! He knew the writer as well as he knew himself, and for worlds he would not disown the honouring acquaintance. What a scrupulous regard for truth!

But one devout word in parting with our Huntingdon of medicine. Two miraculous letters opportunely coming to hand when most wanted is certainly—as the Cornish wreckers say—"a great Providence, yea, a very huge Providence." *They* may be readily believed, but a *third* might be dangerous. It would stagger neophytes like ourselves. There is a limit even to faith, and perhaps Mr. Wakley will use his influence that our weakness be not overtested. We entreat him earnestly to put off his next miraculous letter at least for another twelvemonth, during which severe probation the *Lancet* might adopt as its consolatory motto:—

De par le Roi, defense a Dieu
De faire miracle en ce lieu.

THE ROYAL COLLEGE OF SURGEONS.

Petition of Mr. Guthrie, F.R.S.

The Petition of George James Guthrie, one of the Council and Court of Examiners and late President of the Royal College of Surgeons of London,

Humbly showeth,

That your Petitioner did cause a Petition to be presented to your honourable House in the last Session of Parliament, praying that no Medical Legislation might take place until certain errors in the Charter lately granted to the College of Surgeons should be rectified. Your Petitioner, aware of the unfitness of this Charter for the purposes for which it was intended, opposed its acceptance in his place in the Council of the said College, and has on every possible occasion objected to its continuance. The knowledge your Petitioner has since acquired of the manner in which it has worked, has convinced him of the advantages which would be derived from some material changes being made in it, in which he believes he only concurs in opinion with nearly all the Surgeons of England who are members of the College.

The parts of the Charter to which your Petitioner particularly objects are those which, from their supposed liberality, are considered, by the few advocates it possesses, to form a praiseworthy feature in its construction, but which your Petitioner is ready to prove, are the principal causes of the discontent which has been manifested throughout the Profession, in a manner hitherto unprecedented; and that, so far from any of them being acts of liberality, they are really otherwise, being *either deceptive in their nature, or so despotic and unjust in their character, as to be discreditable even to a purely arbitrary government*, and the retention of which cannot be maintained before any competent Court or Committee of Inquiry. Your Petitioner believes that the members of the College resident in England who have been aggrieved are fully capable of stating their grievances in a manner which forbids all interference on his part; and he should not venture to approach your honourable House, if it were not that he has been called upon by many of those medical officers of the different branches of the public service, who are now serving their Country in far distant lands, to maintain, to the best of his ability, the rights and privileges of which they have been unjustly deprived, and which they cannot by any efforts of their own recover, unless some change be made in the Charter.

Your Petitioner prays your honourable House to remark, that *these gentlemen are deprived of the rights and privileges which have been handed down to them for a hundred years, under a solemn compact, which all parties concerned have sworn to observe, and by an ex post facto law, retrospective in its effects and unjust in its operation.*

Your Petitioner believing that none of the statements which have been made to, or which have been laid on the Table of your honourable House, in support of this Charter, have any real foundation, and that they all admit of complete refutation, prays your honourable House to appoint a Committee to inquire into the various statements and supposed facts which have been adduced on all sides, before any further medical legislation shall take place, in order that the truth may be may be elicited and justice done.

And your Petitioner will ever pray.

G. J. GUTHRIE.

PROCEEDINGS OF THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY.

294, REGENT STREET.

This Association is progressing admirably. Notwithstanding the embittered attacks of some industry and great want of principle, there has not been a secession of even six members, while the number of new members, and the amount of contributions in the form of donations, received weekly (from forty to fifty pounds) places the society's prospects in a most flourishing condition. In consequence of the worse than uncourteous rebuff experienced from the Council of the Royal College of Surgeons, the measures that were previously being taken to procure the expected Charter of Incorporation, are now being urged with increased vigour and determination. The Society of Apothecaries' and the Association have coalesced to form a deputation to Sir James Graham, to confer with him respecting its provisions, and the former body, at the express request of the Home Secretary, have, at a meeting of the Court of Assistants, appointed two members, fully empowered to surrender to the Government the Act of 1815 with all its attendant immediate and contingent advantages and privileges, on the condition that the National Association of General Practitioners receives a charter of incorporation, with power to examine its own members, and grant diplomas on proof of efficiency, its members being independent of the other medical and surgical corporations, and its diploma a sufficient title for every medical and surgical appointment throughout the country. The Committee of Association on its part, as we have been informed, have nominated Mr. Pennington its president, and Messrs. Bird and Ancell the secretaries, a deputation to arrange with the Government the various provisions and features of the Charter, and to accept or reject the one proferred by the Government, according as they may deem it most advisable for the interests of the Association generally. The appointment of these gentlemen to form the deputation remains still for confirmation by the Committee, but there is not any doubt but that their nomination will be confirmed. Meanwhile a public meeting of the Association has

been summoned by circular for Tuesday evening next, May the 6th, at the Hanover Square Rooms, at 6, p. m., when these and other important matters will be submitted for the consideration of the members. With a view also to elicit the opinion of the members with respect to the elective franchise, two queries have been submitted to them by circular, the answers to which, which it is expected will be received before the public meeting takes place, will guide the Committee in the arrangements of that part of the new Charter.

That the nature of the queries above alluded to, and the business to be transacted at the public meeting may be fully understood, we subjoin notices of the questions which it is intended to send to all the members of the Association.

"I.—Whether all Members of Council, after the nomination of the first Council, should be elected by the Members of the College whose Diploma or Licence bears date previous to the day of Election,—Five years? Ten years? Unrestricted? Or for what term of years?

"II.—Whether after the Nomination of the first Council, every Member of the College should be eligible to be a Member of the Council whose Diploma or Licence bears date previous the day of Election,—Twenty years? Fifteen years? Ten years? Unrestricted? Or for what term of years?"

The circular accompanying this is as follows:—

"That the Committee may be in possession of the most accurate information possible during the pending negociations, the Members of the Association are called upon individually to declare their opinions upon the subjects of the Franchise, and of the Qualification for Membership of the Council. You will accordingly oblige by placing your signature in the accompanying schedule, against those propositions which you wish to affirm; and returning the schedule under cover to the Committee by the earliest post.

"A Special General Meeting of the Association will take place on Tuesday next, May 6th, at the Hanover Square Rooms:—

"To receive a Report from the Committee, and to confirm their Proceedings, also:—

"To receive a return of the opinions from the Members of the National Association on the subject of the Franchise, and of the Qualifications for the Membership of Council, and to declare the result.

"The chair will be taken at six p.m., precisely, and your attendance is earnestly requested."

It may be added, that Sir James Graham has at length consented to treat with the Committee as the authorized representatives, or to use his own words—"the plenipotentiaries" of the body of General Practitioners, and there can be little doubt that a College of Medicine and Surgery will be immediately established, which, if worked with the zeal and enthusiasm that now animate the Committee, will, in a very few years, force the other two Colleges, into a conjunction in self-defence. The Committee are pledged to take nothing less than an independent incorporation, with the fullest powers in reference to Surgery; and Sir James Graham has shewn fair grounds for the belief, that to avoid a voluntary incorporation (which will be royally recognised on any change of ministry,) he will use the handsome, and generous abdication of the Society of Apothecaries—an act unparalleled in corporate annals—as a happy aid to build up a National Faculty for the Profession.

Votes of confidence in the Committee are coming in with nearly every post.

The Medical Protection Assembly, having doffed their name, which they conceived somewhat odious, and selected a rather respectable channel of communication, Mr. D. O. Edwards, recently applied to the College of Surgeons for an interview, in the hope of inducing the latter to relax somewhat the stringency of their monopoly. The Council, however, peremptorily declined to receive any deputation in anyway contaminated by so unfortunate a connection.

SYDENHAM SOCIETY.

The anniversary meeting of this society, called by means of public advertisement, and not by private circulars, was held at the society's apartments on Thursday evening, the 1st of May, at 8 p.m. Dr. Paris in the chair.

The report of the council read by the secretary, which was exceedingly meagre and scanty, stated that a third volume would soon be ready for distribution among the subscribers of the past year; that other works were in course of preparation, including the complete works of Dr. William Hunter; and, further, that the council had it in contemplation to prepare an extensive and accurate medical bibliography, for the which, however, more ample funds were requisite than could be at the command of a recently instituted society with a fluctuating subscription. With a view, therefore, to the carrying out of this object, a sum had been taken from the balance of subscription, and invested in the names of the president, treasurer, and secretary, in the purchase of £195 8s. 2d. in the three per cent consols. The report further stated that there had been a great increase in the number of subscribers, there being at present 2,070 members. It then proceeded to discuss certain objections which have been raised in various quarters to the manner in which the objects of the society have been carried out, some members requiring the publication of modern works, while others seemed desirous of making it a society of medical antiquarians. The council congratulated themselves, however, that the dissentients out of so large a number of subscribers were so few, and argued thence that their proceedings must have given general satisfaction; and they further stated that it was their duty to cater, not only for the few, but for the many—and that in all their publications their object was to encourage a high standard of literary taste, and to publish such works as would afford sound medical knowledge. They were also of opinion that the demand that existed for the publications of the first year, was an additional proof of the estimation in which their labours were held; and it was stated that these works would be reprinted as soon as five hundred subscribers could be obtained for them, so as to warrant the council in incurring that expense. A donation of ten pounds from Sir Alexander Crichton was also acknowledged.

The financial statement of the treasurer showed a balance in hand from the first year's subscription amounting to £929 8s. 8d.—subscriptions received during the past year, £2,150 15s.—interest from the Union Bank, £21 16s. 1d.—consols' dividend, £2 16s. 11d.—making a total of £3,077 16s. 8d. Of this sum there remained a balance of £914 19s. on the 25th of March last, the expenditure including nearly £40 for petty expenses, upwards of £300 for editorial charges, upwards of £400 for book-binding, £500 for paper, £196 purchase of consols, ect.; £55 16s. had been received since as subscriptions, and additional expenses incurred, including £157 10s. granted by the council to the secretary as a gratuity, and about £425, the estimated expense of the first volume of Simon's work, about to be published by the society. The balance in hand at present is therefore £300 18s, 4d., besides the consols, and about two hundred copies of the published work, still in hand.

Dr. Willis proposed the adoption and printing of the report, and eulogized the council for the publication of the works of Paulus Ægineta, which, he said, in such a society, must have been published sooner or later. The promises that were made respecting the future were, he thought, very gratifying; and he was particularly pleased with the contemplated medical bibliography.

The proposal was then duly seconded and carried, as were also votes of thanks to the respective officers of the society; after which the scrutineers reported that the following house-list, nominating the officers and members of the council for the ensuing year, had been unanimously adopted.* The meeting was thinly attended.

President: Dr. Paris, F.R.S.; Vice-presidents: Sir Alexander Crichton, M.D.; Dr. Alison; Dr. Hastings; Sir Benjamin C. Brodie, Bart.; Sir William Burnett, M.D., F.R.S. K.C.H.; Dr. Davidson; Dr. Chambers, F.R.S. K.C.H.; Sir James Clark, Bart, M.D. F.R.S.; Sir Philip Crampton, Bart. F.R.S.; Sir Henry Marsh, Bart. M.D.; Sir James M'Grigor, Bart. M.D. F.R.S.L. and E.D.; Dr. Haviland; Mr. Hodgson, F.R.S.; Dr. Holland, F.R.S.; Dr. Kidd, F.R.S.; Mr. Travers, F.R.S.; Council, Dr. Arnott; Mr. Ancell; Dr. Clendinning, F.R.S.; Dr. Copland, F.R.S.; Mr. Erichsen; Dr. Forbes, F.R.S.; Dr. A. Farre, F.R.S.; Mr. Hilton, F.R.S.; Dr. Hodgkin, F.R.S.; Mr. Lane; Mr. Luke; Mr. Martin; Sir George Lefevre, M.D.; Mr. Drewry Ottley; Dr. Pereira, F.R.S.; Mr. Phillips, F.R.S.; Dr. Forbes Royle, F.R.S.; Dr. Sharpey, F.R.S.; Mr. Henry Smith; Mr. Solly, F.R.S.; Mr. Squibb; Dr. Th. Thompson; Dr. Wilson; Mr. E. Wilson, F.R.S.

* This is decidedly an erroneous statement: to our knowledge several of the balloting papers were amended by the striking out obnoxious names from the list of vice-presidents.

MR. DERMOTT ON MEDICAL MOVEMENTS.

(To the Editor of the Medical Times.)

SIR.—Upon my calling, with some medical friends, on an M.P., this last week, we were not a little surprised to hear him unreservedly assuring us, that *Mr. Wakley had been soliciting his support in favour of Sir James Graham's Medical Bill!!!*

I must leave the profession to draw what conclusions they please from this fact, deeply lamenting that they have so long rested their hopes upon so rotten a foundation as the aid of this *soi-disant* friend of the profession.

Pray compare this droll canvassing with the worthy M.P's. Leader of Nov. 16th., wherein he designates the Council of Health as the "*Monster*," and Sir Jas. Graham as the head and front of its offending, by his monopolizing all its power and influence, and the Bill as "one exciting the strongest feelings of indignation and disgust—as an odious and detestable project"—also of Nov. 23d. and 30th., with succeeding Lancets. Dec. 28th., he says: "Of the twenty-two clauses of the Government Bill, which we have already examined in this journal, not one has been so framed as to deserve the support of the profession or the public, and all the guiding principles and leading provisions of the measure have proved to be precisely of that character and description, which were calculated to arouse against them the bitter hostility of nearly the whole of the legally qualified practitioners of this kingdom. In concluding our analysis of the clauses of this *ruinous* Bill, truly can it be declared, that we have completed one of the most odious and painful duties we have had to discharge since the first publication of this Journal."

The duplicity to which I am now referring, is too palpable to last long; but, alas! medical men are only now thoroughly finding out their error when it is too late to correct evils resulting from it—when the Bill is on the eve of passing—when the insulting, degrading, and ruinous charter is about to be established upon a secure foundation, and medical monopoly is becoming a castellated tower of strength.

The sycophantish conduct of Wakley towards Sir James Graham is disgusting. Does he think to hood-wink the profession against the monstrous evils of the Bill, by descanting upon the gentlemanly strain of his speech? A speech, after all, consists but of words, whilst the Bill is to become an Act of Parliament. Throwing aside, moreover, the verbal garnish of this speech, we find him distinctly stating, that he still adheres to the principles upon which he introduced his first Bill; that is to say—the non-representation of the profession—the representation of the self-elect cliques of our medical corporations, and free trade in quackery. The Bill in every repulsive feature is the same.

Sir James Graham may be as well-meaning towards the Medical Profession as any other honourable member in the House. He may be "most anxious to sustain the honour, and the

attainments of medical practitioners," but he has a strange way of shewing it. As a proof that he must be very ignorant of the real state of the profession, he coolly stated in the House on the 7th, that he was at a loss to understand what were the grievances or exclusion to which Col. Wood referred, viz., the grievances of the members of the College ! ! ! It requires no spirit of divination, after this, to see that Sir James Graham has not much troubled himself with reading the petitions that have been sent up against the Charter, and that Mr. Wakley, with all his interviews, has failed to give him a proper "*course of private instruction.*"

But a short time ago, the Committee of the National Medical Association were, with Mr. Wakley, everything that was good and noble—a week or two afterwards they were a "Lawless Set," everything that was infamous—because they would not admit him and his "Man Friday" Lynch into their committee—because they would not subject themselve to "Crowners' quest," or Lynch-law.

Let the truth, for the sake of public good, be plainly told. The National Association have hitherto acted wisely for their own reputation, and honestly towards the public; the fact is, they find it more prudent to close the doors of the committee-room against fresh accessions of number, than to admit Mr. Wakley and his clique, and incur the risk of his doing to them what he did to the former Association rather better than a year ago*—namely, convert it into a species of inquisition on a small scale, a cabal for abusive declamation and personal persecution, expelling those who would not servilely succumb to him, or compelling them to resign, closing the committee-room doors, making the said committee *in reality* as close a "hole and corner" *Lancet* job as it could possibly be, all our practical plans for active operation being completely broken up like the Association itself.

Verily, Mr. Wakley's expelling, persecuting hole and corner clique will hereafter have enough to answer for, before the tribunal of public opinion. It is known to all the profession, that the Association above alluded to, having been re-christened by Mr. Wakley "The Medical Protection Association," having had sown in it the seeds of its own dissolution, witnessed its own demise a few weeks ago.

May I be permitted to ask,—How came it that on Friday night last, the Bill was moved to be read a second time, without opposition? How came it that Mr. Wakley, who, a few weeks ago, insisted that the "*Monster*" should not be read without determined opposition—who would die on the floor of the House of Commons in opposing its leading principles—that he who has called upon the profession to oppose it in every stage, and by every means—who has so broadly objected to almost every one of its clauses, as well as to its general principle—how came it, I ask, that on Friday night, he "would not offer any objection to the motion, that it be read a second time," that he moreover stated what was absolutely incorrect, viz., that "the discussion of the principle of the Bill should not take place on the second reading, but on its committal." No such thing, I maintain, was stated, but that it would be opposed. How came it that on the same night, as soon as the order of the day for the second reading of the Bill was read, he both presented, and supported a Petition (from some of the University Students,) in favour of the Bill, "the petition expressing satisfaction at the Bill, but objecting to two or three features," whilst he shirks off the discussion of the principle of the Bill until its committal. I always thought that when members really object to a bill, the opposition is on its second reading—at the very moment when, behold, he presents a petition in support of it.

The next stage of the Bill is, also, put off until Wednesday, the 7th of May, the night before the Whitsun-holidays, when very few (perhaps *packed*) members will be present to secure its passing. This really appears like an intention on the part of the chief managers of the Bill to smuggle it through the House, or a repetition of the Bill-juggling farce of 1840. (See *Medical Times* March 1844 page 459.) Mr. Wakley also on Thursday last, the night preceding the second reading of the Bill, postpones his motion for a Committee of Enquiry into the operation of the Charter of the College of Surgeons until next Tuesday fortnight; not that I think the profession would get any good by the inquiry, if the evidence were picked and packed (that of the accused parties) as was the evidence before the Committee of 1834. The accused College Council will of course give a good account of their own character and conduct; whoever heard of bad people giving themselves bad characters? The more I think of it, the more I distinctly see that the attack against the Bill should have been made on the second reading. Wakley, in not doing so has secured the passing of the Bill through the House of Commons.

Mr. Wakley seems determined to contribute to his own undoing as a public character as much as possible. The following act of this Aristides of the profession will form a climax:—A week or two ago I sent my advertisement of the publication of my "Objections against Sir J. Graham's Medical Bill," when the young man behind Churchill's counter immediately returned it to the gentleman who presented it, with the observation, that it could not be inserted. Well, supposing that the refusal only applied to political topics, I sent this week an advertisement of the Summer Courses of Instruction about to be delivered at the Charlotte-street School of Medicine, the identical one which now appears on the cover of the *Medical Times*; this was also refused, and upon the medical gentleman who took it asking the reason, the response was, that Mr. Wakley had given them orders not to insert in the *Lancet* any advertisement of Mr. Dermott's.

Mr. Wakley could not have hit upon a device more injurious to himself, and more complimentary to me; he will, by this means, teach the profession one great practical lesson, viz., that medical men, lecturers and all, can well do without advertising in the Lancet, and several will, no doubt, ere long, take avail of this most useful demonstration. So much for the high-mindedness of the Pseudo-medical Senator. Does he not know that when a man obtrudes himself upon the public as their servant, his public actions are as a point of justice open to the scrutiny of all individuals with whose interests he has implicated himself. He has completely thrown overboard his principles as a reformer, he has violated his duty towards the public as a Journalist, and the ordinary usages of society, in a manner most unprecedented.

Your obedient servant.

G. D. DERMOTT.

Charlotte Street School of Medicine, Bloomsbury, April 28th., 1844.

* See *Medical Times*, of March, 1844.

HOUSE OF COMMONS.—FRIDAY.

PHYSIC AND SURGERY BILL.

Sir J. Graham moved that the order of the day for the second reading of the Physic and Surgery Bill be read.

Mr. Wakley said he had to present a petition, signed by nearly 200 students of University College, London, expressing their general satisfaction at the introduction of this bill, and stating their objections to two or three features of the measure. The petition would have been more more numerously signed, had not many of the students been absent from town.

Sir. J. Graham then moved that the Bill be read a second time.

Mr. Wakley said, it was understood on a former occasion that the discussion on the principle of the Bill should not take place on the second reading, but on the committal. He would not, therefore, now go into the question; but he wished to observe that he had seen it stated in print that the right hon. baronet, the Secretary for the Home Department, considered it to be impossible to enfranchise in the General Medical College of London the great body of the General Practitioners. He wished to know from the right hon. baronet whether or no the door was closed between the Council of that College and the General Practitioner.

Sir James Graham said, he was obliged to the hon. gentleman for not insisting on his right with respect to the second reading of the Bill. He thought, upon the whole, the day which had been fixed by his notice would prove the most generally convenient. The day on which he proposed to proceed with it, would be the last day before the Whitsuntide holydays, namely, Wednesday, the 7th of next month. He had fixed that day, because he hoped to perfect some arrangements which would enable him to alter the Bill in some respects; and he could assure the hon. gentleman that, in a measure of this kind, which went so seriously to affect the interests of so large and important a class, the most indulgent consideration would be given to their feelings and the circumstances in which they stood. But at the same time it was not to be forgotten that there were other important interests to be affected by the measure. With respect to the length of time that students might be engaged in preparing themselves for the medical profession, he should merely say at present that he did not feel indisposed to make every reasonable allowance for the position in which they were placed; but with regard to the standard of qualification, that was an entirely different matter, and one with regard to which he felt no small difficulty. Under the proposed regulations the test for General Practitioners would be examination; and he conceived that that would be as much for the interest of the community as for that of the profession itself. Having said so much, he wished to add that he reserved to himself the power of considering in what other manner he might be able to promote the interests both of the community and of the profession, by means of the regulations which this Bill would be made to contain. The interest of all parties, he assured the hon. gentleman, should be fully and fairly considered. Then, as to the question which the hon. gentleman had addressed to him, asking, was the door closed against all negotiation between the Council of the College and the great body of General Practitioners, he need only remind the House that they all possessed an opportunity of seeing the correspondence that had taken place on the subject. Before that correspondence had passed between the parties to it, he did entertain hopes of a satisfactory adjustment. Since that time every other gentleman in that House possessed as sufficient means as he enjoyed of forming an opinion for themselves. He was not prepared to say that the door of negotiation was wholly closed; but he confessed that his fears exceeded the hopes which he entertained of any adjustment. He was not sanguine, at the same time that he did not despair, that some arrangement satisfactory to the great body of general practitioners would be eventually effected.

Mr. Hume thought that equality of qualification throughout the United Kingdom, should, if possible, be accomplished; and with that view, that an independent body should select examiners from England, Scotland, and Ireland.

Mr. Wakley said the gentlemen whose petition he had presented feared nothing from any test that might be imposed on them; and he moved for the answer of the Council of the College of Surgeons, to the letter of the General Association of the General Practitioners.

The Bill was then read a second time, after which

Sir J. Graham said that, as a member of the Government he had no objection to the production of the paper for which the hon. gentleman moved, but as a member of that House he did not like to join in making an order which they had no authority to enforce.

Mr. Warburton said, that a committee might be moved for; that correspondence might be brought under their consideration, and it would then become a Parliamentary paper.

Mr. Hume wished to know who gave the Council the power which they possessed? Surely it was from the Legislature; and if so, the House of Commons had a right to be made acquainted with the nature of their proceedings.

Sir J. Graham said, he did not believe there

existed the least objection on the part of the Council to the production of the correspondence.

Mr. Warburton said, that the case of the correspondence in question was precisely analogous to the case of the correspondence of the Royal Academy.

The Chancellor of the Exchequer said that, after what had now occurred, he should be very careful how he wrote letters to any corporation, as even the most private communications might be called for under this precedent.

Sir R. H. Inglis thought it would be far better not to exercise a power of this kind, except in cases of great emergency.

Sir J. Graham suggested that the hon. gentleman might, if he pleased, renew his notice on some future occasion, and in the meanwhile, he, (Sir J. Graham,) would probably be able to produce the papers by command.

GOSSIP AND NEWS OF THE WEEK.

Medical Prize.—The Thurston prize for a medical essay has just been awarded to Charles John Hare, L.M. of Caius College.

St. George's Hospital.—The following prizes for the session 1844-45 were distributed to the students of this hospital on Monday last. Dr. Chambers occupied the chair :—Clinical Medicine. Prize, Mr. William Wadham ; second prize, Mr. T. H. Smith. Clinical Surgery.—Prize, Mr. W. J. Anderson ; honorary certificate, Mr. C. H. Maltott. Practice of Physic.—Prize, Mr. T. H. Smith ; honorary certificate, Mr. J. B. S. Brown. Surgery.—Prize, Mr. Frank E. Barton ; honorary certificate, Mr. T. F. I. Anson and Mr. J. A. Woolfryes. Materia Medica.—Prize, Mr. W. P. Roberts ; honorary certificate, Mr. L. Parnell and Mr. Marley. Anatomy.—Senior prize, Mr. Henry Gray ; honorary certificate, Mr. James George ; junior prize, Mr. James Holloway ; honorary certificate, Mr. William Fuller. Clinical Midwifery.—Prizes, Mr. W. J. Anderson and Mr. James Budd ; honorary certificate, Mr. E. B. Batten. Botany.—Prize, Mr. Henry Gray ; honorary certificate, Mr. William A. Gillow.

The indiscretion of Mr. Wakley's friends has exposed him to some unfortunate indignities during the last week. The number of gentlemen who have been formally addressed by letter to become stewards of a contemplated dinner to the hon. member, and who have peremptorily declined is, beyond belief, numerous. In the small circle of one of our acquaintances more than a dozen applications were made, and as many refusals sent.

Protests against the Council's proceedings are being signed by the English surgeons of each district. We have this week received two : one from Leeds, signed by forty surgeons—the other from the surgeons of Birkenhead and its vicinity. Copies should, in every case be forwarded to Sir James Graham, and petitions founded on them be sent to the House.

Obituary.—We regret to announce the death of Dr. P. Harnett, colonial surgeon at Sydney, New South Wales, aged 38.—Also of Dr. James Mac Donnell, in Donegal place, Belfast, aged 82.

Dr. Jacob, the physician of Dublin, who, in addition to the specialty (well fulfilled it must be owned) of oculist, prides himself with something like Irish consistency on being a "*pure* surgeon," has recently written an address to the surgeons of Ireland, assuring them that the apothecaries or general practitioners are rising gradually into physicians and surgeons, and expresses no little alarm at the prospect of their being registered as licentiates of medicine and surgery.—The engineer is here hoisted by his own petard. The Bill as at first promoted by Dr. Jacob, omitted all recognition of the Irish Apothecaries ; it is now to be altered, and a full amount of justice done to them. Dr. Jacob first reminds us how much he did to prevent the Apothecaries' Society from giving the candidates for their license a good education (!) how he prevented the recognition of the Society's certificates by the College of Surgeons ; and that, failing, on his becoming president of the Surgical College, that the society progressed positively in despite of his opposition, "he considered he was called on to avail himself of whatever additional influence he possessed from his official character to resist the attack made on the body to which he belonged. With this view he delivered an introductory lecture ! The introductory, however, failed, and Dr. Jacob now complains that he is in the jaws of ruin by an organized combination against him—not only of physicians and apothecaries, but also of—surgeons. The fact appears to be, then, that Dr. Jacob—the physician, oculist, and *pure* surgeon—has been making a Quixotic fight, useless to himself and thankless to every body else. The English Jacob —Sir B. Brodie—will by-and-bye perhaps have the same tale to tell.

King's College.—Distribution of medical prizes.—The annual distribution of prizes to the best proficients in the medical departments at this institution, took place on Saturday. Division No. 1.—*Medicine, Surgery, and Midwifery.*—1st prize, James Mason ; 2d, T. S. Bourne. Certificates of Honour.—W. F. Noott, T. T. Dyer, H. Smith. Division No. 2.—*Physiology, and Materia Medica.*—1st prize, W. Brinton ; 2d, S. J. A. Salter ; 3d, A. J. Woodhouse ; 4th, P. Eade. Certificates of Honour.—J. Reid, C. Thompson, W. Fincham, G. Smith, W. B. Gill. Division No. 3.—*Anatomy and Chemistry*—1st prize, J. Reid ; 2d, T. W. Nunn ; 3d, J. J. Arlidge ; 4th, S. S. Salter. Certificates of Honour.—T. Bridgewater, T. J. Strutt, J. W. Elliott, W. R. Crotch, B. Cade. *Botany.*—R. Bentley. Certificates of Honour.—J. J. Arlidge, A. Henry. *Forensic Medicine.*—James Duncan. Certificates of Honour.—J. S. Lavies, W. F. Noott. *Warneford Prizes.*—1st, W. Brinton ; 2d, A. J. Woodhouse. *Leathe's Prizes.*—1st, J. T. Arlidge ; 2d, Robert Tweed. *Associates.*—J. Duncan, J. Ody, J. O. Rayner, S. Soden, R. Frere. The medical scholarship of £40 per annum was gained by Mr. W. F. Noott.

An Elderly Physician who attributes Insanity to an excess of carbon in the blood, has inserted the following singular account in the Times :—*Carbon of the Blood.*—An elderly physician, who has had great experience in cases of insanity, stated to Sir Peter Laurie that having for the last 20 years made the subject of carbon as an agent in the operations of disease the object of careful investigation, he had made some observations which he thought particularly applicable to insanity, and requested Sir Peter would give him leave to see the patients in Bethlem Hospital ; Sir Peter very kindly replied, if the applicant would be at the Hospital the next day (Friday, 18th inst.) he should be there, and would introduce him to the medical officers of that establishment, which was just what the doctor wanted—he had no idea of obtruding himself on the committee ; he did attend, and after waiting for some time was unexpectedly called to come before the committee, to whom, in the presence of the medical officers then in attendance, he explained the action of carbon in reference to insanity, and mentioned the curious fact that there were many cases of insanity in which he could tell merely from looking at the back of the hand, not only that the patient was insane, but that to a moral certainty the case was incurable, and stated at the same time the principle on which this opinion was grounded. The gentlemen of the committee listened with polite attention to his remarks, and Sir Peter put some shrewd questions to him on the subject ; when after some deliberation, during which the doctor was requested to withdraw, he was told, on being called in again, that he might go round the house, but that he must not look at the patients' hands. However, it so happened that he had been at Bethlem two days before by appointment of Sir Alexander Morison, and saw a few of the cases alluded to, which he immediately pronounced incurable without asking them a single question, when the apothecary acknowledged they were deemed so, and were in the incurable ward. These facts are mentioned in hope that some one, who has more time and talent than himself, may be induced to take up the subject of carbon, and make it, what he is pursuaded it may and predicts will be, the foundation of a new system of pathology far more simple, intelligible and beneficial, than any that have hitherto preceded it.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from page 78.)

Serpentary, Virginian—Powder : ten to thirty grains in bolus or pills ; infusion, one to three drachms to a pint of water ; tincture, half a drachm to two drachms in potion, julep, or mixture. The serpentary of Virginia is very little employed at present, notwithstanding its well-marked stimulant properties, and its action on the cutaneous transpiration. Formerly much vaunted in the treatment of typhoid fever, it is now rarely employed except in the treatment of obstinate intermittent fever, gangrenous affections, chlorosis, &c. ; and even then it is generally combined in equal parts with bitters, bark, or camphor.

Serum, Aluminous (Marc) : two drachms of alum, dissolved in a pint of clarified and filtered whey. Mode of exhibition—by small cupsful in the course of the day in cases of passive hæmorrhage.

Simorouba : it possesses the same properties, and is given in the same doses as the quassia amara.

Sinapism, Ordinary : a sufficient quantity of fresh flour of mustard, deprived of its fixed oil by expression, mixed with a sufficient quantity of warm water.

Sinapism, Ordinary—(very active) : eight ounces of synapism, prepared in the preceding manner, incorporated with from two to four drachms of garlic, and powdered pepper, and from twenty to thirty drops of liquid ammonia.

——— (Much milder), one pound of roasted barley flour, four ounces of strong vinegar, six ounces of white of eggs, mixed together secundem artem, spread upon linen, and dusted with two ounces of powdered black pepper. Sinapisms are applied either naked, or between two pieces of linen, to the soles of the feet, the ancles, calves, thighs, &c. The time during which these topical applications should remain on the parts, varies from two to four hours, but it is not always so long a time before their effect, (rubefaction) is produced. Half an hour to an hour is sometimes sufficient. It is advisable to watch the mode of action of these remedies, in order that their application be not too prolonged. Finally, it is not always necessary to wait until the parts become red, for it sometimes happens that that effect is not produced, until some time after the sinapism has been removed. Sinapisms possess stimulant and revulsive properties, which are usefully employed in a great many cases, such as pleurodynia, rheumatism, gout, &c.

Syrup of the Acetate of Morphia (Magendie) : a simple syrup, containing a grain of the acetate of morphia in every four ounces. Mode of exhibition—half an ounce to an ounce in a draught, as a sedative, and succedaneum of syrup of diacodium.

Syrup of Hydrocyanic or Prussic Acid : see cyanic syrup.

Syrup, Alcaline : see syrup of the sub carbonate of potash.

Syrup, Alcoholic, of the Iodated Ioduret of Potassium (Puche) : four drachms of the iodated tincture of the ioduret of potassium, four drachms of mint water, one pint of simple syrup. Mode of application—four drachms to an ounce in syphilitic and scrophulous affections.

———, with the Proto-Ioduret of Iron (Ricord) a simple sudorific syrup, containing a drachm of the protoioduret of iron in every pint. Mode of exhibition—antisyphilitic, in the dose of from two to six spoonsful daily, in an appropriate menstruum.

———, Aloetic (Guillemin) : a syrup containing thirty grains of the aqueous extract of aloes to the pint of syrup. Mode of exhibition—half an ounce to an ounce as a purgative

——— of Almonds : a syrup prepared with sweet and bitter almonds, sugar, common water, and orange water Mode of exhibition—one to three ounces to a pint of water, to make a cooling drink, which is sometimes taken on account of its pleasant taste, at others, used medicinally in acute affections of the genito-urinary apparatus.

——— of Bellet, Reformed (Bouillon Lagrange) : a drachm and a half of pure nitrate of mercury, prepared cold, dissolved in two drachms of water, and a pound of cold simple syrup, and half a drachm of nitric ether added. Mode of exhibition—a spoonful in the morning in a glassful of water or ptisan.

——— of Catechu (German Hospital) : simple syrup containing two drachms of pure catechu to the pound. Mode of exhibition—half an ounce to an ounce in a little water, as stomachic.

——— of Coffee (Ferrari) : simple syrup containing the extractive matter of an ounce of roasted coffee to the pound. Dose—four to twelve drachms and more.

——— Sedative (Ricord) : four ounces of syrup of poppies, fourteen ounces of syrup of orgeat, mixed together, and (according to circumstances) two drachms of nitrate of potash added. Mode of exhibition—four to six spoonsful daily, in linseed tea, or dandelion, or barley-water, or better still, in plain water, in cases of acute blenorrhagia.

——— of Cascarilla : simple syrup containing the soluble principle of an ounce of cascarilla bark in a pound of syrup.

——— Chalybeate (Willis) : one drachm of sulphate of iron, dissolved, in two drachms of boiling water filtered, and mixed with a pound of syrup of gum. Mode of exhibition—one to two ounces daily, as a tonic and astringent, in chlorosis, leucorrhea, &c.

——— of Cinchonine (Magendie) : simple syrup containing three grains of the sulphate of cinchonine to the ounce. Mode of exhibition—one or two teaspoonsful daily as tonic and febrifuge.

Syrup of the Acid Citrate of Quinine (Magendie) : a tonic and antiseptic preparation containing one grain of the acid citrate of quinine to the ounce of simple syrup. Mode of exhibition—one or two teaspoonsful in the course of the day.

——— of Citrate of Iron (Trousseau) : simple syrup containing from four to six grains of the citrate of iron in the ounce in it, possesses the usual properties of ferruginous medicines.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Inflammation of the Os and Cervix Uteri.

J. C., æt. 26, married, no children.

February 2, 1836.—Complains of severe pain in the back and loins, considerably increased by the approach of a menstrual period; albuminous leucorrhœa. Has been subject to a yellow discharge from the vagina for the last nine months; for the last fortnight she has noticed lancinating pains in the centre of the pelvis; they last only for a few minutes, and come on chiefly towards evening. The first appearance of these pains was just before a menstrual period. Bowels somewhat confined; appetite bad.

Vaginal Examination.—Vagina natural; cervix uteri long, hard, throbbing, and intensely painful to the touch.

Hirudines iv. ori uteri. Confectio sennæ om. mane. Lotio plumbi. ℞. Acidi nitrici dil.; tinct. hyoscyami a.a. M xv. ter die ex infuso gentianæ co. ℥iss.

February 9.—Much better in health; discharge much less and thinner—has had no lancinating pains until the evening of the 7th.; expects the catamenia this week.

Mist. potassæ citratis effervescentis ter die.

℞. Tinct. opii, liq plumbi diacet. a.a. ʒii. Aquæ destillatæ ℥viiss. M. ft. Lotio.

Feb. 16.—Had severe pain of the back, &c., attended with lancinating pains before the catamenia appeared. Her health is better, and the leucorrhœal discharge less; but the lancinating pains continue. Rep. med.

Hirudines iv. ori uteri.

Feb. 23.—Was much relieved by the leeches; has had no lancinating pains since. The discharge is less, and more like that of simple leucorrhœa in appearance. Bowels not open; tongue glossy. Has still a good deal of uneasiness about the pelvis.

℞. Ammoniæ carb. ʒi. Succi limonum q. s. ad saturandum; sp ammoniæ arom. M xv. aquæ. menthæ pip., ℥iss. M. ft. haust. bis die sumendus. Rep. confectio sennæ, et hirudines iv. ori uteri.

March 1.—Leeches bled profusely; feels weak; has had no darting pains, and very little discharge, which is thin, and not albuminous.

Rep. Mistura. ℞. Ferri sulph. gr x. aquæ distill. ʒi. M. ft. injectio.

℞. Pil. ferri co. gr. v. o. n. ℞. Magnes. carb. gr. xv. magnes. sulph. ℥ss. aquæ menth. pip. ℥ss. o. m.

15th. What little discharge there is, is that of simple leucorrhœa; no darting pains; little appetite. Catamenia appeared last week, and without pain. Rep. pil. mist. et lotio. ℞. Haust sennæ primo mane.

22nd.—Has had some pain of back, but it does not seem to be lancinating: is weak, and the stomach appears to be deranged from the steel medicines. There is very slight vaginal discharge, and what there is, is simple leucorrhœa. Omit. pil. ferri.

℞. Acidi nitrici m.xv. bis die in infus. gentianæ co.

℞. Pil. hydrarg. ext hyoscyami aa. gr.v. alternis noctibus; rep. mist. sennæ.

29th.—Is gradually improving. Rep. medicam.

April 12.—Has had no darting pain since. Has had pain of back, which seems connected with constipation.

Rep. omnia.

19th.—No lancinating pain, but has had much dragging and bearing down in the pelvis; slight leucorrhœa. Tongue good, pulse full, but compressible. Rep. mist.

℞. Extr. hyoscyami, ext. coloc. co. aa. gr. v. o. n.

℞. Ferri sulph. gr. v., aquæ distillatæ solve. ℥j. ft. injectio.

26th.—The lotio ferri sulph. does not seem to have agreed with her. Rep. lotio plumbi. Rep. med.

May 17.—Complains of debility, with leucorrhœa. Says she has had no lancinating pains for two months. Rep. med.

℞. Pil. ferri comp., gr. v. o. m.

June 7.—Has had no lancinating pains; discharge simply leucorrhœal; contin. omnia.

The history of this case illustrates the introductory remarks which I made in commencing the consideration of this subject. A puriform discharge of long standing, which probably had its source in the uterus itself; an increase of uterine congestion, with lancinating pains, just before a catamenial period, followed by the albuminous discharge which characterises an inflamed state of the cervix, are the more prominent features.

It was necessary in this case to order repeated applications of leeches, and at the same time to give gentle tonic medicines, soothing the part with tepid saturnine injections, and keeping the bowels open by the mildest laxatives. Under this plan of treatment the health rapidly improved; the discharge began to lose its albuminous character, and the darting pains ceased almost entirely.

Each application of the leeches was attended with marked relief to the local inflammatory symptoms; and a state of intestinal irritation, which I have not sufficiently noticed in my report of the case, was relieved by the citrate of ammonia draught which I have already recommended on a former occasion.

Having kept up this plan of local depletion for a month, and finding that the darting pains had ceased—that there was but a very trifling degree of leucorrhœa, which seemed chiefly to depend on general debility—I ventured to order her steel, both generally and locally, hoping by means of the injection to increase the tone of the vagina and cervix uteri, and to produce a healthy degree of contraction, now that the engorged vessels had been so freely emptied of their contents. To prevent any chance of this treatment disagreeing with her, and exciting the circulation either locally or generally, I no longer trusted to the confectio sennæ as an aperient, but ordered a more active form—viz., some sulphate and carbonate of magnesia; and, not content even with this, I substituted a senna draught for it the following week. The health improved; but in the course of three weeks, as the stomach was somewhat deranged, I stopped the steel pills, and gave her some blue pill every other night, with gentian and nitric acid during the day. In the course of a month I diminished the strength of the steel lotion, and shortly after discontinued it altogether for lotio plumbi, as latterly it had not seemed to agree with her. After a while she again returned to the use of the steel pills, and continued to improve in health and strength until she ceased to attend.

The nature of these lancinating pains is not yet sufficiently understood. That they form a very prominent feature in the early stage of cancer, viz., scirrhus, is well known; that inflammation of the cervix frequently terminates in scirrhus, is also a well ascertained fact; but at present we are unable to say what is the condition on which they more immediately depend. I think it may be safely asserted that they do not depend on incipient alteration of structure, since they are frequently seen in cases—like the one just quoted—where, by appropriate treatment, they will, after a time, entirely disappear, being apparently dependant on local engorgement, connected with derangement of the assimilating functions. Thus, as I have elsewhere remarked:—"It seems more than probable that in these affections they partake of a neuralgic character, and are called into action by the sudden paroxysms of congestion, which take place in a gouty condition of the part: in this respect, they bear a close analogy to the twinge of a gouty foot, and the darts of excruciating pain in tic douloureux depending on gouty or dyspeptic irritation."*

The following case might, perhaps, have been brought under the head of dysmenorrhœa, or ovarian irritation, as both these conditions form prominent features of its early history; but as the symptoms afterwards assumed the characters of inflammation of the os and cervix uteri, attended with considerable derangement of the assimilating functions, I think that it may be introduced here with greater propriety.

Mrs. C. F., æt. 25. Married three years. No family. Tall and slender.

Aug. 22, 1839.—Complains of much burning and pricking pain at the crest of the left ilium, extending to the left groin, increased at the menstrual periods, with numbness, occasionally, of the left hip; has irritability of the bladder, and frequent calls to pass water.

The catamenial periods are preceded and attended by severe pain in the back, and followed by a large discharge of coagula, from some of which the colouring matter seems half drained. The bowels are regular, but there is much gastric derangement.

Has not been in good health since her marriage; had had much anxiety; once thought herself pregnant from a large discharge of coagula having come on suddenly, and not at the catamenial period. Shortly after her marriage her husband fell ill; she nursed him with great anxiety, and seems to have caught cold during a menstrual period, from which she dates the above symptoms of dysmenorrhœa and indistinct oophoritis.

Has been under the care of Dr. H. of W. some time ago for affection of the liver, and more

* On Dysmenorrhœa, &c., p. 49.

recently, of Mr. H., of B., for the pain in the groin, for which she was leeched.

On examination of the part externally, I could feel no fulness, hardness, nor swelling, nor was it tender to the touch; she has pain on assuming the upright posture, but it is not severe. Has leucorrhœa, and slight bearing down. States that she is much affected by taking mercury.

R. Extr. hyoscyami, extr. gentianæ, aa. gr.v. o.n.

R. Acidi nitrici dil. tinct. hyosc. aa. m. xv., syrup. aurant. ℨss, infus. gentianæ co. ℥iss. M.ft. haust. ter die sumendus.

R. Liniment. hydrarg. hypogastr. sinistro mane et nocte infricand.

R. Morphiæ acet. gr. ¼. extr. lupuli, gr. iv. M. ft. pil. j. mitte tales vj. sumat j. menstruis instantibus, et rep. p.r.n.

She returned to her home in the country, and was considerably relieved by this plan of treatment. I heard no more of her until

August 20, 1840, when she again called upon me. She states that she has had either a white creamy, or transparent albuminous discharge since March, for which she used astringents, and has suffered from lancinating pains ever since; complains of pain on sitting down upon a hard seat, and during the passage of a costive evacuation. Has much gastric derangement, and frequent vomiting of her food, which returns intensely acid. Complains of rheumatic pains of head and limbs; urine turbid, with a red sediment; has been suffering from piles; much bearing down pain; bowels open.

Vaginal Examination.—Vagina small; os uteri low down and forwards, hard and painful; uterus light and moveable.

R. Bismuthi trisnitr. extr. lupuli, aa. gr. v. o.n.

Rep. mist. gentianæ c. acido nitrico dil.

R. Decoct. papav. c. lotiône plumbi, pro lotione.

Hirudines iv. ori uteri.

25.—Leeches bled well, and gave complete relief, removing the darting pains and sense of fulness and painful weight in and about the pelvis, of which she had hitherto complained. Feeling so well, she has been imprudently walking about, and exciting herself with seeing London sights, the consequence of which is that she has had a return of severe darting pain now and then. Urine clear; gastric derangement greatly diminished; bowels inclined to be purged; leucorrhœal discharge less.

R. Hydr. c. creta, Pulv. Ipecac. co. a.a. gr. v.; M. ft. Pil. ij. hâc nocte sumendæ. Rep. Med.

As she leaves town to-morrow, I advise her to apply six leeches to the anus, on the 27th, if there be much pelvic congestion. She was also furnished with the following directions:—

"I should wish Mrs. F., to carefully abstain from all excitement, both of body and mind. Except when walking, she is to be, as little in the upright posture as possible; so that while she is in the house she ought to be reclining on the sofa.

"I wish her to take a short walk regularly before breakfast, increasing its length according to her power, but never so as to cause pain or exhaustion. A plain biscuit may be taken on going out; and on returning, she should rest for some little time both before and after breakfast; during the day, she may ride out in an easy vehicle, in which she can recline considerably, and put up her feet; she must carefully keep the feet warm, and wear flannel or merino next the skin, as the season advances. Three days before each catamenial period, she is to take two of the pills marked 'calomel pills,' and a Seidlitz powder the next morning, and if she feels much pain and fulness about the hips and loins, to apply six leeches to the anus, and encourage the bleeding by the warm semicupium.

"Every morning, the back and abdomen are to be well sponged with tepid or cold water, and briskly rubbed dry, with a towel slightly impregnated with salt.

"She is to avoid all indigestible food, and, as much as possible, fermented liquors, a little sherry being the least objectionable, and keep early hours. If the bowels become confined, let her take some sulphur and magnesia."

Sept. 16th. (by letter)—Still much pain round the back and loins; but has not had darting pains for many days. Bowels constipated without medicine; pulse 84, very feeble, feels weak; but the twenty minutes walk before breakfast agrees well with her; leucorrhœa much less; the leeches did not produce much relief.

Rep. Lotio et mist. gentianæ c. acido nitrico.

R Ferri sulph. gr. ij., extr. lupuli gr. vj. M. ft. pil. ij. o. n. sumendæ.

Let her take once a week—

R Pil. hydrarg. chlorid. comp. extr. hyosc. aa. gr. v. M. Ft. pil. ij. h. s. s.

Oct. 15th.—Feels much better, but exertion still brings on pain of back; the catamenia appeared some days before the time, in consequence of some mental annoyance, followed by sense of fulness, bearing down, and darting pains about the pelvis, for which she applied five leeches with relief; feels weak; leucorrhœa is diminished; occasional attack of hæmorrhoidal congestion; appetite and appearance improved; the morning's walk has agreed well. Pergat.

Nov. 24.—In consequence of feeling so well, she has neglected taking her medicine for three weeks; the stomach has become deranged with much acidity; a dose of calomel which I desired her to take before the next catamenial period, has acted well and with great relief; the discharge was more free, and with little pain; the leucorrhœa now only appears for a short time immediately after the catamenia; it is less in quantity and thicker. She has no darting pains; the bowels are in a more comfortable state. Contin.^r omnia.

Feb. 24th, 1841.—Has been suffering much anxiety of mind from the loss of a relative; the darting pains have returned in spite of her having applied leeches to the anus; complains of severe pain over the pelvis, with bearing down and much congestive swelling of the vagina, which symptoms are evidently increased by cold; much lassitude and pains of limbs; great acidity of stomach; leucorrhœa has returned.

℞ Extr. colchici acetici gr. ij., pulv. guaiaci gr. viij. M. Ft. pil. ij. om. nocte sumendæ.

Rep. Mist. gentianæ c. acido nitrico. dil.

Let her take a teaspoonful of common salt, and half that quantity of carbonate of soda every morning in a glass of water for ten days.

March 18th.—Much better; "surprisingly free" from pain at the last catamenial period; leucorrhœa greatly diminished; any extra exertion causes bearing down; says that the salt and soda mixture has agreed well with her. Omitt. pilulæ.

℞ Hydrarg. c. cretâ, extr. anthemidis aa. gr.v. M. Ft. pil. ij. o. n. s.

Let her continue the salt and soda every morning.

June 17th.—Her strength has improved, and the menstrual periods have been much better; there is still a slight degree of leucorrhœa.

℞ Ext. taraxaci, ext. lupuli, aa. gr. iv., pulv. ipecac. gr. ij. M. Ft. pil. ij. o. n. s.

R Acidi hydrochlor. dil. acid. nitrici dil aa. m. vij. syrupi aurant. ʒj., infus. gentianæ co. ℥iss. M. Ft. haust. ter die sumend.

Shortly after this, she went to Aberystwith, and derived so much benefit from the change of air, sea-bathing, &c., as to consider her health quite re-established.

The symptoms at the commencement of this case struck me as indicating a state of ovarian irritation. The pain in the crest of the left ilium did not attract my attention peculiarly at the time, beyond supposing it to be more or less connected with the state of the left ovary, not then being aware how frequently, or, I might almost say, invariably, pain in this situation exists in connection with irritation or inflammatory action of the os uteri. In cancer, when the os uteri is undergoing gradual destruction from malignant ulceration, the pain of one or both hips is frequently one of the most prominent symptoms of the patient's sufferings; and it is a remarkable fact in confirmation of what I have now stated, that in three cases of amputation of the os uteri which I have attended, one of the first remarks of the patient after the removal of the part was that she had lost the pain in her hip, which up to that moment had been such a constant source of annoyance to her. In dilating the os uteri also, I have frequently observed the pain referred to the same spot. A knowledge, therefore, of this fact at the time would probably have induced me to request an examination at the first visit, even although the symptoms of inflammation of the cervix were by no means well marked.

My patient rather misled me regarding the effects of mercury upon her system, and it was only by degrees that I found out the error, the result proving that an occasional dose either of hydrarg. c. cretâ or calomel had the best effects.

On the 20th of August, the symptoms of inflamed cervix uteri had become quite distinct. The pain produced by sitting down on a hard seat, or during the passage of hardened fæces; the white creamy, or albuminous discharge, the lancinating pains, and painful state of the os and cervix uteri upon examination *per vaginam* formed a mass of evidence which marked the nature of the complaint.

The appearance of lancinating pains after using astringent injections is a good practical hint well worthy of attention, and shows that these applications are neither justifiable nor safe in every form of leucorrhœal discharge, and there is no doubt but that their continued use in cases of this sort would soon pave the way to alteration of structure and organic disease.

It is worthy of notice that inflammation of the cervix uteri is frequently attended with more or less hæmorrhoidal congestion, and that in both these conditions there is usually an excess of lithates in the urine which is deposited on cooling, and considerable derangement of the digestive organs. I mention this as confirmatory of the opinion which I have maintained in these reports and elsewhere, that topical congestive inflammation of these organs, except when it is distinctly the result of local irritation, is almost invariably connected with and dependent upon a state of derangement in the functions of assimilation. The application of leeches to the os uteri was attended with complete relief, the good effects of which however were in some measure injured by her indiscretion.

I find in my notes no prescription for the calomel pills alluded to in her directions, but presume they consisted of three or four grains of calomel with extr. hyoscyami, being in the habit of giving them in similar cases shortly before the menstrual periods. I have inserted the directions I gave her, at length, as they serve to show the points of her general diet and regimen, about which I was most anxious.

She continued to improve slowly, although occasionally thrown back by the effects of mental distress. Towards February, the pains of her limbs and attacks of congestive swelling of the vagina appeared to indicate an alteration in the character of her symptoms, and to justify the use of the colchicum and guiacum combination which I ordered. The morning dose of common salt and carbonate of soda was a rough imitation of sea water, and answered the purpose well. I know of no saline laxative which produces such a sensation of lightness and relief after its action as common salt, when combined either with the carbonate of soda or magnesia, and especially when taken in the form of sea water. I have heard from my patient several times since, and with one exception, for a short time, she has had no return of her complaint. She has since become pregnant, and was delivered of a living child last Aug.

The Society for the Improvement of the Condition of the Insane, 26, Cavendish-square, London, has, this season, awarded the sum of twenty guineas to Mr. Spencer Thomas Smyth, M.R.C.S., Gorleston, Suffolk, for the best Essay on the Pathology and Treatment of Puerperal Mania.

Gentlemen admitted members of the Royal College of Surgeons, on Friday May 2d, 1845:—W. S. Rootes, F. W. Barnes, W. C. Hunt, A. P. Cahill, T. Hall, F. R. Hoghton, N. C. Hatherly, W. B. C. Maxwell, R. Bentham.

Gentlemen admitted members of the Royal College of Surgeons, on Monday May 5th:—J. W. Bradshaw, G. Husband, H. Winterbottom, E. Nolloth, J. Frain, W. H. Young, W. Andrews, J. Gabb, H. Wilson, J. Evans, G. W. B. Calcott, W. Collyns, J. J. Cole, W. A. Barr, G. T. Gutthorpe.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

Attacks of epilepsy are sometimes periodical, coming on every week, or every month, and sometimes every other day; but in many cases they are irregular. It is more irregular in its occurrence, and also more common in men than in women. In some cases the fits are few and far between, and in others they are more frequent, and the more frequently they occur the more are they accompanied with the other symptoms of cerebral derangement, and where the fits occur frequently, in confirmed cases, a very remarkable expression is stamped on the features. They become coarse and enlarged; the lips are swelled, there is a rolling of the tongue, and a vacant idiotic stare of the eyes; even in the intervals of the fit there are various convulsive twitchings of parts, symptoms of partial paralysis, and other proofs of disease affecting the system, not only by the epileptic fits and convulsive paroxysms, but more permanently and continuously interrupting the functions of the brain and the spinal centre. Under such circumstances, there is no question at all that the disease is structural. On examination after death a great variety of things have been found; tumours in the substance of the brain, in the meninges, the cerebellum, and, in fact, tumours in all parts of the brain have been found accompanied by epileptic convulsions. I have known two or three cases of exostosis and general thickening of the skull, and tubercles, hydatids, and serous cysts, and also softening of the substance of the brain. In some cases of epilepsy, where the convulsions have been severe, there has been found nothing after death, and there can be no doubt that epilepsy is sometimes produced by a cause without the head, and likewise by causes of a temporary nature. Again, epileptic convulsions occur from great loss of blood, and in these cases there is nothing on the brain or its membranes to account for it; there is congestion, which may account for it, but there is no structural disease, and congestion may be the result of a temporary cause. Again, various poisons—alcoholic poisons—in extreme quantity produce insensibility accompanied by convulsions, and after death on examination of the brain nothing is found but the smell of the alcohol: there is no structural disease. Further, epileptic convulsions may be produced by causes without the brain, in other parts of the body, and in children epilepsy is habitually occurring. But convulsions that may become habitual have been produced by disorders of the intestinal canal, and gastric irritation, in adults. So, likewise, diseases of the liver and the gall bladder have been known to be accompanied by epileptic convulsions, apparently arising in some instances from irritation transmitted through the nerves, but probably in connexion with the liver, more particularly, perhaps so, in connexion with the intestines, arising from the poison in the blood from the retention of the excretions which the intestines ought to eliminate, and from the operation of this excrementitious matter in the blood on the nervous centres. Convulsions often occur in cases of suppressed excretion of urine and bile. The various affections of the uterus have been observed to be accompanied by, and to become the exciting causes of convulsions, and what are called puerperal convulsions appear to be quite of an epileptic character. Again, epileptic convulsions are produced at the various parts where the nerves have been much irritated, and it has been known to be traced to tumours pressing on a nerve. Another cause is calculus of the kidney. Almost any structural disease of the brain or of the membranes within the skull is occasionally accompanied by epileptic convulsions. Convulsions may occur and be ascribed to disease attached to the nervous centres, and these are called centric convulsions. In another case they arise from functional derangement of the brain or nervous centres. Such are those produced by great losses of blood, and by the opposite condition—plethora. These are central too. Likewise, the various moral emotions, and narcotic influences, are capable of producing the same thing, and may be called centric convulsions, inasmuch as the irritation is applied first to the centre of the nervous system, from which the convulsions emanate. Other cases may be called excentric convulsions, because the irritation proceeds from distant parts, and is circulated from those distant parts towards the centre.

I have said enough to prove that epileptic convulsions may occur in connection with structural disease or functional disorder. Now, structural disease does not produce convulsions continually, and there must be something superadded to the disease to produce that result; there must be existing a predisposing cause—a morbid condition—that remains in the individual,—which may be either structural or functional. This is one of the elements, and the action of this seems to be that of rendering the brain liable to a sudden suspension of sensorial power on the application of some additional influence, that being excitement from without, sometimes excitement from within. Sometimes it has been applied to the cerebral function itself, and at other times the influence has been applied to some other function producing derangement in the nervous system, and before this second cause is produced, there requires to be an additional circumstance which induces the fit, and without this additional circumstance, which may be called the exciting cause of the fit, the permanent cause, whether structural or functional, from any cause whatever, may last long, and yet no fit occur.

A case has been mentioned by Dr. Chambers, of a patient whose skull was fractured, and a portion of the bone was left depressed; under ordinary circumstances it produced no mischief, but if at any time the circulation of the brain became excited by taking a glass of wine or spirits too much, epileptic fits occurred. Here was the additional cause of excitement. The same may be said of a great number of cases where there is previous structural disease. Powerful emotions of mind and violent exertion, in persons predisposed to it, will induce the fit. The question is, how these different causes act? How the bony tumour can exist in the brain so long without inducing the fit, until some additional cause is in operation. Dr. Marshall Hall considers it to be a disease of the true spinal system,—that convulsions are an essential part of this disease, and that loss of consciousness is an epiphenomenon produced in the following manner:—that when the spinal function is affected only to a slight degree, convulsions are produced without loss of consciousness. This is the case with hysteric convulsions, and these he considers to be a lower form of the spinal affection. The spinal irritation extends to the whole spinal function, not only the vertebral spinal function, but to that connected with the medulla oblongata; so that if the function of respiration is injured or disturbed, a temporary state of asphyxia is produced, and, as the result of this, the sensorial functions are disturbed, and consciousness is lost. Now, the great objection to this is, that instead of convulsions being the foundation of the disease, the part most essential—the convulsions—are in many instances wanting. Take the instance of a loss of consciousness where there are no convulsions, and such attacks do occur in persons who are subject to epileptic fits. It is quite clear, therefore, that so far as relates to the true spinal system, epilepsy is a disease producing an irritation of that, as it produces a suspension of the sensorial function. The symptoms of asphyxia are by no means common in epileptic attacks. It is true, the face gets red and livid in convulsions, owing to the great disturbance of the respiratory functions; but this is not the case in the slighter form, and is by no means proportioned to the loss of consciousness. We must take it as assumed that the disease is a cerebral disease essentially, and that the fits which occur from time to time are commonly caused by something interfering with the circulation through the brain; this is the immediate cause that may at any time suspend its function. Stop the circulation of the brain, and the sensorial functions are suspended; excite its circulation, and the functions are over-taxed. We have traced this, in various degrees, throughout the phenomena of inflammation, increasing or diminishing the circulation of the brain.

Well, then, epilepsy appears to be the cause, obviously, of the suspension of the function, and we must assume then an interruption of the function of circulation through the brain; but there is an excitement of other functions. How comes this? Two opposite phenomena are produced in parts closely adjoining each other; we need not go far to explain this, for it is explained by conditions found to be present in a great number of cases of epilepsy. I have mentioned that in a great number of cases it is observed to be at first a paroxysm; determination of blood, beating of the carotids, palpitation of the heart, flushing of the face, and sometimes the face, instead of being flushed, becoming pallid, and even that occurs at the very time the arteries of the neck are beating strongly. Then the question comes to be, supposing the circumstances I have already mentioned, such as emotion, violent exertion, and other causes of determination of blood to the head act by causing this determination, how is it that it produces this opposite effect in the two parts of the nervous system—the oppression of one part and the excitement of another? Now, you recollect what I said on the subject of determination of blood, and the irregular distribution of blood in connexion with palpitation. There should be a proper proportion between the supply of the trunk and the branches of the blood-vessels, and when that proportion is lost to a considerable degree, instead of the circulation of the blood in the distant parts being promoted, it is diminished, increasing the size and length of the vessel instead of giving greater facility to the passage of the blood; the arteries at the base of the brain are dilated and lose their elastic tone, and some parts get more than their usual current. What are these parts? Why, the very arteries that supply the medullary matter of the spinal chord itself. It is the branches of the vertebral artery that come in for more than their reasonable share of the supply of blood. No wonder, then, that the functions of the upper portion of the spinal chord become unduly excited; whereas, that part constituting the extreme cerebral plexus loses its power, and is in the same condition with regard to determination of blood into the carotid arteries, as the arterial pulse in relation to the determination of blood to the aorta, and in common cases of palpitation you find it beating strongly at the aorta, whilst the pulse is weak at the wrist. How is it, then, you will be ready to ask, that these circumstances prove predisposing causes? How is it in extreme disease, after great losses of blood, these convulsions are produced by the same causes? For this reason,—the heart's power is weaker under these circumstances, and cannot propel the blood with the same force to the distant extremities; so likewise the quantity of blood already in the brain we have found to be disproportioned to the force which propels it, and under these circumstances this loss of balance between the distant parts of the circulation and that nearest the heart is increased more and more. The same thing may be said with regard to other causes of cerebral excitement, producing temporary convulsions. Tumours act in the same way. A tumour would be a mechanical agent; hence spinal irritation is produced by disease at the very top of the brain. There is no functional disorder produced, but when the determination takes place, the undue pressure will be quite enough to arrest the circulation altogether. Tumours act in another way; they operate as causes of determination of blood.

The prognosis of epilepsy will vary considerably in different cases. The fits themselves in the very worst cases are dangerous, especially in persons, of plethoric habit, and in very young persons, much the same as in persons of plethoric habit, apoplexy may ensue. In very young subjects where the respiratory apparatus is weak, and where laryngismus stridulus is present, asphyxia, connected with the convulsions, may prove fatal. The prognosis is worse in cases where in the in-

tervals there is no sign of cerebral or nervous disturbance. The prognosis is also unfavourable where there is congestion; and especially so in cases where there is disease within the head, and in hydrocephalus. Another bad case is, where the disease begins from injury in the head, from whatever cause it may arise. The diagnosis will depend on the loss of consciousness with the convulsions, and the severity of the symptoms I have mentioned. There are sometimes cases of epileptic attacks without convulsions, which the state of the breathing will enable you to distinguish. Dr. Marshall Hall says it is not much affected in these cases, and is not sterterous as in apoplexy. The pupil is dilated, but not always insensible to light. We may distinguish this loss of consciousness from syncope by there not being pallidity, and the pulse not being irregular. It is more difficult to distinguish cerebral from sympathetic epilepsy; I mean that connected with serious disease, from that which is excited by sympathetic causes. If the disease has occurred from a fall or a blow on the head, or from an attack of inflammation, or anything of that kind, or from hydrocephalus that has come on soon after birth, or if there are any other symptoms of disease of the brain, there is great fear there is structural disease that ought to be removed. One of the commonest causes of epileptic attacks is indigestion, or a disordered state of the stomach, connected with excitement of the head.

The treatment of epilepsy is to be considered in relation to the fit, and in relation to its recurrence. The fit if severe, may do mischief by the violence it causes. Persons affected with epilepsy ought not to be left alone. I remember a patient who was left in bed alone, and who in reaching over the bed to take his medicine, fell with his head considerably below the rest of his body, and in that state he was seized with a fit of apoplexy, and died. On the first attack coming on, the patient should be placed on the bed with the head raised up, and if the breathing is stertorous, blood-letting should be resorted to. The attack may be shortened by putting something in the mouth to increase the flow of saliva. It is proper to dash cold water on the head, and where the attacks are severe, cold applied to the head and warmth to the feet, act as derivants, as they reduce the determination of blood, and the other phenomena connected with it. To prevent the recurrence of the fit, it is of consequence to set about finding, whether there is any irritating cause in the system, producing the fit. Feculent accumulations will do so. If there is in the vascular system any fullness of blood, this should be reduced by blood-letting, and if there is determination to the head connected with palpitation or with excitement, it should be treated by derivants, keeping the secretions perfectly free. The stomach should be kept in a good condition, and we should prevent flatulence occurring by antacids and carminatives, as for instance hydrocyanic acid, tincture of henbane, quinine, and digitalis. Keeping the patient a great deal in the open air is of importance in the treatment of this disease, and the susceptibility of the nervous system must be kept down as much as possible by accustoming the patient to a regular quantity of exercise. Besides this, it may be necessary to use local depletion, cupping or leeching the head, or by blisters or issues. The diet in all cases should be moderate; light and nourishing food at moderate intervals, taking care never to distend the stomach, avoiding alcoholic stimulants, and generally promoting the digestion in every favourable way. When, in spite of this treatment the fit still continues; then the cause is an irrecoverable cerebral lesion. It has been attempted to cure this lesion—when produced either by a spicula of bone, or a tumour—by trephining, which has been successful in some fortunate cases.

Oxford University, with six medical professors, has, in *ten* years, made *twenty-two* doctors of medicine!—The Cambridge professor of anatomy has five pupils; the professor of chemistry, five; and the professor of natural philosophy, two!

The annual dinner of the Medical Society for the relief of widows and orphans, will be given on the 19th inst., at the Bazaar Coffee House, Covent Garden.

A COURSE OF TWELVE LECTURES ON SKIN DISEASES,

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

This evening we resume the subject of measles. This is a disease which never kills of itself, it is the complications which occur during its existence, or after it has disappeared, which prove fatal. One of the most common sequelæ of measles is scrofulous ophthalmia, with which, however, we have nothing to do here. The other more fatal consequences, or accompaniments of it are bronchitis, and that form of pulmonary inflammation known under the name of broncho-pneumonia. It is not necessary to go over the proper treatment of these affections here, as while on the subject of diseases of the lungs, we have done so at full length. The only treatment which it will be necessary for you to adopt in the premonitory stage, is the employment of mild purgatives to clear out the alimentary canal of all fœcal accumulations, afterward the exhibition of minute doses of antimonials to lessen the force of the circulation, and excite perspiration, by relaxing the skin, and you will materially assist this latter end by tepid sponging of the whole body with vinegar and water, which will prove most grateful to the patient as it very much lessens the itching, which is so troublesome an attendant upon the eruptive stage of the disease. There is an accident (or, to speak more correctly, an incident,) which occurs occasionally during the progress of measles, which, however, is not essential to it. As I have said in the prefatory lecture to skin diseases, we must only take into account in forming our diagnosis, those characters, which are essential to the disease, not those which may fortuitously accompany it. To exemplify what I mean. In a hospital you may have at once twenty cases of measles, eighteen of which shall present nothing out of the ordinary routine of symptoms, while on examining the other two, you will find across the loins, myriads of minute vesicles, which feel rough to the touch, but seem to the naked eye but so many elevations of the cuticle. When, however, they are examined with a microscope, they are found to be filled with a clear serum; these vesicles become somewhat larger, when the serum becomes turbid, and after a day or two they are absorbed, and the cuticle degenerates. These vesicles, which are of a trifling character, are sometimes seen in the axillæ occasionally, and require no treatment beyond that proper to the disease itself. The appearance of these vesicles in measles would seem to depend upon the irritation which the pressure of the bed upon the under skin excites, just as we find in fever, the skin in the same parts, liable to take on a much more dangerous form of inflammation from the same cause. The next variety of measles, rubeola nigra, would seem to depend upon the admixture of spots of purpura hæmorrhagica among the genuine stigmata of measles; the fever which accompanies it is always more or less of a typhoid type, and this you will do well to remember, when called upon to treat the disease. These spots of purpura are again absorbed on the disappearance of the eruption. The complications which may arise during its career, call for no line of treatment other than that to be pursued under the same circumstances in R. vulgaris. R. sine catarrho is the best division of this subject. This is said to be a form of measles where the eruption appears, unattended, however, by the catarrh and fever which accompany the other varieties. This form of the disease (as it is said to be) does not guarantee a person from taking either of the catarrhal varieties, provided they come within the range of its power of infection; I, for my part, do not think this a variety of measles at all; I should be inclined to consider it nothing more than roseola; however, Bateman has plates of it as it appears on the face, presenting all the characteristics of genuine measles. Its treatment requires merely confinement to the room during the period of the eruption, and the use of slops.

Scarlatina comes next in order. This most interesting disease has been divided into three varieties, S. Simplex, S. Anginosa, and S. Maligna. This division is felicitous, and one very well adapted for practical purposes. In S. simplex we find the body covered with a red colour as here (showing some plates)—all the characteristics of scarlatina are here known by diffused redness over the body. We know that it is before us, and we know no more. Scarlatina simplex is ushered in by cough, sneezing, watering of the eyes, slight sore throat, and then the eruption appears. The stages of this disease, as in measles, are three. The stage of incubation or germination seems to be the same in both, but in the premonitory stage there is a material difference, and one which it is highly necessary for you to know, as it forms a principal point of distinction between measles and scarlatina. In the former, the premonitory stage extends over a period of at least three days. while in S. simplex it, in my opinion, never exceeds twenty-four hours. The lunated, or crescentic shape of the stigmata in measles, will also present itself to you as a means of enabling you to judge between both, though this is sometimes a sign difficult of recognition when measles are thickly scattered over the body. In this form of scarlatina the skin presents a vivid red colour, and the eruption is but sparely scattered over the body, the interstices of skin presenting the natural hue, while in other cases the body becomes covered all over with the eruption, and of a hue so vivid as to give the arms and legs the appearance of a boiled lobster, while in other cases these parts present a faint tinge of colour. This eruption continues out for three or four days, first appearing on the face and neck, and thence travelling to the trunk and extremities, finally ending in desquamation: during the continuance of this form of scarlatina the constitution is scarcely, if at all, affected. Its treatment consists in confining the patient to his room, clearing out the bowels by mild laxatives and ordinary diluents. There is a form of S. simplex where the eruption appears but for a very short period—so short, indeed, as frequently not to be noticed; where the constitution at the time is not at all affected, but where, nevertheless, in some short time after its disappearance—say eight or ten days—I have seen the usual œdema of the legs take place; I mean that œdema which so often sets in after other varieties of this disease. In such cases I have found this sequela much more dangerous and difficult of removal than when it has occurred after the other varieties, and that effusion into the cranium has more frequently taken place here than in the other forms of the disease; this effusion, in most instances, being denoted by coma and convulsions.

S. Anginosa next claims our attention. Of this there are three sub-varieties, named according to the appearance which the throat may present. The first is where the tonsils are but slightly inflamed, presenting nothing which would call for any particular treatment on this account; this variety is but of little importance. The next is the diphtheritic, and the last is a form of which I shall speak by-and-bye. In the diphtheritic variety, on or about the third or fourth day of the disease, the patient will complain of sore throat. On examination you will perceive the inside of the fauces, the velum pendulum palati, and the back of the pharynx, covered with what you would at first be inclined to say was ulceration. But on a more minute inspection, or on wiping off the adhering matter with the handle of a spoon, or with a probe, you will find it to be nothing more than "pasty lymph," underneath which the parts previously covered by it are highly vascular and red, but not in a state of ulceration, while they continue to secrete copiously the lymph. This state of the mucous membrane is very apt to extend itself from the left palate crossing down to the root of the tongue, thence reaching the larynx, when it gives rise to symptoms exactly analogous to those of croup. The same secretion of pasty lymph takes place along the trachea, as along the mucous membrane of the mouth and fauces, and very often in such quantity as to prove quickly fatal. Bretonneau, and some others, misled by the appearances found in the trachea after death, have stated that this

diphtheritic form of scarlatina is nothing but croup. This is an error. Although the pathological appearances discoverable in both after death are the same, yet from this fact we must not suppose that the diseases producing them have been the same. Identity of pathology in any two instances should not lead us to infer identity of disease in each. In two cases of pneumonia, which may have proved fatal at a similar stage of the disease, we shall find the pathology of both identical. In one, a case of acute pneumonia, death has set in at the first or congestive stage of the affection; the other is a case of pneumonia typhoides. In both these instances the lungs shall present the same appearances; they are dark-looking, heavy, and sink in water, and in a state of congestion; when cut into, their cells are found filled with a bloody serum; they both are soft to the fingers, and still crepitate under it. Surely no one can or will say that the two diseases producing those exactly similar states of lung have been, or are, identical; and just as rational would it be to suppose with Bretonneau and his followers, that because the extension of diphtheritis to the larynx and trachea has in this form of scarlatina, produced symptoms analogous to those of croup, both diseases must be similar. It will be extremely important for you to prevent here the spreading of this diphtherite to the larynx, for once it has reached it, it proves quickly fatal; no effort of yours can arrest it. For this purpose, as soon as ever the first appearance of this lymphy secretion takes place within the fauces, you must apply nit. argenti in a solid state, both outside and upon these patches. Than lunar caustic I know no application more efficacious in preventing the extension of false membranes. It is not easy to explain how it is that caustic acts so beneficially here. Perhaps it is that the parts having been thrown already into a state of irritation approaching closely to inflammation, owing to the virus of scarlatina, become more sensitive than natural to the action of caustic. This action, we know, is not to increase the existing secretion of the greyish lymph of diphtherite, but to produce a secretion totally different, namely the whitish one which we invariably see produced on mucous membranes to which this mineral irritant has been applied, and this latter action being more powerful than that of the cause producing diphtherite, thus removes the latter; beside, the mucous membrane of the mouth, we frequently find other parts of the capillary system labouring under the secretion of this lymph. During the prevalence here of the epidemic of scarlatina, I perfectly recollect seeing numerous instances where the skin (which you know approximates very closely to the nature of mucous membrane) secreted this lymph. The subcutaneous cellular tissue became inflamed, patches of skin became elevated from accumulations of serum, underneath which pasty lymph was secreted, just as in a blister when the serum is allowed to escape. This form of S. anginosa is sometimes attended with green vomiting and diarrhœa. These are unpleasant and dangerous symptoms, as they show that this diphtherite has not only reached the pharynx and fauces, but has also travelled to the stomach and intestinal canal. Then along with the application of nit. argenti to the fauces and throat, you must apply leeches and blisters to the pit of the stomach, and over the abdomen. If the tongue be dry, you will give mercury to restore the secretions, and as soon as the gastric symptoms have been subdued, you will bear in mind the necessity of prescribing bark, for the fever accompanying this form of scarlatina, is always one of a typhoid type. In lectures such as these, we cannot enter into the minutiæ of treatment necessary in this disease; it is impossible for us to do so; the wards of our hospital are the proper place to acquire the amount of information necessary on these heads: all we can do here is to lay down general outlines, which must be left to observation and practice to fill up according to the exigencies of each particular case. There is another variety of scarlatina anginosa, which, as far as I am aware, has not been sketched by any writer, but which I shall endeavour to do so for you, as far as my own observation will allow me. On the 5th, 6th, 7th, 9th, or 12th day, either during the progress or after the disappearance of the eruption (it is uncertain when it may occur), a child ill of the disease will present the following symptoms:—you will be told that it has been sleepless for the last few nights; it has become irritable; and whines incessantly; you will find its pulse to have risen in frequency while it has become weaker than natural.

The parts beneath the angle of the jaw begin to swell; this continues to increase. If you examine the part in twelve hours after, you will find it to have increased more; look at the throat now, and you see nothing there beyond the usual concomitant of the affection, or the throat may be perfectly natural; in twelve hours more, you will find the swelling to have increased still further, and to have extended itself up towards the ear. It continues to get larger and larger, until the angle of the jaw becomes completely obliterated from the swelling of the parts beneath it; this gives the child a peculiar appearance somewhat like that of an old member of the monkey family. In this state of things when drink is given to the child, it is returned through the nose, owing in all probability to the extension of this peculiar swelling to parts about the pharynx. This swelling, when pressed upon by the fingers, gives the fluctuating feel of fluid to them. This arises from the natural œdematous sensation which extravasation of serum in any part gives rise to, when the finger is pressed upon it; this it is that takes place here, and not only does this infiltration of serum take place within the cellular tissue, immediately outside the fascia, but also the parts beneath it become the seat of this effusion, even to the cellular substance forming the matrix of the muscles of the neck. With this state of the parts, the skin covering this enormous tumour is sometimes red, and quite as often of the natural appearance. There is no value to be set upon this. Matters continue to get worse from day to day until the child dies, from inflammation and subsequent sloughing of the cellular tissue covering the tumour; when this occurs, it frequently leaves the subjacent muscles as free from every trace of cellular tissue, and as clean as ever you saw them exposed by an expert anatomist in the dissecting-room; or the child may die without this sloughing at all, probably owing to the pressure which this tumour exerts upon the vessels of the brain, which produces a state of congestion in that organ which quickly kills, or it may be carried off, solely by the irritation which this large tumour excites. Death here, cannot be owing to any impediment which may exist for the passage of air through the trachea, for although the extravasation of serum may travel toward the trachea, and larynx, producing distension of the cellular tissue in their neighbourhood, still this never takes place to such a degree as could lead us for a moment to suppose that death could be owing to this cause. If, tempted by the feel of fluctuation, you should be led to make an incision into this tumour, you only give vent to a very small quantity of dirty serum, and this cut instead of proving beneficial will be highly injurious. Recollect that it is no common abscess that you have before you. You have the cellular tissue underneath the jaw, distended with serum, which is diffused all through the surrounding textures. Here an incision, owing to the seat of the effusion, will not serve to set it free; it cannot do it, and, by having made an incision, you will have added very much to the irritation already existing, by superadding a new source of mischief—a wound, which the constitution, already sinking under the previous affection, will not be able to hold up against. This is not a common abscess, which has limits set to it by the extravasation of lymph, by which the matter becomes encysted, and the walls of the cyst become thinned to allow the escape of the matter. Here you have no bounds set to the tumour. It reaches from the ear down below the angle of the jaw, involving all the tissues above and beneath the fascia in its progress. During the prevalence of the epidemic of scarlatina, we made it a rule in the Whitworth hospital, where we had a good many cases of this kind, never to open the tumour. Conviction of the necessity of this forbearance of the lancet was forced upon my notice at length, from observing the invariably fatal results of these cases where large incisions had been made. Therefore it was, that this rule was adopted by us, never to open tumours of the kind, but to leave them to nature. Indeed, you may as well do this as anything else, for such is the fatality of the disease, that in all my experience I can call to mind but one case which did not prove fatal; and in this solitary instance the disease was not fully formed. When once it is so, all that you can do to save the patient is of no use, perfectly unavailing; and in these cases, you may as well leave them quietly to their fate. I may safely say that ninety-nine cases out of every hundred such are surely fatal. I have been frequently told by persons, that they have repeatedly cured patients labouring under this form of scarlatina. If so, their success has been greater than mine; for, as I have already told you, out of a very large number of such cases, I can call to mind *but one recovery*. I am inclined to think that for the one in question, they have mistaken another and quite different affection. I mean inflammation of the glands under the jaw and ear, from which recovery so often takes place. But this is not the form of disease of which I have been speaking. In glandular inflammation after scarlatina we have circumscribed swellings, the swollen glands feeling like so many eggs under the skin, and if the skin covering them become affected, it is merely by an extension of the inflammation from the body of the gland to the cellular tissue in question.

But in the form of inflammation which I have mentioned, as proving so generally fatal, we have none of that circumscribed tumour; on the contrary, it extends along the whole track of tissue from the ear to the jaw, and in place of pus being secreted, as in glandular inflammation, as I have said before, nothing but a dirty serum is found. Such glandular abscesses we can open readily and beneficially. Why is this? Because the boundary of such an abscess has been distinctly defined, the matter collected in it has not become diffused through the cellular tissue, as in the form of which I have spoken, but becomes a regular encysted abscess, which, when opened, freely discharges the matter within it. I repeat, that the form of diffuse inflammation of the cellular tissue of the jaw and ear, accompanying this variety of scarlatina, is, I may say, invariably fatal. As we cannot cure it, our object should be to try if we cannot prevent it. Indeed, with regard to this latter step either, I do not know what to say; as all we can do will prove but of little service. The plan of treatment which I have found most useful is as follows: before detailing it you must bear in mind, that unless you can put it into operation at the outset of the disease, it will not be of the slightest use. On the first appearance of swelling under the jaw, you must apply leeches to the tumour, in the manner which I have mentioned when speaking of a variety of croup. The leeches here must not be put on in large numbers; this would not answer. apply them in relays, three or four at a time, in such a manner as that there shall be from the part a continual weeping of blood, in order that by this means of depletion you may guard against any engorgement of the vessels of the part, which would otherwise be sure to arise. Unless, as I have remarked, you apply the leeches early in the disease your efforts will be completely fruitless. The only preventive of this form of diffuse inflammation which I can recommend to you, is the early application of leeches, and in ninety-nine cases out of one hundred even these fail in checking its progress.

Mr. Muntz in the House, lately "gave notice that in committee on the Physic and Surgery Bill, he should move a clause providing that all medical practitioners shall write their prescriptions in plain English—(laughter)—and that all druggists and apothecaries shall have their bottles and jars labelled in plain English, after the 1st of January, 1846. (Laughter.)"

The Sanatorium in the New-road has been given up; another is proposed to be established by the committee.

RESTORATION OF NERVOUS INFLUENCE IN AUTO-PLASTY.

BY A. S. JOBERT DE LAMBALLE, D.M. P.M., A.M.

Officer of the Legion of Honour, Consulting Surgeon to his Majesty the King of the French Chief Surgeon to the Hospital St. Louis, &c.

(This Memoir, read before the Academy of Sciences, sitting of the 10th February, 1845, was revised by the Author expressly for the *Medical Times.*)

In a work published some years ago, I examined a question relative to subjects of the highest importance in physiology—I mean, *the cicatrization of the nerves, and the swollen extremities of the same when divided.* The question, in fact, is to ascertain whether the plastic forces furnishing the elements by which the solutions of continuity of our organs are repaired, are sufficient to restore the normal functions of a portion of a nerve when destroyed, or simply divided; and supposing that it be solved negatively, there remains to be examined the question, whether, after their division, the nervous action is restored in the parts situated below the wound, and if so, what means nature employs to obtain this restoration.

I think that I succeeded, in the work just quoted, in refuting the opinion of physiologists who admit the reproduction of the nervous substance. However, the experiments so skilfully performed by M. Flourens showed that sensibility may be restored in a nerve when divided; and established an apparent contradiction between his physiological conclusions and the anatomical facts observed by myself—so much so, that this part of the science was still enveloped in much doubt; but at the present day, if I am not greatly mistaken, all difficulties may be removed. During the last six years I have continued to examine this question, performing numerous experiments, and placing myself in a position not only better adapted to furnish conclusive results, but likewise to give to the subject greater weight and importance.

To obtain these results, I took advantage of the resources offered by experience on the various autoplastic methods with which contemporary surgery has been enriched. Instead of dividing the nervous filaments, I took in the midst of the living tissues portions of the integuments, of more or less size, and I applied them on bleeding surfaces, leaving only a narrow pedicle which performed the part (if such an expression may be employed) of a root to the divided portion, until new connexions were established,—until the animal graft was firmly united. Union having taken place, I then divided the pedicle, and even removed a portion, and obtained thus, in the midst of the living tissues, an isle, as it were, of organised substance, which could receive the elements of its nutrition, and communicate with the nervous centres, only by the medium of a cicatrix. Finally there remained—to note the phenomena which were produced in this animal graft—to examine whether the sensibility was diminished, and re-appeared with the nutrition, and to determine anatomically by what means the communication with the nervous centres was established. These questions will be answered by the detail of the following cases, which were likewise confirmed by experiments performed on animals:

CASE 1.—A young woman, ætat. 21, entered my wards on the 25th June, 1844, to be operated on for an ectropium of the left upper lid; the deformity, consecutive to a burn, left the eye quite uncovered; the ciliary edge drawn upwards, caused the lid to form an angle, the apex of which was fixed to the eye-brow, and the base the swollen and inflamed conjunctiva. The operation was performed on the 2d July, 1844, as follows:—The swollen portion of the conjunctiva was removed, and the lid detached from the superciliary arch; a portion of skin was next taken from the temporal region, and fixed between the two edges of the division; the lids and the cheeks became swollen, and union by the first intention took place. On the 12th July, the premonitory symptoms of an eruptive fever appeared, followed by pustules of confluent variola. This circumstance permitted me to observe the following curious fact: that imperfectly developed pustules did not appear on the flap before the 20th July, and only when the whole surface of the body was covered. On the 21st, the cicatrix which united it to the neighbouring parts was destroyed, and though it was surrounded by a furrow which suppurated, still it was not entirely detached. The sensibility of the pedicle at this period was perfect, but somewhat more obscure in the remainder of the flap. August 1. The crusts began to fall. 6. The furrow which surrounded the flap was nearly filled up, and cicatrization had commenced anew. 9. The nutrition of the flap seemed to be perfectly established; the pedicle was therefore divided: the part which remained united to the temple retained its sensibility; it became paler and insensible since, and shrunk when touched with lunar caustic; pain was felt when it was pricked with a pin. If the latter was forcibly pressed on the part, the patient stated that it was no longer a prick she felt, but a gentle pressure, a phenomenon which I attributed, not to the sensibility of the flap itself, but to the sensation received by the subjacent tissues. These trials repeated on the following days, had a perfectly similar result. Finally, in the beginning of September, the circulation re-commenced in the flap, and with it the sensibility was restored. To resume—1° *Application of the flap.* The sensibility is feebly retained in the pedicle, and disappears in the remainder of the flap. 2° *Division of the pedicle.* The flap shrunk, and its sensibility ceased completely, reappearing as the circulation was restored. These phenomena, relative to sensibility, will be observed accompanied by other peculiarities.

CASE 2.—A man, ætat. 45, entered the hospital St. Louis on the 3d December, 1840. Eighteen months before, he had the left side and arm dreadfully burnt; this accident, after producing suppuration for some time, ended by cicatrization, abnormal adhesions being formed, by which the arm was firmly attached to the side, to the extent of about three inches, a circumstance which rendered the movements of the limb very limited. On the 17th December, the large cicatrix which united the arm to the trunk was divided, and a large flap having been cut from the thorax, just above the nipple, its pedicle was twisted, and it was fixed in the wound. Towards the middle of January, the patient was seized with erysipelas, which affected the whole surface of the flap, and finally disappeared towards the end of the same month: at this period, sensibility, which was almost extinct in the flap, was very manifest in the pedicle. On the 22d February, the pedicle was cut; three days after, the distance between the edges of the division was upwards of an inch, and the patient could raise his arm to his head; sensibility scarcely existed in the flap, especially towards its centre, and remained very uncertain during the whole of the month of March. July 21, 1843, about two years and a half after the operation, the sensibility was as highly developed as in the surrounding parts. The movements of the left arm were almost as extensive and as free as those of the right; the flap which formed the anterior surface of the axilla retained all the characters of the integuments of the thorax, and under the influence of cold, the phenomenon so well known under the denomination of *chair de poule* was produced.

CASE 3rd.—*Cancer of the palpebra inferior; extirpation of the lid; blepharoplasty.*—Taillot; ætat. 51; rural guard; entered St. Louis on November 14, 1839, to have a tumour of a malignant nature, situated at the inner canthus, removed. The details relative to the development of the swelling, and the operation having been already published, need not be repeated.* I will only state that the fibres of the orbicularis having been involved in the disease, the greater part of this muscle was removed during the operation, and the flap was taken from the superior part of the malar region. Inflammation of an erysipelatous nature appeared on the temple, and attacked the parts around the flap, causing them to swell; there was not any pain in the flap, though sensibility still existed in the pedicle. The tumefaction soon disappeared; the vitality of the new lid was established by the adhesions which took place on all sides, and sensibility then returned; finally, a few fibres of the orbicularis remaining, the patient was able to close his eye. About a month after the operation, erysipelas appeared a second time on the right side of the face, and this attack gave rise to a very extraordinary phenomenon. The erysipelatous inflammation which attacked the patient soon after the operation, presented its maximum of intensity on the parts *around* the flap; the second time, on the contrary, the phlegmasia was highly developed *in* the latter. It would appear that on the first attack the vitality of the part was too feeble to furnish the elements of true phlegmasia, whilst on the second, the vascularity of the flap being highly developed, the inflammation was in proportion to this increase. Thus we perceive that inflammatory phenomena undergo, in autoplastic flaps, the same phases as nutrition and sensibility, and I could quote numerous cases proving that the development of horny productions on the flaps takes place in the same way, and that they may, like the vascularity and sensibility, be exaggerated. Graefe, and M. Dieffenbach were evidently mistaken when they stated that the hair which was on the flap, fell as soon as it lost all connexion with its primitive position. This may, it is true, take place sometimes immediately after the division of the pedicle; but I can assert I constantly remarked that the hairs on the flaps acquired a far more considerable development than before the portion of integument had been removed from its natural situation. Two of the cases which follow are proofs of the truth of this assertion.

CASE 4.—*Ectropium of the palpebra inferior: Blepharoplasty; extraordinary development of the hair on the flap.*—Désiré Islard, ætat. 20; affected with ectropium of the right lower lid; was operated on by me in 1835; a flap taken from the malar region was employed to repair the deformity, and what is remarkable, the fair silken hair which existed on this portion of the integuments previous to the operation, grew four or five lines in the space of three or four months, and became darker than on the opposite malar region.

CASE 5.—Mad. Hubert, ætat. 53, entered St. Louis on April 7, 1840, for a cancer situated at the outer canthus of the left eye; which began in 1824, and for which several distinguished practitioners had been consulted. After a careful examination of the part, I determined upon extirpating the tumour; and in order to replace the loss of substance which, of necessity, would be produced, I made a new lid with a portion of the tegumentary surface, taken from the temporal region. The wound healed by the first intention; six weeks after the operation, I divided the pedicle. In July, 1840, (four months having elapsed,) I remarked that the portion adherent to the temple was exquisitely sensible, though the flap was perfectly insensible. The patient was discharged cured. Two months after the operation, I examined the parts, and found that the vascularity of the flap had considerably increased, and that its sensibility was excessive. The disease relapsed, and the patient came back to St. Louis in 1841; but it is worthy of remark, that the cancer did not develope itself on the part it occupied previously, for instead of the outer, it affected the inner, canthus, without attacking the autoplastic flap. This second cancerous tumour was extirpated, and the loss of substance repaired by a flap taken from the root of the nose; re-union took place by the first intention, and the patient left the hospital apparently cured; but six months hardly had elapsed ere she experienced lancinating pains, proceeding from the interior of the orbit, and the state of the eye becoming daily worse and worse, she came for the third time to St. Louis on August 20, 1842, her sight completely lost. I was obliged to extirpate the eye, which operation was performed on September 8, and the patient was discharged cured on October 15. I saw her again on February 1, 1845, and then she stated that she saw much better with her right eye, than before the extirpation of the left. As to the artificial lid, it had the shape of a longitudinal tumour of the same colour as the healthy skin covering the surrounding parts; it possessed sensibility, for the slightest touch was felt by the patient; and

* Vide. Gazette Medicale, vol. viii., page 41, 1844.

its vascularity was considerable, since the prick of a pin caused several large drops of blood to exude.

This case evidently is, in every respect, similar to the preceding, as far as sensibility and vascularity are concerned; besides which, a curious peculiarity may be remarked: that the cancerous diathesis seemed to retreat before autoplastic flaps, as if the vitality of the tissues were regenerated by the animal graft. I consider this fact worthy the attention of surgeons, the more so as it is not the only one in which a similar result was obtained. I had an opportunity of examining a woman, named Ducreux, on whom Professor Blandin performed rhinoplasty, in October, 1841, to restore the soft parts of the nose, destroyed by lupus; the flap was taken from the forehead; the operation succeeded, and the patient thought herself cured. But about nine months ago a fresh tubercle made its appearance, on the point of junction of the cheek and the left artificial *ala nasi*, invaded the lip, was followed by other tubercles, and at the present moment the nose is surrounded with ulcerations which respect that organ, though they destroy the surrounding parts. The sensibility and vascularity of the skin covering the nose are considerable, and its inferior portion, taken from the scalp, presents a few hairs, which, far from falling, have, on the contrary, become more developed.

I will now give the details of a case of autoplasty, which not only confirm the preceding ones, but renders them complete, inasmuch as the *post mortem* examination enables me to give a description of the anatomy of the tissues, on which autoplasty was performed.

CASE 6.—A washerwoman, named Lambert, ætat. 23, entered my wards for the first time in April, 1835. Eight months before, this woman, who presented all the characteristic symptoms of the scrophulous diathesis, had been affected with an ulcer of the upper lid, which was followed by ectropium. At her entry, the parts were in the following condition:—conjunctiva palpebralis fungoid, and highly irritated; conjunctiva ocularis, red and swollen; ulceration of the superciliary region, which had destroyed the whole eye-brow, with the exception of about half-an-inch of its internal portion. The loss of the eye being imminent, I determined upon performing blepharoplasty; an incision was made on the lid, and a flap, taken from the cheek, was placed in the wound, and kept *in situ* by three sutures; the lost eye-brow was repaired by a flap taken from the temple. Both operations succeeded; the eye could be covered by the new lid, and the fibres which remained of the orbicularis enabled the patient to close it as readily as that of the opposite side. The eye-brow was as regular as its fellow; and this is easily explained on reflecting that the flap was taken from the edge of the scalp, and so fixed as to replace the destroyed brow by a row of hair. These, about sixty in number, were vigorous, and by cutting them from time to time, an eye-brow was formed quite as regular as the other, though somewhat more spare. With the exception of the pedicle, both flaps were insensible after the operation; sensibility was restored gradually, disappearing on the section of the pedicle. Finally, with respect to the restoration of the nervous powers, I verified, in 1844, the following facts, just before the death of the patient:—1° Vascularity in the two flaps, more highly developed than in the surrounding parts; the prick of a pin caused several drops of red blood to escape. 2° When pricked, the patient experienced a smart pain, and was never mistaken as to the precise spot touched. 3° The same phenomena, except the pain and hæmorrhage, were produced when the surface of the flaps was touched lightly with a feather.

On March 13, 1844, I was enabled to complete this case by the anatomical examination of the parts. The woman having died from phthisis, I performed the autopsy, and a careful dissection of the fronto-palpebral regions gave the following result. On examining the divisions of the ophthalmic branch of the fifth pair, I found that the lacrymal nerve sent a branch parallel to the palpebralis, but that none of its divisions anastomosed with the latter; the internal branch of the frontal nerve could not be discovered either in the palpebral flap nor beyond it, for in all probability, being subcutaneous, it had been divided and was atrophied; the external branch of the same nerve, situated between the periosteum and the muscles, still existed; it passed under the superciliary flap, and sent towards it several filaments which had been divided near the cicatrix, where they ended by a small swelling, without entering the flap. The nasal nerve, which had no relation whatever with the flaps, presented nothing abnormal. The orbitar branch of the superior maxillary, gave off several temporal filaments, which almost always encircled the palpebral flap without entering it. One of these filaments, cut close to the edge of the flap, terminated suddenly near the cicatrix, and could not be traced any further.

It may therefore be concluded:—1° That none of the nervous filaments belonging to the flaps could be discovered. 2° That none of the nervous filaments of the neighbouring parts penetrated into the flaps, all stopping suddenly when they reached the edge of the cicatrix. 3° That no nerve could be discovered in the cicatrix, but only vascular ramifications. 4° That the palpebral flap presented all the properties appertaining to the skin covering the external malar region, from which it had been taken; the superciliary flap likewise offered all the characters of the integuments of the temple, being only somewhat more vascular.

These anatomical facts, so curious when compared with the phenomena observed on the living subject, nevertheless required confirmation, and with this view I performed a series of experiments on animals. On a goat, I performed the operation of autoplasty on the left cheek, on June 4, 1843. On July 2, I performed a second on the nose, and a short time after, a third on the chin. I need not recapitulate the phenomena observed before and after the section of the pedicle, since they were in every respect similar to those already related. The animal was killed in February, 1844, and the parts were in the following condition. *Left side*; the seventh pair was swollen, and attached to the cicatrix of the flap; a very large branch issued from the infra-orbitar foramen under the flap, sending no filaments to it, but numerous branches describing semi-circles, their convexity directed downwards, passing towards the nasal flap. *Right side*; after dissecting the platisma-myoides, two thin nervous filaments were discovered, describing a circle towards the dorso-nasal flap; the inferior was at some distance from the nasal graft, and the superior went towards it. As to the branches of the ramus mentalis, they were spread out like a fan, and were distributed into the labial papillæ; one filament alone of the left ramus mentalis went towards the infra-mental flap.

On the 16th May 1844, I performed autoplasty on another goat. I took from the left commissure and the upper lip a triangular flap which I fixed by several sutures in a vertical incision, made above the spot from which the flap had been detached. During the operation, a good deal of blood flowed, and the flap which was supplied with blood by a large artery, still retained a certain degree of sensibility.—29th The flap which was shaved before the experiment, is united, and though still insensible, begins to be covered with hair; when pricked, no blood flowed, and it appeared shrunk and harder than in the normal condition; this firmness was evidently owing to the inflammation which had taken place in the midst of the tissues.—29th June. The flap is covered with hair; sensibility developed as before the operation; the prick of a pin caused an abundant flow of red blood—10th July. The pedicle was divided, an operation which produced an abundant hœmorrhage; the flap shortly after pricked with a pin, gave no pain, and a very small quantity of blood escaped through the opening.—9th August. The flap was covered with hair in every respect similar to that of the part from which it had been taken; sensibility was restored, for the animal when pricked expressed by its cries the pain it felt, and bright red blood escaped by the wound.—5th October. The animal was killed, and the flap having been dissected, the following facts were discovered. 1° The infra-orbitar nerve was divided into two principal branches; the *superior* distributed to the lip and the corresponding nostril, but without giving off any filament to the autoplastic flap; the *inferior*, sub-divided into three smaller branches, had a more direct connexion with the flap; the first went round the flap, and was distributed into the edge of the lip; the second seemed to proceed towards the inferior edge of the flap, where it terminated by a ganglionic swelling; the third on reaching the spot where the pedicle had been divided, turned abruptly back, and anastomosed with a branch of the facialis.

2° As to the seventh pair, after issuing from the parotid gland, it did not give off any branches to the flap. The terminal ramifications of this nerves in the lip and cheeks could be traced to the circumference of the flap, but none were perceived to penetrate it.

En resumé, from the numerous facts observed on man and confirmed by experiments on animals, the following conclusions may be drawn. 1° That immediately after autoplastic operations, sensibility is diminished or disappears in the flaps, and this is in a direct ratio with the loss of blood. 2° That before the division of the pedicle, sensibility is retained, if not entire, at least in part. 3° That a certain time after this division, vascularity and sensibility re-appear simultaneously in the flap, and increase in an equal ratio. 4° That in many cases, the vascularity is very great in the flap, and then sensibility is developed in an equal degree.

On the other hand, those furnished by anatomical examinations are. 1° That autoplastic flaps, after the division of the pedicle, are isolated on all sides from the surrounding parts by a layer of tissue in the cicatrix. 2° That the only means of communication which exists between the flap and the remainder of the organism are the more or less developed vessels which traverse the cicatrix; no nervous filaments are to be seen. 3° That the nerves which previously existed in the flap become atrophied and may even entirely disappear. 4° That the nerves of the surrounding parts do not extend beyond the cicatrix. Sometimes they terminate abruptly, offering a sort of neurilematic tumour; at others, they may be traced into the cicatrix, but *never beyond*.

This physiological observation teaches us that sensibility re-appears in the flap, and anatomy proves that the nervous continuity is not restored. How can this continuity be produced in a part entirely separated from the nervous centres? How can the sensations produced in this part be transmitted to the central portions of the system through a tissue deprived of nerves? These two questions are related to the highest and most mysterious physiological acts, and though I do not pretend to be able to elucidate them completely, still I think the two following propositions may be advanced, as the exact expression of the facts contained in this memoir. 1° The autoplastic flaps receive in a direct manner, the elements of their sensibility from the globules of blood which nourish them. The development of the sensibility is regulated by, and increases or diminishes in an exact ratio with, the quantity of the globules which reach the flap. 2° The sensations produced in the flaps are transmitted to the nervous centres by the extremity of the nerves which surround the cicatrix, and reach these extremities through the medium of the tissue of the cicatrix, though this part contained no nerves.

I will quote in support of the first of these propositions, the following theory. It has been proved by MM. Dumas and Boussingault that respiration is a genuine chemical combustion. Now this chemical action cannot take place without electricity being developed, and hence the origin of animal electricity. When the muscles are full of blood, there is a local combustion, causing a development of the electric fluid in sufficient quantity to be appreciable. In rendering respiration more active, the proportion of animal electricity is augmented. *It increases in a direct ratio with the activity of the circulation.*

Now may it not be concluded from these researches, that the dynamic-electric fluid, pro-

duced by the chemical phenomena of the circulation, is the source of sensibility, and that the nerves merely transmit the impression to the nervous centres? And does not this induction contain the phenomena observed in the autoplastic flaps! In fact, sensibility, though more feeble, exists in the flap until the pedicle is divided, after which it disappears completely, to be restored as soon as the circulation is re-produced in the flap, and its developement is in a direct ratio with the energy of the circulation. But how does the sensibility, developed by the phenomena of circulation transmit the impressions which are received to the brain. It will not be uninteresting to prove that this fact, however extraordinary it may appear at first sight, forms part of an ancient theory which obtained, about half a century ago, from the experiments performed by a member of the Academy, an authority which no one will gainsay.

The idea of an appreciable atmosphere surrounding the nerves and the muscles, was announced first at the school of Edinburgh, to the great scandal of the partizans of the Brunonian system, which was then predominant in Scotland. Taken up and developed by Reil, who formed from it a theory, it was finally established and demonstrated by the experiments of M. de Humboldt. In his admirable researches on galvanism, this eminent *savant* placed beyond a doubt the following facts; viz. that animal matter exercises an influence at a distance—that there emanates, from the nerves especially, a fluid appreciable to our instruments; that the distance at which this fluid acts is always in a direct ratio with the degree of vitality of the animal, and decreases in proportion to the time which has elapsed since death took place. M. de Humboldt while performing his experiments on hogs, perceived that the nervous atmosphere produced appreciable results at a line and a quarter from the divided extremity of the nerve, and that it persisted from five to eight minutes after death. These experimental facts lead us to conclude that in man in the plenitude of his vital power, the effects of the nervous atmosphere must be far more powerful and extensive.

M. de Humboldt has also demonstrated that the cellular tissue which forms the base of the cicatrix of the nerves, is a good conductor of the fluid just mentioned.

What therefore is wanting to explain the phenomena of transmission described in this memoir? I performed my operations on individuals endowed with energetic vital powers. The circulation of the nervous fluid interrupted by the operation, was restored by means of an intermediate conducting tissue, and the functions were re-established by the efforts made by nature—facts which cannot now be called in question. Thus the propositions which I have advanced may not only be considered as the rigorous deduction of the facts observed, but if I am not mistaken, they are in accordance with the best established physiological data.

It would be easy, in founding our opinions on those of MM. Serres, Velpeau, Lallemand, and Beclard, on embryogeny, and comparative anatomy, in taking advantage of the researches of micographs on the phenomena of capillary circulation, and the valuable lectures of Professor Dumas on the production of animal electricity, to show that nature, in restoring, as I have admitted, vitality and sensibility in autoplastic flaps, does not wander from the method it follows, to create and maintain sensibility in all organized beings. I merely point out this new subject to the attention of physiologists, my intention in this memoir, being only to submit to a rigorous analysis, and to verify by anatomical investigations, facts hitherto but little studied, and which may throw great light on various important physiological questions.

The Arctic Winter.—Five swans, of very small size and of [illegible] plumage, pronounced by Dr. Blasius to be the Arctic swans (called *Cygnus minor*), appeared near Brunswick. They were all taken, and sent to the ducal menagerie. This is the first time this swan has been seen in any part of Germany, and it is inferred that the winter must have been more than usually severe in the Arctic regions.

STATISTICS OF HERNIA.

By M. Maisonneuve.

M. Maisonneuve has made a statistical report of 11·644 cases of hernia, which were examined, during a period of six years, at the Central Bureau, Paris; he thus distributes them:—

Of 11.644 cases of abdominal hernia of every description,

8·790 were observed in males.
2·854 were observed in females.

Of 8·790 cases of hernia observed in males,

8·237 were inguinal hernia.
307 were crural hernia.
246 were umbilical hernia.

Of 2·854 cases observed in females,

1·112 were inguinal hernia.
639 were crural hernia.
560 were umbilical hernia.
543 were vaginal hernia.

Of 8·237 cases of inguinal hernia observed in males,

4·483 occurred on the right side
3·738 occurred on the left side.
16 not determined.

Of 1·112 cases of inguinal hernia in females,

542 occurred on the right side.
564 occurred on the left side.
6 not determined.

Of 307 cases of crural hernia observed in males,

171 occurred on the right side.
125 occurred on the left side.
11 not determined.

Of 639 cases of crural hernia observed in females,

344 occurred on the right side.
255 occurred on the left side.
40 not determined.

From these figures, Mons. Maisonneuve deduces the following corollaries:—

First. Herniæ in males are to herniæ in females, as 3 to 1.

Secondly. In 100 herniæ found in males.

93 were inguinal.
4 were crural.
3 were umbilical.

whilst, in 100 cases of hernia found in females, the proportion was

40 inguinal.
21 crural
20 umbilical
19 vaginal

Thirdly. In men, inguinal herniæ are met with as often on both sides as on one only, and in the latter case, those of the right side are to those of the left, in the proportion of 5 to 4.

But in women, inguinal herniæ are met with on both sides, three times out of four, and those of the right side are to those of the left, in the proportion of 5·42 to 5·64.

Fourthly. In men, crural herniæ are met with on one side only, three times out of four, and those of the right side are to those of the left, as 7 to 5; whilst in women, crural hernia are met with on one side only, 4 times out of 5; and those of the right side are to those of left, as 7 to 5.

Under the head, vaginal hernia, are included all tumours of the vagina and uterus presenting externally, and requiring the use of the pessary, as cystoceles, rectoceles, and prolapsus of the vagina and uterus.

Under the head, umbilical hernia, are included hernia of the linea alba, and displacements referrible to the neighbouring regions.—*Gazette des Hopitaux.*

The following have been elected officers and council of the Chemical Society:—President, T. Graham, Esq.—Vice-Presidents, A. Aikin, Esq., W. T. Brande, Esq., J. T. Cooper, Esq., T. Thomson, M.D.—Treasurer, R. Porrett, Esq.—Secretaries, R. Warrington. Esq., G. Fownes, Ph.D.—Foreign Secretary, E. F. Teschemacher, Esq.—Council, B. Babington, M.D., W. J. Cock, Esq., W. De la Rue, Esq., W. Gregory, M.D., J. F. W. Johnston, Esq., M.A., R. Kane, M.D., W. B. Leeson, M.D., W. H. Pepys, Esq., R. Philips, Esq., J. D. Smith, Esq., J. Stenhouse, Ph. D., J. L. Wheeler, Esq.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, April 24th, 1845

*Luxation of the Elbow.**—J—ætat 24, joiner, while at work, the 25th March, 1845, on a ladder at about twelve feet from the ground, slipped, and his fall, rendered less dangerous by his being able to catch hold of the ladder at three feet from the earth, took place on the left side. Brought immediately to St. Louis, he was placed in the wards of Dr. Jobert de Lamballe, and when examined, the following symptoms were discovered; pain in the elbow; the fore-arm formed with the arm a very obtuse angle; position between pronation and supination; all motion, even that of rotation, impossible; the latter however could be performed by extraneous force; ecchymosis on the anterior and internal part of the fold of the arm; measured from the wrist to the epitrochlea, it was found to be an inch shorter than its fellow; circumference increased two inches; tendon of the triceps not very prominent; superior extremity of the olecranon on a level with the epitrochlea; veins of the fore-arm turgid; flexion and extension limited, but could be performed without much pain; bend of the arm swollen and presented a hard tumour; antero-posterior diameter taken opposite the most prominent part of the tumour an inch more than on the other side; the upper surface of the radius could readily be felt behind the humerus. The dislocation was reduced by gentle and steady traction on the fore-arm, and when the luxated parts were on a level with the normal position, by bending the limb suddenly. The reduction effected, the pain instantly ceased, the motions were restored, and all that remained was a hard swelling near the internal condyle of the humerus, with *engorgement* of the surrounding soft parts. No consecutive symptoms occurred, and the patient soon after left the hospital quite well.

Cancer of the Arm caused by a blister, amputation in the shoulder-joint; accident during the operation. Cure.—M. Deschamps, ætat 60; distiller; mother died at the age of twenty-four, of cancer of the uterus; father at that of seventy-nine, of paralysis of the bladder; no other member of his family had been affected with cancer; had never suffered but from rheumatism. After having tried various remedies during four years, for a rheumatic affection of the intestines, and obtaining no relief, a blister was applied on the arm. This was done twenty-six years ago; about fifteen years after its application, excrescences appeared around it, and in 1838, the arm became the seat of such severe shooting pains that the patient could not put on his coat. The disease increased in intensity, more so after he employed the paper prepared by Leperdriel to dress the blister with; suppuration very offensive and very abundant; tubercles developed on the circumference of the ulcer; notwithstanding this, the patient slept tolerably well and his digestion was not affected. About a year ago, Professor Velpeau who was consulted, cauterized the exuberant parts with the chloruret of zinc, Vienna paste, and nitrate of mercury. Dr. Jobert de Lamballe was afterwards called in; he examined the affected part, and was convinced that the only efficacious mode of obtaining relief was amputation of the limb above the seat of the disease, which was performed on the 6th November, 1844. Dupuytren's method,† modified

* Communicated by Dr. Morel Lavallée.

† The operation is performed as follows. "The arm being raised so as to form a right angle with the trunk, the heel of the blade of the knife must be placed below, and rather in front of the summit of the acromion, and all the parts forming the shoulder posteriorly, and the corresponding edge of the axilla, cut through with a firm hand. A first flap is thus formed, which, when raised, lays bare the hinder part of the articulation; the elbow is next carried forwards and on the head of the humerus, made thus to project backwards, the tendons and posterior portion of the capsule, are divided. The knife is then made to sweep round the head of the humerus from behind forwards, and the operation is terminated by an anterior flap, in which the

slightly however, was chosen by the skilful operator, pressure on the sub-clavian artery being effected by an assistant. The diseased limb was speedily removed, but before the axilary artery could be seized and tied, the patient gave a sudden movement, the assistant's finger slipped off the sub-clavian, and in a second Dr. Jobert de Lamballe found himself covered with blood. Aware of the danger, he, with admirable presence of mind, seized a sponge and coolly thrust it into the wound, thus compressing the divided artery, and giving his assistant time to renew the pressure on the subclavian. Had not this bold manœuvre been executed with promptitude and dexterity, the patient would have bled to death. The hæmorrhage having thus been arrested, the artery was tied and the wound dressed as usual. Two months after the wound was nearly healed, there remained a slight tumefaction just below the cicatrix, which was painful when touched; there were also a small excrescence in the centre of the wound, and another about the size of a nut at its anterior extremity. These two excrescences disappeared after having been touched with lunar caustic, and the parts gradually healed, leaving however, a small fistula, which slowly diminished, and the patient is now quite recovered.

On Accidents consecutive to Blenorrhagia.—Dr. Vidal de Cassis has, in several articles already published, proved the existence of prostatitis blenorrhagica, cystitis blenorrhagica, or inflammatory affections of parts which are in close connexion with the urethra in an anatomical or physiological point of view. But, organs which have but an indirect connexion with the urethra, may likewise be affected, of which the case about to be related is a proof. Here the influence of blenorrhagia cannot account for the development of the complications; for, it is from the contact of the blenorrhagic matter that ophthalmia is produced—this cannot be supposed to be the case when an articulation becomes affected. It is, therefore, far from being proved that the disease is caused by contagion—indeed the contrary opinion may be advanced, because ophthalmia appears in some persons, though they take the greatest care not to touch their eyes with the fingers soiled with the urethral discharge; and, because at the venereal hospital, individuals who are perfect strangers to cleanliness, are never affected with ophthalmia, (though they are affected with chancres or venereal buboes, suppurating freely), and finally because, since it is impossible to explain the development of arthritis, but by the metastasis of ancient and the sympathy of modern authors, it cannot be denied that ophthalmia may have a similar origin. *Case.*—Cheyne (George) ætat 24, tailor, middling height, weak constitution; frequently ailing, but never experienced any serious illness; has had measles, not variola, though not vaccinated; subject when a child to dyspnœa; 5 years ago was affected with itch, which yielded to sulphur baths; and 3 years after with gonorrhœa, which, after lasting three months, disappeared without his having taken any active remedies. Three weeks ago, he was affected with flowing from the urethra, pain and swelling of the meatus urinarius, followed by pain in the loins, especially on the left side, redness, pain and tumefaction of the left metatarso-phalangeal articulations, and finally pain in the eyes, though he had never touched these parts with his hand soiled with the blenorrhagic matter. These last symptoms prevented the patient from working, and consequently he entered the hospital on the 24th April, 1845. Examined the day after, he presented the following symptoms: muco-purulent discharge from the urethra; no pain, even when the parts were touched; very slight scalding at the meatus during the emission of urine, pain in the eyes, accompanied with vascular injection of the conjunctiva; slight photophobia; sero-mucous secretion perceptible, especially in the morning; cornea transparent; redness; pain and tumefaction of the left metatarso-phalangeal articulations; no general symptoms; appetite not very good. ℞ Nitr. argent. gr. i.; aq. rosæ, ℥j; collyrium sæpe utend.; pro potu. decoct. sarsapar. pil. perchlor. hydrarg. ij. 3rd May—pain in the right knee: slight fluctuation and tumefaction. 5th—left knee painful and slightly swollen; no fluctuation: tumefaction of all the phalangeal and tarso-metatarsal articulations. ℞ Extr. belladon. ʒj. ad ipis. ℥j. M. ft. unguentum, cujus pauxillum oculorum mane nocteque applicandum. Cataplas. emoll. sub ocul.—contin. collyr. et pil. &c. 8th—The fluctuation and the tumefaction of the knee increased. Emplas. canth. genu.—Contin. Medicam. 9th to 15th—cessation of the pain in the left knee; eyes in a better condition; discharge from the urethra diminished, whiter, fluid, blister caused great pain; now nearly dry. Contin. Medicam.—20th. The eyes, which hitherto had been improving, became suddenly worse, especially the right, where the secretion was purulent, though a purgative was administered; chemosis likewise supervened, and required cauterization with lunar caustic.—26th. Effusion in the cornea of a greenish yellow colour, similar to that of the discharge from the urethra at its commencement; this membrane is completely opaque, and somewhat elevated above the conjunctiva around it; surface dull, but not uneven; no vascular injection; complains of sore gums; omit pilul. et coll.; contin. potus, unguent &c. The amelioration from this period was constant, though slow; the only complication was a vegetation on the upper and external part of the eye, which having been removed and the little wound cauterized, did not re-appear, and the patient left the hospital, in the middle of June, quite well, with the exception of a slight opacity of the cornea, which disappeared by degrees, the part having been touched with a camel-hair brush dipped in laudanum.—*Annales de Chirurgie.*

Congestion of the Cerebellum.—Dr. C. Broussais, principal physician to the Military Hospital *de la Salpetriere*, at Algiers, has just published a case in which the patient lost his equilibrium whenever he stood erect or walked, and which, after passing in review the different diseases with which it might be confounded, such as affections of the cerebellum, the medulla spinalis, neurosis, &c., he attributed to a lesion of the cerebellum; because the section or cauterization of that portion of the nervous centres causes, as the experiments of Messrs. Flourens and Bouillaud on pigeons prove, a loss of equilibrium, the birds tottering like a drunken person, as the latter so aptly remarks; because in a case in which he had attended with Dr. Magendie, the patient offered all the symptoms observed in the present instance, and at the autopsy, the cause was found to be a cancer of the cerebellum. Finally as to the species of lesion, it was in all probability simple congestion, situated superficially, or in the membranes alone; may not these symptoms be explained by the difficulty with which the movements of the cerebro-spinal liquid are performed, owing to the congested state of the organ. It was for these reasons, that Dr. C. Broussais ordered venesection to be practised, and prescribed at the same time sulphas quininæ, as the patient was affected with intermittent fever. *Case*, G. ætat 27, soldier; went to Africa three years and a half ago, strong constitution; bilioso-sanguineous temperament; has since his arrival there, been affected with dysentery and intermittent fever; he suffers from tertian fever, and has already experienced two attacks. On his admission the 7th March, 1845, and while M. Dumalle was auscultating his thorax—he being seated in his bed—he suddenly fell backwards, senseless; this state however was of very short duration, and G. was soon able to give the details just stated, to which he added, that he could neither walk or stand erect for any length of time; no loss of sensibility nor motion; when requested to get up, he did so with perfect ease, but had hardly made two or three steps in the ward, ere his face became pale, his features contracted; he staggered and would have fallen had he not been supported. Taken back to bed, he was, after resting a while, made to sit up, but the same phenomenon took place as already mentioned; the heart presented nothing abnormal; pulsations beat 72 per minute; spleen not much enlarged; all the various functions appeared to be in their normal condition; from time to time the head became hotter than usual, as if the blood ascended in greater quantities. Venesectio ad lbj, sulphat. quin., ℈j. The next day being that on which the fever ought to have taken place, the quinine was repeated; it did not however come on, and nine days after, the patient left the hospital quite well.—*Gaz. des Hospitaux.*

Academy of Sciences. Sitting of the 21st April.—M. Elie de Beaumont in the Chair.—Received, Report of the British Association for the Advancement of Science for 1839 and 1843. M. Arago informed the Academy of the death of M. Th. de Saussure, who departed this life at Genoa, aged 77.

On the Chlorurets of Chrome, by M. H. Loewel, presented by Professor Dumas. From a series of experiments, the author concludes, 1° That the sesquioxyde of chrome combined with sulphuric, azotic, or chlorhydric acid, forms neutral salts, because an equivalent of the sesquioxyde is combined with three equivalents of acid. 2° That in the solutions of these salts, the sesquioxyde may exist under three different forms, giving to the liquid, a violet, violet blue, or bright red colour. 3° That besides these three, the sesqui-oxyde may undergo another modification, analogous to that presented by phosphoric acid, and by which its capacity for saturating acids is changed. In this case, salts are formed, whose solutions are green, and in which an equivalent of the sesquioxyde is combined with two equivalents of one of the above named acids. 4° That in the combination of an equivalent of the hydrated sesqui-oxyde of chrome with three equivalents of hydrochloric acid, the green solution does not contain a metallic chloruret, but a hydro-chlorate of sesqui-oxyde with three equivalents of acid, $Cr_2 O_3$ 3 Cl. H.; which corresponds to the neutral sulphate, $Cr_2 O_3$ 3 SO_3 and to the neutral azotate, $Cr_2 O_3$ 3 Az. O_5. 5° That on evaporating the green solution of hydro-chlorate of chrome, and keeping the residuum with certain precautions at a temperature of about 302° F. it loses an equivalent of its acid which is volatilized. The pale grey roseate powder thus obtained, soluble in water and giving a green solution, is not a chloruret of chrome, but a hydro-chlorate of the sesqui oxyde, in which an equivalent of the oxyde is combined with only two equivalents of the acid, $Cr_2 O_3$ 2 Cl. H., corresponding to the soluble sulphate of the sesqui-oxyde $Cr_2 O_3$ 2 SO_3 and the azotate $Cr_2 O_3$ 2 Az. O_5. 6° That the anhydrous salt is a grey roseate powder, when heated to a temperature about 572° F. in a closed vessel, is partly changed into an insoluble violet sesqui-chloruret, $Cr_2 Cl_3$ and is partly decomposed, a green sesqui-oxyde of chrome being formed, and hydrochloric acid disengaged. 7° That what proves that this powder is not a metallic chloruret, is, that if submitted in a closed vessel to a moderate, instead of a red heat, that is to say, somewhat lower than that necessary to convert it into a violet sesqui-chloruret, it is decomposed entirely into green sesqui-oxyde and hydrochloric acid, and only a very small quantity of sesqui-chloruret. 8° That the sesqui-chloruret of chrome cannot remain in solution as a metallic chloruret, but as a hydro-chlorate of the sesquioxyde, the water being decomposed by the proto-chloruret. 9° That probably the same result is obtained with the sesqui-chloruret of aluminium, iron, and the other metallic sesqui-chlorurets. 10° That the following re-action takes place when two equivalents of the proto-chloruret are added to an equivalent of the sesqui-chloruret; two equivalents of chrome of the proto-chloruret unite with three equivalents of oxygen, obtained from the decomposition of the water, to form one equivalent of sesqui-oxyde of chrome; the three equivalents of hydrogen combine with two equivalents of chlorine of the proto-chloruret, and one is lost by the sesqui-chloruret to form hydro-chloric acid, which unites with the sesqui-oxyde to produce the hydro-chlorate of the sesqui-oxyde of chrome, $Cr_2 O_3$ 3 Cl. H.

On the Composition of the Sesqui-chloruret of

artery is compressed, ere it is divided, "(Sabatier *Medecine Operatoire*, Ed. Sanson and Begin, 1832, vol. iv. p. 637) Cooper, speaking of this method, says:—"Dupuytren's plan would be difficult on the left side, unless the surgeon were ambidexter; but, in other respects, it cannot be found much fault with, and seems principally commendable on account of its celerity."—(Dict. of Pract. Surgery.)

Chrome, by M. E. Peligot. This substance, composed of three equivalents of chlorine and two of chrome, $Cl_3\ Cr_2$, is obtained in beautiful violet crystals, by causing chlorine gas to pass into a mixture of oxyde of chrome and charcoal at a high temperature; it is insoluble in hot or cold water, but is easily dissolved when a small quantity of protochloruret of chrome is added to the solution. From his experiments which were given in detail in the memoir—the author remarked that all the chlorine of the anhydrous or hydrated sesqui-chloruret is not precipitated, when an excess of a cold solution of azotate of silver is added; that this compound, when mixed with water, probably produces a hydrochlorate of the oxychloruret, the composition of which when crystallized may be represented by the formula, $2\ Cl.H.,\ Cr_2\ Cl.\ O_2\ 10\ H.O.$; that the compound $Cr_2\ Cl.\ O_2$ is decomposed by ebullition, and furnishes a limpid green solution from which hydrochloric acid may be separated by a solution of azotate of silver.

On Acute Delirum Observed in Establishments for Insane Persons, by Dr. Briere de Boismont.—This affection has hitherto been classed among cerebral diseases, or confounded with dementia. The symptoms are, however, very different: one of the most prominent is the dislike for liquids, sometimes carried to such a height, that the author has designated a variety under the denomination of *hydrophobic delirium*. Pathological anatomy generally reveals nothing, and when any lesion exists, it is owing to complications, not the primitive disease. It is to be distinguished from meningitis by the premonitory signs, the absence of cephalalgia, the nature of the aberrations of the mind, the disturbance of motion, the absence of vomiting, the dislike for all liquids; the spasmodic contraction of the œsophagus, extreme agitation, a discharge of purulent mucus from the eyes and nostrils; fœtidity of the excretions, and especially the absence of the anatomical lesions of meningitis. In acute dementia, and even mania, there is no fever, but the acts, gests and numerous characteristic marks of a maniacal type. Acute delirium ought to be considered as a nervous disorder, similar to that observed in drunkards, and after a serious operation; there is, in all probability, a cerebral modification, but of what kind it is impossible to say. The most efficacious remedy is a tepid bath, in which the patient should be kept for six, eight, ten, and even twelve hours, combined with shower baths, purgatives, and emetics; but emetics ought to be had recourse to with great circumspection.

On the Pathological Anatomy of Deafness, by M. Pappenheim.—Besides the lesions of the nerves the mucous and osseous tissues, the author remarked two phenomena, which he considers worthy of notice—the presence of cholesterine, consecutive to inflammation; it is to be found in the external ear, the tympanum, and even in the membranes of the labyrinth—the deposition of crystals of lime around the cells which the author discovered in 1837 in the membranous labyrinth, the deafness being more or less complete according to the quantity of carbonate present. The author likewise observed in examining the ears of deaf and dumb persons that inflammation of the external and middle ear was sometimes the unique cause of deafness in children, and consequent dumbness.

On the Phenomena Observed when Ascending Elevated Mountains, by M. de Pilcur.—It is well known that the symptoms generally observed are, acceleration of the pulse, anhelation, fatigue in the lower limbs, which soon disappears when the persons cease to ascend, whence the necessity of frequent stoppages; and according to the height or the idiosyncracy of the individual, anorexia, nausea, vomiting, in short, a state similar to seasickness. In this memoir the author relates day by day the different symptoms experienced by Messrs. Bravais, Martins, and himself, while ascending the Mont Blanc in 1844, and concludes, that some are owing to the elevated situation at which the observer finds himself, such as, acceleration of the pulse, loss of appetite, and, in some cases, somnolency; that others are produced by motion, combined with the former, such as, the peculiar fatigue experienced in certain muscles of the legs, dyspnœa, pulsation of the carotids, &c.

On Copper in the Normal Condition of the body.—M. Barse addressed a long letter, in which he maintains his opinion (affirmative) relative to the presence of copper in the normal state, and mentions, that having been requested to analyse with M. Devergie and Lesueur, the body of a man supposed to have been poisoned, copper was discovered; now, if it did not exist in the normal state, some person was guilty of a crime, and had the analysis been confided to a person professing that opinion, an innocent individual might have been condemned.

Academy of Medicine, Sitting of the 23rd of April. M. Caventou, in the chair.—The Prefect of the Seine requested the Academy to name a committee to enquire to what extent the administration of secale cornutum in midwifery cases may be productive of danger to the mother and child.

M. Segur Dupeyron addressed a letter, stating that he had erroneously mentioned the fact of the appearance of a case of plague on board a ship seventeen days after sailing, having ascertained, by subsequent researches, that it appeared on the seventh day.

The chairman drew by lots the names of the members to compose the deputation which is to wait on his Majesty on the 1st of May; they were M.M. Recamier, Dupuy, Moreau, Pattssier, Marjolin, Capuron, Cruveilheir, Jolly, Baudelocque, Reveillé-Parise, and Nacquart.

On the Health of the Workmen employed by Government in Tobacco Manufactories.—Report presented by Dr. Melier in his name, and in that of Dr. Loiseleur-Deslongchamps in reply to a document sent by the Minister of agriculture and commerce to the academy.—After a few remarks on the influence exercised by different professions, as yet so imperfectly known, notwithstanding the recent progress hygiene has made, Dr. Melier judiciously points out the difference of opinion which exists with respect to tobacco manufactories; thus Rammazini states that it is highly dangerous, whilst Parent Duchatelet, on the contrary, says that it is not the least injurious. Between these two opposite opinions, how is truth to be found? The mode in which the administration of the tobacco manufactory is carried on is so perfect, that it furnishes perhaps the most certain means of solving this interesting question. Not only is the culture of the plant, and the choice of the species submitted to rigorous scientific calculation, and the light furnished by experience, but likewise (according to the ground in which the plant grows) the number of leaves which ought to be left on the stem until maturity is designated. To give an idea of the manner in which this establishment is directed, it is sufficient to say that the individuals placed at its head are chosen from among the pupils of the polytechnic school, as is done for the *ponts-et-chausees*. Physicians are nominated to these manufactories; their duty being, not only to take care of the sick, but likewise to furnish annually in minute reports, all the remarks they may have made concerning the health of the workmen; the diseases observed in the manufactories, and the peculiarities these diseases may have presented; a very useful measure, and which shews the solicitude (too frequently forgotten) of the administration in behalf of the workmen confided to their superintendance, and which ought to be adopted by every establishment in which a number of workmen are employed. This would be the most efficient mode of collecting information as to the influence exercised by different professions, and would be useful not only to those who make hygiene their study, but even to the legislator.

The document sent to the academy is the recapitulation of the observations made by the physicians of the ten tobacco manufactories during the year 1842. It was drawn out by the desire of Count Simeon, *Directeur-General* of the Administration, who requested the academy to examine it. The subjects it treats of, are relative—1st, to the workshops, and the way in which they are kept—2nd, the diseases and accidents observed during the said year—3rd, the effects produced on the workmen. After taking a cursory view of the two first, the learned reporter examined the third with the attention it deserved. According to the document, tobacco produces little or no effect on the workmen. Two workshops alone, that in which the leaves destined to be made into snuff are allowed to ferment, and that where those with which tobacco for smoking is prepared are allowed to dry, seem to have an injurious effect.—Nay, more, it is supposed that the emanations from tobacco are a preservative against, or a remedy for, certain diseases, principally phthisis. These questions, especially, were of sufficient importance to draw the attention of the administration, and in order to solve them, Dr. Melier repeatedly visited the manufactory in Paris, which is the largest and most important. What follows is a brief summary of his laborious investigations.

Considered, with respect to hygiene, the workmen may be classed in different categories; according to the state of the plant, and especially as it is manipulated before or after its having been submitted to heat and allowed to ferment; two causes by which its activity is considerably developed. While on this subject, the reporter signalises the numerous ameliorations which have been adopted in the manufactory. The steam-engine having replaced in many parts manual labour, the workmen are thus enabled to avoid many accidents to which they were previously exposed. But notwithstanding these ameliorations, the manufactory of tobacco is far from being free from a deleterious action on the workmen, and indeed it is hardly possible to suppose that it could be otherwise, if we reflect on the composition of the plant and the energetic principle, *nicotine*, it contains—a principle which is a very violent poison. The effects produced, are: *primary*, such as cephalalgia, nausea, anorexia, insomnia, diarrhœa; symptoms which generally last for a week or two, and then disappear spontaneously—*consecutive*, characterized by a peculiar change in the colour of the skin, which assumes a grey tint. The latter is observed on very few workmen, and only after a considerable length of time, and in certain workshops, and is in all probability owing to a peculiar condition of the blood produced by the absorption of the active principle of the plant. The urine analysed by M. Felix Boudet was thought to contain nicotine.

But in recapitulating the effects of tobacco on the workmen—effects likewise observed on plants—the reporter added that they were far from being as serious as they were formerly supposed to be. All extremes ought to be avoided, and though manufacturing tobacco is not without action, still it is not so serious, as to be considered as very dangerous; it cannot be compared, for instance, to lead or mercury, for it does not produce like these metals violent colic, paralysis or tremors; it does not even give rise to any peculiar disease, but it causes certain physiological effects, such as may naturally be expected from the known proporties of the substance under consideration.

Is it true that in compensation for its injurious effects, it possesses some salutary ones? This is not at all improbable, for do not the greater part of our therapeutic agents owe to the same elements the salutary effects which cause them to be employed, and the toxic properties which render them formidable? It seems to be established beyond a doubt that the emanations from tobacco are sometimes useful. The workmen are so convinced of their efficacy in rheumatism, that if after taking cold, they are seized with rheumatic pains, they know of no better remedy than a long nap on a bed of tobacco leaves. In favour of this opinion, Dr. Melier quotes a series of cases, communicated by Dr. Berthelot, which proves that linseed poultices in which a decoction of tobacco is used instead of water, soon relieves the pain in rheumatism, and the cure on an average, is as prompt as with the other methods of treatment employed against this affection. Manipulation of the tobacco seems to be a preservation against intermittent fever, pests, and certain epidemics; for at Tonneins, the workmen were free from the sudor anglicus which reigned in the town. Ought it to be considered as a preservation against phthisis, and as a means of rendering its developement less rapid, and even of curing it? Though he considers those persons who drew attention to this circumstance worthy

of praise, since nothing ought to be neglected against so dreadful a disease, still Dr. M. does not think the opinion founded, as not only he did not witness any fact in its favour, but even witnessed some which proved the contrary.

The report closed with the following conclusions: —1° that the Academy after hearing the report on the document relative to the tobacco manufactories, approve the hygienic rules adopted, and the precautions taken in these establishments, to preserve as much as possible the health of the persons employed in them; 2° that the Academy especially approves the decision by which the physicians are requested to enter their remarks on a register *ad hoc*, and to make an annual report. 3° That the decision if observed will furnish the means of appreciating better than has hitherto been done, the real influence of tobacco on the health of the workmen, and be of use to hygiene and perhaps likewise to therapeutics. 4° That as to the opinions relative to phthisis and other diseases mentioned in the document, they can only, in the present state of medical knowledge, be considered as uncertain, and it is necessary that clinical observation should furnish conclusive facts, ere a decisive opinion be given. 5° That the Academy will receive with thanks any future information, and that it will examine it with the most scrupulous attention. This report, attentively listened to, was received with deserved general applause.—Dr. Villermé requested that the essay might be inserted in the memoirs of the academy, at the same time he made some remarks on the best temperature to which these workmen were subjected, and asked in what proportion were the men and the women in the manufactories. Dr. Melier in reply to the first question relative to the temperature, referred the speaker to his report, and as to the latter he stated that the females were in greater number.—Professor Moreau seconded Dr. Villermé's proposition, and asked what influence the tobacco emanations had on diseases of the skin, and if it cured the itch? Dr. Melier stated that no individual affected with that disorder was admitted into the manufactory, and as to its influence on cutaneous disorders he could but refer professor Moreau to his report. Dr. Villeneuve remarked that it was extraordinary that the amniotic liquid should have in the case mentioned in the report, given a strong smell of tobacco, whilst the urine analysed was not found to contain *nicotine*. Dr. Melier.—This fact is in a memoir published by Dr. Morizot, physician to the manufactory at Strasburgh. Dr. Gerardin.—Are all the manufactories furnished like Paris with steam engines, if not, it is easy to explain why opinions differ as to the amelioration of the health of the workmen since steam is employed, there can be no doubt, formerly diseases were far more serious and frequent, because the grinding the tobacco leaf is now done by the engine, and the emanations were more abundant during this operation than any other. The amount of wages also is an important feature, and was not mentioned in the report. Finally, Dr. G. coincides in opinion with the reporter as to the peculiar tint of the skin of the workmen which he considers to be a real cachexia. Dr. Segalas asked whether the influence of tobacco on the urine was on the quantity or the quality? M. Chevallier wished the phrase concerning Parent Duchatelet mitigated, for though perhaps mistaken on this point, still his works were deserving our attention; he likewise criticized the report in which it is stated that workmen get accustomed to thee dangers attendant on their trade; now this is not always the case; in lead manufactories, individuals have been remarked to have been affected fifteen times. Dr. Gaultier de Claubry stated that the emanations from tobacco are not a preservative from intermittent fever, for in 1830, this affection was prevalent in the manufactory in Paris, caused by a stagnant pool, and disappeared only when this was dried up. Dr. Castel attributes the abundance of urine observed, to the stimulating action of the plant; as to its curative properties in phthisis, it may be useful in asthenic or scrophulous phthisis, but it is evidently injurious when this affection is produced by irritation. Dr. Londe proposed adding a sixth conclusion—that notwithstanding the ameliorations lately adopted, the manufacturing tobacco is not free from an injurious effect on the workmen. Dr. Delens thought that a comparison ought to have been made between the therapeutic action of tobacco and that produced on the economy in the manufactories. Dr. Desportes attributes the discoloration of the skin to a disturbance in the functions of the liver, for having had an opportunity of performing a *post-mortem* examination, he found the liver diseased and the gall bladder containing little or no bile; he regrets likewise that the air of the manufactory has not been analysed, and that no hygienic rules were indicated. M. Chevallier points out the difficulty in obtaining the observation of the rules of hygiene by workmen. Dr. Rochoux mentioned that a distinction ought to be made between mineral and vegetable poisons, for the workmen never get accustomed to the former, and can do so to the latter: as to the cure of phthisis this is impossible, if by the word *cure* is understood the return of an organ to its normal state; none is ever seen in phthisis. Dr. Fontan remarked that no mention had been made of the gases which escape from tobacco; this gas is chiefly ammonia, a fact, which explains why the emanations are so useful in rheumatism, and why plants pine away and die. In the next sitting, Dr. Melier will reply to the various questions and objections.

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PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN SCIENCE.

(The following comprise the principal articles of interest in the two last numbers of the *Lancet*.)

THE PROXIMATE CAUSE OF DIABETES MELLITUS.—Dr. Watts, in opposition to the opinion expressed by Dr. Prout, that the proximate cause of diabetes mellitus lies partly in the assimilating organs, and partly in the kidneys, advances the position, that the proximate cause of the disease lies in the organs of primary assimilation only, to the entire exclusion of the kidneys.* In reviewing the changes which the food undergoes during the process of digestion, he shows, on the authority of Prout and Liebig, that those articles to which chemists have given the name of the saccharine secondary principles, such as sugars, gums, and starch, undergo the following alterations during digestion in a healthy stomach:—They are converted into the oleaginous secondary principles, which, like the saccharine, have a composition destitute of nitrogen. A further change is then effected by their being animalized, or elevated into the azotized principles, without which their assimilation with the various tissues of the frame cannot be begun. If, from any cause, the digestion of the azotized or non-azotized matters be interrupted, the imperfectly assimilated aliment is either retained in the system, to be assimilated at some future time, or is excreted in certain forms from the various emunctories; and the form in which it is either retained or ejected, is determined by the stage in which its digestion has ceased. For instance, if the azotized class of aliment be imperfectly digested, they appear, both in the fæces and in the urine, in the shape of nitrogenized salts or acids. If the digestion of the non-azotized matters be incomplete, having ceased with the conversion of the saccharine secondary principles into the oleaginous, the latter are deposited in the cellular tissue in the shape of animal fat; and if the action of the stomach has ceased before their change into the oleaginous principles, they appear in the alvine dejections and urine, in the shape of diabetic sugar, or lactic or oxalic acid. Digestion is really checked in any one of these stages by disease; the appearance of azotised compounds in the urine being the usual result of an inflamed or febrile condition of the stomach, and the presence of the saccharine principles in the urine a consequence of an atonic condition of the organic nervous energy with which the stomach is supplied, not enabling it to do more than resolve them into a low sugar, &c., while, if the diseased condition of the stomach were such as to assimilate the saccharine principles with the oleaginous, but not to animalise the latter, it is owing to a state of nervous energy intermediate between that which is indicated by the azotised excretions, and that which is followed by the saccharine. These three conditions, indicated principally by the composition of the urine and fæces, are the consecutive stages of the disease, which may not proceed any further than its first and very frequent stage, in which the excess of animal matters is imperfectly digested, and in which the conversion of the non-azotised into the azotized is incomplete; or it may extend into the second, in which the animal matters are partially digested, and the saccharine and oleaginous principles are only converted into animal fat, and being deposited in that shape, causes great obesity; or, again, it may proceed regularly through these two stages into its third and last, in which it constitutes diabetes mellitus, and in which the saccharine principles are excreted as low sugar; or it may proceed at once from the first to the last stage, to the entire exclusion of the second, if the exciting causes of the last stage be applied in sufficient force, when the disease yet continues in the first; but it never reaches the last stage without going through the first, the prior existence of which is a *sine qua non* for the existence of the last. Four cases are narrated by Dr. Watts, in which the invasion of diabetes mellitus was preceded by inflammatory dyspepsia, the principal symptoms in each case being indicative of disease in the chylo-poietic viscera. With respect to the formation of fat, Dr. Watts adduces several examples to shew that it is owing to the farinaceous elements, when food is taken in excess above the wants of the system. Various causes, abstracted from different writers, are also mentioned, illustrative of its influence in disease, in seven of which the semiology clearly pointed to the production of disease in the chylo-poietic viscera. In the other thirteen no sufficient predisposing cause could be gleaned. In none of the twenty did the presence of fat in the excretions appear to have followed immediately on the action of any exciting cause, the diseased action appearing in each instance to have had a long previous existence. The termination was fatal in two cases, the others either recovering, or at all events being alive at the date of the report. Of the ten fatal cases, five were found to have organic disease of some of the chylo-poietic viscera, especially of the pancreas; three are said to have died much emaciated; and two died of phthisis. Five of the remaining cases still exhibited evidences of existing disease, a perfect recovery taking place in five cases only. In two, the fatty discharge was connected with diabetes mellitus, preceding and ceasing on the excretion of saccharine urine in one instance, while the two were concurrent in the other. The connexion between unwonted formation of fat, and the consequent corpulency, with subsequent diabetes mellitus, Dr. Watts considers is shown by cases published by Dr. Prout in his work "On Stomach and Urinary Diseases," and by others published by Dr. Bright, Dr. Elliotson, Dr. Keith Imray, Mr. Jones of Jersey,* and himself. He (Dr. Watts) says, that in the eleven cases to which allusion is made, there are seen in very intimate connexion, the formation of fat, and of sugar in the digestive organs, and when it is considered that each of these states requires previous disorder of the function of digestion, and that in comparative health obesity requires for its production an excess of the saccharine principles in the diet; and as the conversion of the saccharine secondary principles into the oleaginous takes place in the stomach, he thinks he is warranted in holding the opinion that the deposition of fat, either in the cellular tissue of the body, or its excretion, is dependant upon the existence of the same causes which, when they proceed further, are followed by the existence of sugar in the urine;—in other words, that obesity, or the excretion of fat, is legitimately entitled to be viewed as a prior stage of those diseased actions which naturally end in diabetes mellitus. The presence of sugar in the urine is referred by Dr. Watts to either an altered or atonic condition of the nervous influence of the stomach, or one perverted from its natural state.

* Published in the last vol. of the *Medical Times*

POLYPUS UTERI.—A case of this disease is reported from the practice of Mr. Sands Cox, at the Queen's Hospital, which was successfully treated by the application of a ligature made of common unbleached whipcord, as recommended by Mr. Waine, on account of its increasing in thickness, and diminishing in length when moistened; so that instead of becoming loose after its application, it gradually increases the power of its grasp on the tumour

PERFORATION OF THE INTESTINE.—Mr. Linnecar, at a meeting of the Medical Society of London, narrated the case of a gentleman, a free whiskey drinker, who, after having suffered for ten years from occasional attacks of uneasiness about the epigastrium, accompanied by vomiting, was suddenly seized with acute abdominal pains, followed by intense collapse, and death in eleven hours. On examining the body, there were marks of chronic, and also of recent peritonitis, and there were six or seven portions of the jejunum and part of the ileum inflamed, and so constricted, that they would scarcely admit the passage of an ordinary goosequill. One of these portions was perforated. The liver was tinged of a deep melanotic colour, for an inch from its surface. The case was peculiar from the little suffering experienced by the patient, and the absence of the more prominent symptoms.

FUNCTIONAL APHONIA.—Mr. Bishop, at a meeting of the Medical Society of London, read a paper on functional aphonia He considers that the loss of voice, when it is purely of a functional character, generally arises from a relaxed condition of the soft parts, which form the boundaries of the vocal tube. He directed the attention of the members to the acoustic influence of a membranous pipe when adjusted to a reed, the walls of which, when relaxed by moisture, will extinguish the sounds of the reed, and he considered the vocal cords to be influenced in the same manner. He is of opinion, that when aphonia arises from a relaxed state of the pharynx in delicate females, the malady is of an asthenic character, and, consequently, an antiphlogistic treatment, with counter-irritants, rather does harm than good. He mentioned several cases in which the voice had been preserved by the application of a strong solution of nitrate of silver to the fauces by means of a camel's-hair brush, also by the use of gargles of capsicum; but he much prefers the argentum nitratum. He also made some observations on hysteric aphonia, and aphonia produced by sudden surprise. He believes that a partial relaxation tends merely to deepen the tones of the voice, without extinguishing it altogether, and drew attention, among other cases, to that of Grassini, whose voice, when in England, sunk an octave, from a relaxed condition of the vocal tube, and on her return to Italy, resumed its original character. In her case the voice oscillated between a soprano and contralto.

CALCULUS IN THE URETHRA.—A case is related from the Royal Free Hospital, of a child labouring under calculus in the bladder, which made its way into the urethra, causing obstruction to the passage of the urine, and rupturing the canal. The calculus was ultimately extracted, but a fistulous opening remained in the canal.

SOLUBILITY OF THE EXTRACT OF CANNABIS INDICA.—Dr. Inglis says, as the pure extract is abundantly soluble in the essential oils, they may be used to form elegant vehicles for the exhibition of the gunjah. Solutions are produced of a bright emerald green colour, which, partaking of the soothing sedative properties of the gunjah, do not possess so powerfully its death-like depressing effects, which, for the time, are so alarming to the patient. They may be made of such strength, that a quarter of a grain of the extract may be exhibited in two drops of oil, which may then be rubbed up with a little sugar, and made into a draught by the addition of hot water. He has frequently given the gunjah internally, in a similar manner, in combination with cajeput oil, in which it is particularly soluble, and he has found that it may be used as a valuable embrocation, in chronic rheumatic affections of the joints.

ON GENERATION.

By JAMES ANDERSON, Esq. Leicester.

The learn'd is happy, nature to explore,
The fool is happy that he knows no more.

Mr. Blaine says, impregnation is brought about by means of the action of the semen on the ovum, or germ, but, whether the effect is produced by actual contact, or by sympathetic influence, the most arduous investigations have not yet fully informed us, although the balance is, by direct experiment, very much in favour of the actual transmission of the impregnating fluid through the uterus and ovarium. Haller, Verheyneus, Ruysch, Hunter, Dr. Haighton, and Mr. Cruickshanks, advocate the doctrine that the semen is not arrested within the vagina, but is carried into the uterus and ovary. Other eminent physiologists however are of opinion, that impregnation is not the effect of immediate contact, but of a subtle exhalation from it, termed aura seminalis, that the uterus might receive the substance of the semen by absorption; indeed it has been stated by some that impregnation is always the consequence of venous absorption of the semen from the uterus, which thus acts on the ovaria through the medium of the circulation. As to the latter theory, the experiments of Spallanzani are conclusive in proving the negative, there is additional evidence from the fact, nothing that has the least token of life being discovered by the best glasses, either in the blood, saliva, urine, bile, or chyle;—what could then become of the animalculæ, peculiar to the semen, without which no impregnation can take place? Leeuwenhoek states that animalculæ are found in the semen masculinum of every animal, their general appearance is very much the same, nor does their size differ in proportion to the bulk of the animal, and they resemble tadpoles. He placed a hair of his head near them, which hair, through his microscope, appeared an inch in breadth; at least sixty such animalcules could lie within its diameter, and 216,000 of them are but equal to a globe, whose diameter is the breadth of a hair. Their figure is different from that of those found in any other fluid, and he believed them to be the rudiments of future animals, and thought them to be of different sexes, and upon which depended the future sex in the fœtus. It is a general law, that living beings derive their origin from pre-existing living beings. We can scarcely refuse our assent to the position, that these animalcules are in some way or other instrumental in the production of the fœtus.—*Dr. Bostock.*

M. Buffon contends that spermatic animals are not creatures really endowed with life, but something proper to compose a living creature; and he distinguishes them by the name of organic particles. The same individual kinds of animals he declares he has found in the fluids separated from the ovaria of females.

That the seminal animalcules are the proper rudiments of the fœtus, and are, perhaps, of different sexes, and in case of impregnation one of them is carried not only to, but into a vesicle of an ovary which is in a condition to receive, and be duly affected by it. It is admitted on all hands, that the seminal animalculæ are essential to impregnation, "since they cannot be detected where either from age or disease, the animal is rendered sterile."—*Dr. Knowlton.*

We are aware eminent anatomists assert, they have found semen in the Fallopian tubes; may they not have mistaken the semen for the natural secretions? it is admitted that the semen may occasionally enter into the uterus.

The component parts of the semen by analysis.

Water	90
Animal mucilage	6
Phosphate of lime	3
Soda	1
	100

When experiments are made on animals after copulation, the contents of the uterus and Fallopian tubes might be compared separately with the above analysis, or brought under microscopic examination, *vide* a trial in Edinburgh reported in the MEDICAL TIMES, vol. x. page 60, which will assist in settling this most intricate point in physiology.

Conception seems to depend upon the influence of the semen exerted on the ovaria, through the medium of the rest of the genital system; for women have conceived when semen has been applied merely to the vulva, the hymen being entire.—*Dr. Burns.*

Conception has taken place where the vagina terminated in the rectum, and where it was so contracted by a cicatrix as not to admit the penis. In 1828, I had a patient, a lady, who had borne a large family, after her last confinement, adhesive inflammation took place, and the vulva became so much contracted, that nothing larger than the size of a goose quill could be introduced, notwithstanding which she became pregnant.

Harvey and De Graef dissected animals at almost every period after coition, for the express purpose of discovering the semen, but were never able to detect the smallest vestige of it in the uterus, in any one instance.

As soon as impregnation takes place, the os uteri closes, and becomes impervious to the semen ejected in subsequent acts of coition; this alone goes far to bar superfœtation, yet many instances are on record that from two to seven children have been brought forth at one birth, from three months to the full time. That could not have taken place through the medium of the uterus in the gravid state, and under such circumstances the most natural inference is that the semen was conveyed to the ovarium from the vagina in some other way than the uterus. Mr. Madden observes, what is vulgarly called sympathy and antipathy is nothing less than animal magnetism In Glanvil's Saducismus Triumphatus it is said "nature acts on the human body by subtle vapours and upon heaps of minute particles, which pass from one body to the other."

That there is a set of absorbent vessels leading directly from the inner surface of the labia externa and the vagina to the ovaries, the whole office of which vessels is to absorb the semen and convey it to the ovaries.—*Dr. Dewees.*

Dr. Gartner, of Copenhagen it is said, has discovered a duct, leading from the ovary to the vagina; admitting that to be the fact, yet others are wanting, viz, from the ovaria to the breast or how shall we able to explain the following most extraordinary medical case as reported in the Hanau Gazette, 1838, as having recently occurred at Berlin, where a Polish countess, who, ever since the death of her husband, experienced frequent pains in the chest, was put under the care of Dr Von Graefe, by whom it was decided that amputation of one of the breasts was necessary The operation was performed, when there was discovered in the breast, a perfectly formed fœtus of several months!!!

We need not multiply contradictory opinions, when it is said that there have been two hundred and sixty hypotheses on this subject. With great deference to the authors mentioned in this paper, we are rather inclined to believe, that no actual transmission of the semen passes through the uterus and oviducts to the ovarium, or of aura seminalis through the uterus, but by direct absorption from the vagina to the ovaries: and that the animalculæ in the semen are the beginnings of future animals.

At a late meeting of the Chemical Society a memoir by Dr. J. Blyth and Dr. A. W. Hoffmann, entitled "On styrole, and some of the products of its decomposition," was read. Styrole is a volatile oil, obtained by distilling the balsam styrax or storax, although only in small quantity, and has a general analogy to benzin. In one property styrole is, perhaps, the most extraordinary of substances: a limpid fluid at ordinary temperatures, it becomes a transparent colourless glass when heated up to a certain point, and remains so when it becomes cool—a circumstance which will draw the attention of optical inquirers to styrole. In distilling storax to obtain this liquid, twenty parts of storax are mixed with seven parts of carbonate of soda, and water put into the retort. In one experiment, forty-one pounds of balsam yielded twelve ounces of styrole; in another, twenty-seven pounds yielded three ounces. The fresher and softer the storax, the more productive is it of styrole.

NOTICE TO CORRESPONDENTS.

Dr. Sharrin.—*We shall suspend judgment till the two statements are before us.*

The article on Mines *would be more valuable to us if the original and fuller MS. were sent to us.*

Young Student.—*Quain and Sharpey's Anatomy, the work of Chelius on Surgery (now being issued in parts by Renshaw, edited by Mr. South), and Copland's Dictionary of Medicine—published by Longman and Co.*

A Two Years' Subscriber.—*The M.R.C.S. and the L.A.C., or a gentleman who is either, can register as a General Practitioner by the new bill. The bill, also, is to be altered, so that the present M.R.C.S. can register as* "Surgeon," *if he prefer that title, singly, to the one indicating general practice. The L.A.C. may not register as a Surgeon, though he may as a Licentiate of Surgery.*

A. W.—*Gentlemen may register by any one of the titles they possess, according to their own will, and may practise in any way they please, notwithstanding the title by which they may be registered. No double registration will be allowed.*

Medicus.—*The information asked will most probably be forwarded privately, the note having been placed in proper hands. Any communication on the subject should be brief.*

Mr. Armstrong *will oblige us by sending the whole of his MS.*

Dr. Roden's *letter shall appear next week.*

Medicus.—*Licentiates of the Hall will register as Licentiates of Medicine and Surgery by the new bill.*

L.A.C. *was refused most improperly the discharge of the duty of examining the body. By study, by position, and by legal right, L.A.C. had the title impugned by the coroner.*

Mr. Stopford Taylor and the Chester trial.—*We have maturely considered the whole of this case, and in the absence of any well authenticated report by a gentleman at all conversant with the subjects discussed or examined, we cannot but conclude that, amid the conflicting opinions and narratives given, no condemnatory observations on the character of a professional brother can be justified.*

M. B. *will find all he he desires in the Pharmaceutical numbers of the* Medical Times, *twelve of which have been published.*

A. B., a Subscriber.—1. *Sir James Graham has by letter declared that Physicians may register as General Practitioners.* 2. *The worth of a foreign diploma will depend on the decision of the Council of Health. It will most probably, when* properly *obtained, be allowed—and disallowed in all other cases. If not allowed, the possessor, so far, will be as without any diploma.*

To Medical Students.—J. S., a poor Student, &c.—*The bill's retrospective tendency in reference to students has not been referred to by Sir James Graham in his new alterations. It is therefore urgent that medical students should bestir themselves to get inserted a clause, by which those examinations and that future position may be secured them which were held out to them at the time of commencing their studies.*

Dr. Black *writes to us to say, that the Glasgow Faculty to be annihilated by Sir James Graham is a very insignificant body. "The Faculty" in the Glasgow district only comprehends sixty, while the* non-entrants *amount to more than 300 practitioners. The members, also, have not increased during the past year. He anticipates great advantage from this supercession of the Faculty.*

T. W.—*A few numbers back we gave the composition of the black soap named by Dr. Sutro as useful in paralysis.*

We are this week, much to our regret, precluded the insertion of two very valuable original papers from the eminent pens of Dr. Clay and Professor Piorry. The encroachments made on our space by medico-political matter is, of course, the cause.

"A Subscriber and Constant Reader" *suggests that if the Fellows who object to the new Charter would conjointly send back their new* honour, *with contumely, to the Council, they would show a praiseworthy* esprit-du-corps, *and would produce a proper impression on that refractory board of mismanagement.*

THE MEDICAL TIMES.

SATURDAY, MAY 10TH, 1845.

"Union is strength."

The meeting of Tuesday evening will mark an epoch in medical annals. It is a rich earnest of an affluence of good to the Profession. In its issues the mental eye saw, visibly, not the promise—not even the advent—but the actual presence of immense amelioration. THE MEETING HAS CARRIED THE GRANT OF A ***NEW AND INDEPENDANT*** INCORPORATION.

There was dissension, noise, and ill-blood, it is true—but they were not *of* the meeting, but *at* it. It was the dissension, noise, and ill-blood of what Mr. Hillier's conclusive authority proclaimed a "faction;" of a few miserable malecontents—whose tempestuous assaults and successless disturbances achieved the unmeant good of showing how firmly the Association is established in the convictions and affections of the Profession. Drawing a veil, however, over errors which have about them, as appeals to our pity, all the perverse wildness of utter irresponsibility, let us mark, with pleased commendation and glowing thanks, the parts so gracefully played by Messrs. Hillier, Webster, and Cooper. Charming to our ears was Mr. Hillier's acknowledgment that the Committee deserved well of the public, and that no "faction" should further seduce him to oppose their proceedings; and more than pleasing—delightful were the eloquent words of Dr. Webster, repelling from the members of the Committee every accusation that spleen had created, and holding them forth as the intrepid assertors of a cause that they would yet force to triumph. That one address dissipated a world of unmeaning prejudices, and well repaid us the insensate disturbances that invoked it. In the all-absorbing interests that at this critical moment exist for universal harmony, it is indeed gratifying to note down circumstances so symptomatic of the helplessness of all mercenary plottings after division. Yes—if union is essential to the amelioration within our grasp, union, fortunately, despite the worst that can be done, will not be wanting.

"Finis coronat opus."

THE outline of Sir James Graham's Bill, in what may be considered its *final* form, is before the country by the speech we this day publish. There are, doubtless, some very material alterations; some of which the profession will hail with great satisfaction, but on the whole, it is not *all* we expected. It contains too much of the old leaven of the Corporations: too little of the new leaven of Sir James Graham. The ill-advisings which vitiated his first scheme and subsequent remodelling, has been active enough to cut off many a perfection from the bill we now get. But there are improvements, and while acknowledging them, let us touch on them, *en passant.*

The feature of paramount interest is, of course, the concession of the New Incorporation. We will not disguise our belief that on every principle supposed for years to be identified with the cause of Medical Reform, this must, with so refractory a body as the College of Surgeons, be regarded as a gigantic step in the right direction. The General Practitioners are given the self-government they have so long asked. Forming, as we and they have maintained, *the* profession, they shall no longer, says Sir James, be serfs to the dominant hierarchies of two alien Corporations, but shall manage their own affairs, use themselves the monies they contribute, appoint the officers they pay, and, in fact, hold their own fates to a very considerable degree in their own hands. The Council of the Colleges and their Fellows have had their claims to superior distinction challenged, doubted, denied. Our New Incorporation will afford us the opportunity of establishing the truth of our defiances, and of making clear to the world the equality we claim. In one sentence, we are taken at our word, and given an occasion to prove that we are all we professed to be.

So far, so good. If our brethren hold true to themselves, if they run counter to none of their pledges of undying hostility to the College that, Judas-like, misapplied their money, and with the words of peace betrayed them, there can be no doubt that the interests of science will be largely promoted, and the dignity of the profession prodigiously elevated by the erection of the New College. Good Government is at the root of nine-tenths of the victories of science, and it would be odd if that body, which, despite all the disadvantages of every possible bad system, has upheaved in social respectability, and professional worth, should sink, when conceded, those boons whose absence had retarded so considerably their uprise, and when to the temptation to labour of sure honours to shewn merit, is added the stimulating rivalry between three opposing corporations.

But the third estate, though granted to us in no unkindly spirit, is not granted, we grieve to say, in all its fulness—handsomely and confidingly. There is a damning spot thrown on the escutcheon of the new college by the joint body of M.D.'s and surgeons, formed to examine who shall, and who shall not, be admitted to a college that belongs to their rivals. We find here again the hand of Sir Benjamin Brodie at least as bad at legislation as he is good in surgery. His paternity in the new college is the last thing to be desiderated; and an arrangement like this—conceived in iniquity, and born in sin—would form the original stain of the new-born institution; a stain which, ineffaceable by no baptism save that of Parliament, would condemn the sufferer to a miserable and worthless existence. But perhaps we misunderstand Sir James.

We should reserve judgment till the bill itself is before us. It cannot be with the good sense he really possesses, and the anxiety for conciliation that he lavishly exhibits, that he deliberately thinks of transferring the functions of the new College to its jealous rivals. The initiatory rites of the profession should surely be solemnized by those whose ministry it is to have charge of what Sir James calls the "portal" of the profession. The postulant is admitted, not to the penetralia of the Surgeons or the Physicians. That is a matter that may perchance follow, but after a long interval, and *then* it may well be made the duty of the Surgeons and Physicians to take charge of the candidate. But as they will not admit the new College's interference then—theirs should not be permitted before. Besides, why all this mysterious supernumerary legerdemain, by which the poor candidate is made the victim of College expenditure, as the traveller in Germany of passport dues? He is sent where he has no business, and whence he can derive no service, for no purpose we can see, save to pay taxes. First, a court of twelve physicians and pure surgeons tax him for thinking about the professional journey; then he is taxed by the general practitioners; then he is taxed

probably by one of the universities; then he is taxed by the surgeons; then by the physicians; and again, he is taxed and taxed as often as he roams from Scotland to Ireland, or Ireland to England, and so on for ever!

But, as we said, there must be some mistake here, and we earnestly urge on the Committee of the National Association to see that it is a mistake. They cannot be too speedy. The bill is not *yet* printed. Such a mistake would be fatal to the independence of the New College. It would make the Charter not worth acceptance. Nay, further, it would create the duty of not accepting the Charter. The Association is at this moment a College, one which a *defective* Charter would strip of more power than it could confer. Recognised or not by the Government, it will equally *rule* the profession, and it must not forfeit its high position without a suitable consideration.

Deferring further remarks till able to give the Bill, as we hope in our next number, we cannot forbear our acknowledgments for the direct recognition, by statutory enactment, of two General Practitioners on the Council of Health, and the complete omission of the clause interfering with the public's discretion in the appointment of its medical attendants. These are certainly very considerable improvements. Taking these in connexion with the proposed change about University "Inceptors" and the establishment of the New Incorporation, we cannot hesitate to express our opinion that the Bill will meet with a far more favourable reception than in any of its previous phases.

NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS IN MEDICINE, SURGERY, AND MIDWIFERY*.

A general public meeting of the members of this association was held on Tuesday evening last, at 6 P.M., at the Hanover Square Rooms, to receive and adopt the report of the committee, and to transact important business connected therewith. The meeting, which was summoned by public advertisement, and by private circular, consisted of little more than four hundred gentlemen when the chair was taken at a quarter past six, but the room soon afterwards began to fill, and before the reading of the report was concluded, the assembly numbered upwards of one thousand. Among the gentlemen present, we noticed Mr. Pennington, the president, Mr. Hawes, M.P., Mr. Nussey, Mr. Moore, Mr. Squibb, Mr. Barnes, Mr. Randall, Mr. Morrah, Mr. Headland, Mr. Bird, Mr. Ancell, Mr. Streeter, Mr. Merriman, Dr. Webster, Mr. Propert, Mr. Clifton, Mr. Fuller, Mr. Bowling, Dr. Cooke, Mr. Vickers, Mr. Hillier, Mr. Wakley, &c.

Among the country members present, were Mr. Tyte, of Harrow, Mr. Snowden, of Ramsgate, Mr. Mackinlay, of Isleworth, Mr. Martin, of Reigate, Mr. Harris, of Worthing, Mr. Flower, of Chilcompton, Somerset, Mr. Holmes, of Fulham, Mr. Sanders, of Maidstone, Mr. Oliver, of Stilton, Mr. Bonney, of Brentford, Mr. Page, of Newmarket, Mr. Hawkins, of Bristol, Mr. Scott, of Bromley, Mr. Morgan, of Devynnock, Brecon, Mr. Turner, of Wycombe, Bucks, Mr. Callen, of Sheerness, Mr. Beavan, of Rochester, Mr. Wooldridge, of Southampton, Mr. Garthron, of Norwich, Mr. Sanders, of Gravesend, Mr. Phillott, of Mortlake, Mr. Chambers, of Hopton, Suffolk, Mr. Bond, of Nuneaton, Warwickshire, Mr. Thornton, of Uxbridge, Mr. Thompson, of Westerham, Kent, Mr. Gabb, of Charlton Kings, Cheltenham, Mr. Beancraft, of Barnstaple, Devon, Mr. Halford, of Hammersmith, Mr. Dalton, of Hammersmith, Mr. J. Brown, of Hammersmith, Mr. A. Foote, of Kew, Mr. Abercrombie, of Ealing, Mr. Camden, of Hounslow, Mr. Jones, of Blandford, Dorset, Mr. Bottomley, of Croydon, Mr. Wildash, Wye, Kent, Mr. Martin, of Horsham, Mr. Gern, of Ross, Hereford, Mr. Leney, of Maidstone, Mr. Warner, of Cirencester, Mr. Daniel, of Ramsgate, Mr. Jones, of Ross, Herefordshire, Mr. Burrows, of Brighton, and Mr. Parkinson, of Penkridge, Ware, Herts; several of these were honorary local secretaries in their respective districts, and were present, as representing the branch association with which they were connected.

Mr. Nussey moved, and Mr. Propert seconded the resolution, that Mr. Pennington be requested to take the chair.

The resolution was carried unanimously.

Mr. Pennington, on taking the chair, observed, that as there was much important business to occupy their attention that evening, he would only detain them to say how deeply he was obliged by the kind manner in which they had expressed their wish that he should preside on this occasion. He accepted that honour with the greater satisfaction, as he believed that the report which would be presented to them from their committee, would convince them that no efforts had been spared to secure the attainment of the objects for which the association had been called into existence, and would also prove that there was every probability that those objects would be speedily obtained.

The minutes of the last general meeting were then read by Mr. Bird, after which, Mr. Ancell read the report of the committee to the following effect:—

REPORT.

The Committee have deemed it expedient to call a Special General Meeting of the National Association, that they might have the honour of laying before the members of the association a report of their proceedings to the present date.

One of the first acts of the committee after the public meeting held on the 14th day of March last, was to forward to the council of the Royal College of Surgeons, the fifth resolution passed at that meeting, condemnatory of the policy of the council, together with a letter, dated March 20th, and addressed to the president, vice-presidents and council of the college. In consequence of Sir James Graham having declared, in the conference with a deputation from the committee at the home office, on the 14th February last, that the chief obstacle which presented itself to his granting a charter of incorporation to the general practitioners, was his disinclination to separate them from the college of surgeons, and in deference to the wish so strongly expressed by the right honourable gentleman, in his speech in the House of Commons on the 23d of February, that a reconciliation should take place between the general practitioners and the council of the college of surgeons, your committee took upon themselves the responsibility of so framing the letter above referred to, as to shew every inclination on their part to confer with the council, and to prepare the way for the reconciliation suggested from so high a quarter. The letter of the committee, and the reply of the council, dated April 3d, which reply is essentially a manifesto repudiating such of the members of the college of surgeons as are general practitioners, were forwarded without delay to the government, to the Society of Apothecaries, and to the Press, and, by the published transactions of the committee, to every member of the association.

The Committee request the attention of the meeting to the circumstance, that throughout the period of the organization of the National Association, the members of the Royal College of Surgeons who joined it have also pursued, totally irrespective of the association, their own independent course as relates to the college—whether by remonstrating with its council—by memoralizing the Government, or by petitioning Parliament—a course by no means inconsistent with their adhesion to the association. Had these efforts been successful in effecting a change in the constitution of the College of Surgeons, so as to render it a College of General Practitioners, the committee again repeat, that a "New Incorporation" would be unnecessary. All the efforts, however, made for this purpose, by the members of the college, whether members of this association or not, have proved unavailing. Every act of the council of the Institution has brought into broad relief its fixed determination to maintain it as a *College of pure Surgeons*, and although the Right Hon. the Secretary of State has uniformly expressed his regret, that any separation should take place, he has given no encouragement to expect, that either by the authority of the Crown, or by parliamentary enactment, Government would interfere for the purpose of changing the avowed policy of the council. The committee have accordingly used their best exertions to fulfil their duty by pursuing, without intermission, the original object for which the association was formed.

They may be allowed upon the present occasion to remind the meeting that the association was called into existence for the specific purpose of obtaining a charter of incorporation for the general practitioners, and of forming an independent college, under the sanction of an Act of Parliament. This object is explicitly set forth, not only in the published documents of the association, but in the greater number of the communications with which the committee have been honoured, from the general practitioners in the country. A considerable portion of the members of the association abstained from joining it until they had individually satisfied themselves of the necessity of such new *Incorporation*, and they have expressed themselves to this effect in their letters to the committee. It will thus be perceived, that whatever collateral measures the committee may have deemed it expedient to adopt, they were bound neither to omit, nor to procrastinate any step, which, in their judgment, was calculated to promote the views of their constituents, and to secure the one great object of the General Practitioners of the Kingdom.

Whatever regret a considerable portion of the members of the National Association may feel, at the course pursued by the council of the college of surgeons, the committee have the satisfaction in reporting there is now every reason to believe the government to be convinced, that a New Charter for the General Practitioners is essentially necessary for the interests both of the profession and of the public; and that from the representations which have been uniformly made, both by the society of apothecaries and the national association, to the government, and from the anxious desire expressed by the Right Honourable Sir James Graham, to maintain the respectability of the general practitioners as a class,—your committee have the greatest confidence, not only that a charter will be granted, but that it will be of such a nature as to be acceptable to the great body of general practitioners in this kingdom, and amply to secure their interests in the projected legislative arrangements of the profession.

The conferences which have taken place between the Society of Apothecaries and the National Association, to the 4th of April inclusive, have been printed and circulated among the members of the association. It is a subject of the greatest congratulation, that no important points of difference now exist between the two bodies. The executive of the Society has been placed under the most favourable circumstances, to arrive at a thorough acquaintance with the real interests of the general practitioners. Liberality, consistency, and firmness, have characterized all their proceedings. The deliberations between the court of assistants, and the committee of the association, have been conducted with the strictest mutual confidence, and the two bodies are placed in the most favourable position to act in conjunction on the part of the general practitioners of the kingdom, in those negociations with the Government which have now become necessary.

The committee, in the next place, beg to call the attention of the meeting to the following important transactions. On the 14th of April, the Honorary Secretaries forwarded to the Society of Apothecaries the following documents:—

First.—The amended Suggestions for Heads

* A meeting, called by advertisement, was held the previous night, by what Mr. Hillier calls the faction, at the Freemasons' Tavern. Only seventeen gentlemen were present, of these, several, including Mr. Hillier, protested against prolonging the opposition, as injurious to the best interests of the profession. Mr. Wakley, however, persisted, with what result, the report of this meeting will show.

of Charter, mutually agreed upon at an adjourned conference, held on Friday, the 11th of April, by the committee of the court of assistants of the Society of Apothecaries, and a deputation from the committee of the National Association, and which suggestions for heads of charter, as amended, were confirmed unanimously by a full meeting of the committee of the National Association, held on Saturday, the 12th of April.

Second.—The modifications required in Sir James Graham's Bill, as agreed upon by the same bodies, and also confirmed by the committee aforesaid.

Third.—A copy of a report of a conference, between the Right Honourable the Secretary of State for the Home Department, and a deputation from the National Association of general practitioners, held at the Home Office, on Saturday, the 18th of April, as entered on the minutes of the association.

the particulars of the whole of which documents were published in the "Transactions" of the association, bearing date the 18th of April.

They received a letter dated the 22nd of April, informing them that, on the 18th of April, the court of assistants of the Apothecaries' society had passed the following resolutions:—

First.—"That the suggestions for heads of charter for the incorporation of the general practitioners in medicine, surgery, and midwifery, with the modifications introduced by the society, and their reasons for those modifications, be presented in writing to Sir James Graham, with their desire that a charter with such powers, be granted to the general practitioners, and that upon such charter being granted, the society is willing to resign the control over the examination and education of the apothecary, as now possessed by them, under the Act of 18 5

"Second.—That the Act of Parliament committee be empowered to carry out the objects of the foregoing resolution."

and the committee were further informed that the society had already addressed Sir James Graham, in conformity with these resolutions.

The Society of Apothecaries received a letter from Sir James Graham, dated Whitehall, April 25th, in which it is stated, after acknowledging the communication above referred to, that the Right Honourable Baronet is "not indisposed to take into consideration any draft of a Charter of Incorporation which shall be presented on behalf of the General Practitioners, provided that the parties presenting it shall first satisfy him that they have full authority, on behalf of the National Association, to accept such a charter as the Crown may be advised to grant, and on behalf of your Society to relinquish your present privileges as soon as the terms of the proposed Charter shall be adjusted, under the sanction of her Majesty's advisers, to the satisfaction of the petitioners."

Upon which the Society immediately communicated with the committee to the effect, that they had appointed two of their members, Mr. Bacot, *Warden*, and Mr. Ridout, to form, with two or three members of the Committee of this Association, a joint Deputation possessed of the powers required by the Government, as intimated in the letter of the Right Honourable Sir James Graham.

Accordingly your Committee, by an unanimous vote, on the 22nd day of April, appointed Mr. Pennington, Mr. Bird, and Mr. Ancell, to fulfil this important trust. They have every reason to believe that the confidence they repose in the zeal, intelligence, and discretion of those gentlemen,* is participated in by the members of the association generally, and they had no hesitation in vesting them, for this special purpose, with the powers given to the committee at the Public Meeting of the 14th of March.

As respects this new, and they trust final negociation, the principle of representation and that of equality of privileges having been universally understood and agreed upon, different views were known to exist as to the extent to which the one should be carried, and the manner in which the other should be applied. The moment your committee were made aware that the subject of a charter was seriously entertained by the Government, and that a discussion of its details was likely to be called for at the Home office, although fully authorised to act definitively on the part of the general practitioners, they felt it to be their duty, as intimated in their conference with the Apothecaries' Society, to defer to the members of the Association, before a final step should be taken. There were two points in particular, respecting which the committee deemed it advisable accurately to ascertain the opinions of the members of the association—the Franchise, and the Qualification for Membership of Council—these being, perhaps, the two most important matters of detail appertaining to such a charter. They were most anxious to do this, that they might be enabled to lay before the Government the opinion of the majority upon these subjects, and to secure to it its proper weight. As most of the individuals present are probably aware, schedules have been distributed to every member of the association, a great proportion of which have been returned. Many members of the association reposing confidence in the committee will, on that account, perhaps make no return; some returns probably have not had time to reach the office, but the result of this canvass of the opinions of the association, so far as it has reached the committee, is—

In favour of an unrestricted Franchise	252
In favour of a 2 Years Franchise	9
In favour of a 5 Years Franchise	1476
In favour of a 7 Years Franchise	11
In favour of a 10 Years Franchise	535
In favour of an Unrestricted Qualification, every Member from the period of his entering the profession being qualified for election as a Member of the Council	111
In favour of a 10 Years Qualification	376
In favour of a 15 Years Qualification	1714
In favour of a 20 Years Qualification	58

Taking the double return the numbers are:—

In favour of a 5 Years Franchise, and 15 Years Qualification	1165
In favour of an Unrestricted Franchise and Qualification	93

The heads of charter have been many weeks before the profession, so as to give every opportunity for the members to advise the committee of their opinions. The conferences between the Society of Apothecaries and the association, on the subject of these heads, have also been published in the Transactions. The committee have not been made aware of any difference of opinion, except on the two subjects above referred to, and they may therefore fairly assume that not only upon points involving principles, but even as respects the details, with the above exceptions, the members of the association are perfectly agreed.

Since there is no reason to doubt, that in the forthcoming charter the Government will agree to that part of the suggestions which provides for the provincial members of the new incorporation a representation on the council, the committee have thought it desirable that its number should be considerably augmented by the addition of gentlemen residing beyond ten miles from the Royal Exchange. It is not for one moment expected that such members could take part in the preliminary business of this great undertaking, nor can the provincial members of a new council take part in the daily routine of business; but, in the one case, as in the other, questions may arise on which it would be most desirable to obtain their deliberate opinions and assistance in their respective districts; and as in the government of the new college—periodical conferences between the London and Provincial members, requiring the attendance of the latter in London will be necessary, so, during the present arrangements, the committee on the one hand, might find it most requisite to summon, and the provincial representatives to attend a meeting of the committee for some special purpose. They are aware that they will have to consider well the different counties and districts, with a view to representation, and they take it for granted that those districts which contain provincial schools will be especially entitled to members of council. They would have been most happy to lay before the meeting a list of Provincial Members for election, but they are totally unprepared to do so, and they consider that a plan must be devised to obtain the opinions in this matter of practitioners residing on the spot. It is obvious that the arrangement of this part of the business must take considerable time and attention, but if the meeting should concur in the propriety of the suggestion, it will probably empower the committee to make such addition to its number, from members of the association residing beyond the prescribed distance.

Although several unworthy attempts to disturb the proceedings, and to weaken the organization of the National Association, have been made, it affords the committee the greatest satisfaction to be enabled to report to the meeting, that the Association continues in all its integrity,—it numbers considerably above 4000 members. The enrolment proceeds daily—the provincial organization has been rendered more effective; notwithstanding the efforts above alluded to, not more than half a dozen members have been induced to withdraw, and not half a dozen letters have been received disapproving their proceedings. They have continued to conduct their business with the most perfect unanimity. Votes of confidence have been passed by many of the Metropolitan and Provincial Associations; the most flattering communications have been received from individual members, and the subscriptions have increased. Under these circumstances, the committee feel that it would be disrespectful to notice, with the view of defending either the committee or the association, the untruths and misrepresentations which a few individuals have thought proper to promulgate.

The committee considered it most important that the National Association should nominate some member as the representative of the association in the House of Commons, to whom they could make fully known the case of the general practitioners in reference to the Medical Bill. No gentleman was suggested so likely to receive the confidence of the profession as Mr. Hawes. He has interested himself in medical politics for many years. He is universally esteemed in the House by the members of all the great political parties. Accordingly, they passed a resolution respectfully requesting Mr. Hawes to become the advocate of their claims in Parliament, and he has most handsomely undertaken this onerous duty. Mr. Hawes has since been in repeated confidential communication with the committee. The committee have reported this nomination in their transactions, and have also addressed a circular letter to all the members of the House of Commons to the same effect, requesting their support. They have authority to state that the result of these measures is already, that the claims of the general practitioners of medicine, surgery, and midwifery, in this kingdom, are better understood by the legislature, and that they have a right to believe that, if it should become necessary, a large and powerful party would be found to advocate those claims in the two Houses of Parliament.

As regards the general affairs of the Association, it affords the committee much satisfaction to inform the meeting, that the donations to the fund for defraying the expenses of this movement increased considerably, as the necessity for a separate Incorporation became more manifest, and its attainment more probable. Since the publication of the last "Transactions," they have received:—

ADDITIONAL DONATIONS, FROM

	£	s.	d.
Messrs. Merriman	£5	5	0
A second instalment from Surrey	10	10	0
Bedfordshire, forwarded by Mr. Barker, of Bedford	8	11	0
Epsom, by Mr. Shelley	3	0	0
Rochdale, by Mr. Buckley	5	0	0
Alton, by Mr. Burnet	2	0	0
Buckinghamshire, by Mr. Pickess	14	0	0
Tiverton, by Mr. Coward	6	4	0
Mr. Shirreff, Deptford	5	5	0
Newark, by Mr. Croft	4	4	0
Mr. Iliff, Newington	2	2	0
Mr. Miles, Charterhouse Square	3	3	0
*The Editor of "The Medical Times"	5	5	0

* This announcement was received with great applause.

Northampton, by Mr. Terry	1	10	0
Mr. Jerrard, Honiton	2	2	0
Mr. Soley, Windsor	2	0	0
Donations from Individuals	44	6	0

The accounts of the association have been audited, and the auditors' resort will be laid before the meeting as a supplement to the report of the committee.

In consequence of the numerous committee and sub-committee meetings which the rapid increase of the general business of the association rendered necessary, it was found that the proprietor of the Hanover Square Rooms would be unable to afford sufficient accommodation during several months of the year, in which the rooms were engaged for other purposes. The stability of the association being no longer doubtful, and the greater part of the house, No. 294, Regent-street, being available upon fair terms, your committee deemed it advisable to engage those premises at a yearly rental of £170, with the proviso, that should the association deem it expedient to make any change of locality, the committee are at liberty to cancel the agreement at the expiration of six months, on paying the rent due, and a fine of £20.

The committee have the most heartfelt pleasure in stating they are firmly of opinion, that the long agitation of our essentially peaceful Profession will speedily be brought to a satisfactory termination, and that the just and liberal views expressed by Sir James Graham in the House of Commons, on the 25th of February, in respect to the General Practitioners—a class created by the public for its own necessities and welfare—will ultimately prevail. They have every reason to believe that the Right Honorable gentleman's determination to maintain their honor, their station, and their attainments, has been fortified—and after hearing the several pleadings of all the different interests involved, these interests will be settled equitably and justly, as respects each other, and for the good of the profession and of the public. They are convinced that Sir James Graham, who holds so distinguished a position in the country, is not only satisfied with the correctness of the views, but is fully determined to adopt them as his ultimate policy.

Finally the committee beg to remind the meeting, that in so large an aggregate of intelligent men as the association comprises, it would be unreasonable to expect perfect unanimity. Varieties and shades of opinion must arise. Where differences exist all and every one cannot expect that their particular views will prevail. Moreover, we, the National Association, however numerous and influential, have not the settlement of these differences. We have to deal with a minister of the Crown; that minister has again to deal with the parties representing the various contending interests. He cannot negotiate with large bodies, and it is incumbent on you to give a discretionary power to those in whom you place confidence. Your committee are aware that by the resolution of March 14th, such a power is in their hands,—but they deemed it right again to defer to you, before taking any final step. It will be their duty to carry out your views, and particularly those of the majority, as far as possible, on points of detail, and in the exercise of their best judgment to accept or reject the measure which the Government may at last determine upon. On principles we all stand together—there is no difference of opinion. We are all in favour of a Representative Government. We hold that every member of the new Incorporation, who does not by his own misconduct disqualify himself, should be eligible to the different offices of honourable distinction. That as a class we ought to possess the control over the education of our own members, that the course of education ought to comprise all that is necessary, to qualify for the practice of medicine, surgery, and midwifery, and that being the medical attendants of more than nine-tenths of the community, we ought to be able to hold medical and surgical appointments, at the option of the public. We hold that every qualified member should be alike entitled to the franchise, and to seats on the Governing Council, and that the highest post of honour in the gift of the members, should be looked forward to as the reward of the most distinguished merit.

An institution in this kingdom, founded upon these principles, would develope energies in our profession hitherto unthought of, would lead to an accumulation of scientific and practical knowledge beyond any parallel—would be of unbounded utility to the community, and would promote the welfare of the human race.

On the conclusion of the reading of the report, it was greeted with reiterated applause.

ABSTRACT OF THE AUDITORS' REPORT.*

1845 May 3rd.—To cash received by the treasurer	£1459	14	8
— By cash paid	633	18	9
— Balance in treasurer's hands ..	825	15	11

Audited and approved May 3, 1845,

P. Hood,
John Miles,
Ebenezer Smith.

Mr. Jones, of Ross, in proposing the first resolution, to the effect "That the report just read be received and adopted," expressed the great pleasure he felt at the enthusiasm which had been shewn by the members of the association.

Mr. Barnes, of Notting Hill, seconded the resolution, and complimented the secretaries on the talent displayed in drawing up the report.

Mr. Webb, of Marylebone, supported the report, the reading of which had given him great satisfaction; and he was very glad to find that every thing was going on in the right course. He (Mr. Webb) was the first man, at a public meeting, in September last, to speak in favour of the incorporation of the general practitioners, and he then said that it would certainly be obtained, if it were sought for steadily and perseveringly. He was happy to find that he had been a true prophet. With respect to the schedules which had been sent to the members to obtain their opinions on the question of franchise, he had voted for unrestricted qualification, as he thought that there were faults attributable to age as well as to youth; but as the majority had decided for a limited restriction, he should support their decision, on the principle that the will of the majority, in such cases, shou'd be the law. He considered that the opinions of the profession might be obtained with respect to the election of provincial members on the committee, by the transmission of voting papers to all the country members. The returns thus made would enable them to ascertain the feelings of the association, on that question.

Mr. Hillier rose, but seeing the wish of the meeting for Mr. Hawes to address them, he gave way, and

Mr. Hawes, M.P., then presented himself, and was received with loud and protracted cheering. He assured the members that he had no wish to intrude himself on the meeting, and had, indeed, great reluctance to take any prominent part in their proceedings at all. At first, he had not had any intention to attend the meeting, but as he had not any parliamentary duties to perform that night, he had looked in, in order that he might be able personally to ascertain the feelings of the profession. He had no idea that any allusion would have been made to him in the report; otherwise he would not have been present. There was another gentleman—the hon. member for Finsbury—who had an extensive acquaintance with the subject, and with whom he had acted for years in seeking to uphold the rights and privileges of the general practitioners, and he trusted, that now they had advanced to the position they at present occupied, there would not be any difference of opinion between them, and that they would act together with perfect cordiality. The general practitioners had been actually forced to seek for a charter of incorporation. If there had ever been any who had thought such a step one of doubtful policy, that doubt, he thought must now be removed, since the college had not shewn the slightest inclination to co-operate with them. He would not use the word "repudiate," because he did not wish to say anything to the injury of that learned body; and he was sure, that as the general practitioners were now about to obtain a charter of incorporation of their own, that they would look back upon the past with forbearance and kindly feeling. This is a very important period for general practitioners, and every thing depends on union. There should be no desire on their part to act with hostility to either the College of Physicians, or of Surgeons; they should content themselves with obtaining their own rights and privileges, as their charter of incorporation would secure a good education and a just examination for future candidates, and would prove a bond of union between them when in practice. He believed that no one could object to this. When he first heard of the intended separation, he must confess, that his wish had been to effect their reunion with the College of Surgeons; but from the position taken by that institution, he was now of opinion that nothing remained for them but to have a charter of incorporation for themselves. Mr. Hawes then eulogised the report which had just been read, as it showed, he said, the desire of the committee to act in accordance with the views of the majority of the members. With respect to details, they should be left to the committee to arrange, in whom every confidence should be placed. The charter, which would do all for them that a charter possibly could do, was about to be granted; but if any indication of disunion, or distrust, were manifested by the association, it might prove an obstacle to its being granted. Mr. Hawes then disclaimed having voluntarily sought to be placed in the position which he occupied with respect to the association, and hoped that he and his friend, the member for Finsbury, would still act together with unanimity; and if any difficulty arose between the Government and the committee of the association, would act together for its removal. He himself would not withhold either labour or interest, for their advantage; and he again strongly urged unanimity of feeling, without which they could not gain that position in the profession, which they sought, while it was of equal importance that their opponents out of doors should not derive any advantage from their disunion. He could have wished there should have been perfect unanimity, but that he knew was an impossibility; still he felt assured that there was not any gentleman present who had not the welfare of the profession at heart. On so important an occasion it was necessary that every one should put his shoulder to the wheel, and endeavour to obtain a liberal and comprehensive charter of incorporation. When the charter was obtained, he trusted the council would take a lesson from existing corporations, and seek to render it useful by obtaining the confidence and respect of their members. (Continued cheering.)

Mr. Hillier said he had risen previously to express his wish that the charter of the college could yet be altered in favour of the members, and that he had had reason to believe that some legislative measure would be enacted to compel the college to modify the charter; but he now stood boldly forward to say, with Mr. Wakley in the house, after what had been stated by Mr. Hawes, that he now held out the flag of truce (loud cheers). The honourable member for Finsbury had said that the college would be compelled to repair the injury they had done; but when he now heard confirmed by Mr. Hawes, what he had learned previously from others—that no hope remained—he thought it would be madness not to form a new incorporation. He approved of the proceedings of the committee, and believed that faction was now disarmed; if it were not so, he ceased to be a member of that faction (great cheering). He hoped to see the member for Finsbury co-operate with the member for Lambeth in obtaining their rights and privileges. It was not their business to dictate to the Minister what to do, but to tell him what they wished to have done, and then leave the legislature to do the rest. A more able report than that which had issued from the committee he had never heard, and he was assured that none but honourable measures were intended to emanate from them. If Mr. Wakley addressed them, he (Mr. Hillier) was quite certain that he would do so in the spirit of conciliation, as he (Mr. H.) believed that

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* Since the above report was made, upwards of £115 have been received by the treasurers, including ten guineas from the South Gloucestershire Association, and £34 from the Finsbury Association.

his heart was in the right place. He concluded by warmly supporting the resolution (cheers).

Mr. Wakley regretted that Mr. Hawes had left, which he considered unfortunate, as his object had been to ascertain the feelings of the profession, and yet he had left before any of the questions which were to come before the meeting had been fully discussed. He was quite sure, from the tone of the meeting, that whatever difference of opinion might arise, that those questions would be discussed with gentlemanly feeling. As a very old medical reformer, he trusted that he would be allowed to express his opinions with freedom—he could not act so cowardly as to do otherwise. He had fought the battles of the general practitioners for years, through good and bad report, and he had now the satisfaction to see them occupying the position which it had been his highest ambition to see them hold. They were now able to fight their own battles. Among so many thousands, a difference of opinion must naturally arise; but it did not thence follow that there was a want of integrity on either side. He had differed in opinion with the committee, and had condemned their proceedings, and he here, in perfect good humour, repeated that condemnation, believing that the course they had pursued was calculated to damage the cause;—nevertheless, they might be right and he wrong; but acting, as he did, on the part of 20,000 practitioners (loud cries of no, no), it was allowable for him to express such opinions. One ground of complaint against them was the secrecy with which they transacted their business, and their refusal to sit with open doors (ironical cheers, laughter, and hisses). Did he condemn their proceedings with the view to do them injury? (yes, yes.) He had no desire, however, to rake up old grievances, but was content to let by gones be by-gones, clinging to the good, and taking warning by the evil for the future. His friend who had just addressed them, had expressed his belief that his (Mr. W.'s) heart was in the right place. He hoped it was, and his head too, but he thought that Mr. Hillier had lost his. He (Mr. Wakley) thought that they should still seek to conquer the council of the college, and not be driven from their own portals. In the report it was stated that such hope was given up. (Yes, yes.) A surgeon is a perfect practitioner. (No, no.) He did not mean a paltry pure, but a properly educated surgeon, one who would not fear examination before any board, one who could be called a qualified man, and was prepared to practice his profession in every field of medical science. Such a man he called a surgeon. He had sought to obtain a committee on the subject, but there was not any House, or else he would then have been debating the question on the floor of the House of Commons. The minister had done them injustice, to which they should not submit; nor be driven from their own college. The College of Surgeons had a most splendid library—(what of that?)—and a most magnificent museum, and there they should be located. He would fight for that, even if he fought alone; and if every effort failed, then he would join to obtain the charter of incorporation for the general practitioners, and would build their college on the ruins of the other. His communications with the members of the association led him to believe that they were in favour of reunion with the College of Surgeons. (No, no.) Their efforts for the last twenty years had been directed to diminish, not to increase the number of medical corporations, and that they should receive their diplomas from one institution only. He denied the right of the legislature to affix the brand of inferiority on any man who courted inquiry into his qualifications, and inquired what right the college had to institute the new grade of fellows? They were sure to succeed in regaining the college, if they were determined to do so; all that is requisite is, unanimity and determination. Never were there any public men whose conduct in the discharge of their public duties, was so bad as that of the council of the College of Surgeons. They had sworn to uphold the dignity and respectability of the profession, but the answer they had sent the association was full of arrogance and empty boasting. It was indeed the best thing they could do next to receiving them with open arms, because it showed the feeling of animosity by which they were governed, and also showed the association its true position. Look to the manner in which the charter had been obtained, and he would then ask if men in possession of common sense would submit to be thus deprived of their rights and privileges. He then referred to the meeting of the profession in 1826 at Freemasons' Hall, reiterated his condemnation of Mr. Lawrence, until he was stopped by continued cries of "question, question." They should not adopt the report suddenly; those who mean honestly, do not object to deliberation. They had been petitioning for medical reform, and the representative principle in government up to 1843, and then came the charter of the college, granted without any previous attempt having been made to get the suffrages of the commonalty. It was obtained sneakingly, and by back-stairs influence. It gave the council power to elect fellows, and they had chosen their own sycophants and dependants, and a precious set of fellows they were. They have whipped and castigated the members, who now turn round, and say, "Thank you, gentlemen, we will run away, and give you no more annoyance." Instead of submitting thus, however, they should demand, with one voice, that the General Practitioners be incorporated in the college of Surgeons. He had been anxious to learn on what terms the new charter would be granted, but had not succeeded: he had been given to understand, however, that there would not be inferiority of privilege; but what position would they occupy, unless, like the Apothecaries' Company, they possessed the exclusive privilege of compelling all to come before their board. Mr Wakley then referred to the operation of the Medical Bill, as at present framed, by which the licentiate of medicine and surgery was to be examined by the colleges of Physicians and Surgeons; and he was desirous to know if the College of Surgeons remained, and possessed equal privileges with them, who would seek their diploma?—Students hitherto had no remedy, but were compelled to go to Apothecaries' Hall; but if by law they had the choice, and could go to the College of Surgeons, which of them would pour their fees into their funds? (Cries of "All! all!") The council of the college were anxious they should obtain their charter—("No, no!")—at least they did not oppose it; and if they could agree with the minister in the reservation of their exclusive privileges, their friendship was but hollow, and they were acting the part of traitors. He wanted, therefore, to know whether they were to have any exclusive privilege, as if they were to fail, after all, it would give their enemies an additional triumph over them. He would again enquire what need was there of a new incorporation, if they could make the council repair the injury it had done, which they would obtain, if they were but duly organized. Their committee did not number any members from the country, as it should do. It was not necessary that those gentlemen should leave their practice to attend the meetings; they might nominate some one in town, whose opinions were known, as their representatives (loud laughter). At present they were not a representative body; they were quite at sea. (Loud cries of "No, no!" hisses, and exceeding clamour.) He was delighted with that part of the report which recommended the election of some members from the provinces on the committee. He believed the country practitioners were almost to a man, including even the licentiates of the Apothecaries' Company, in favour of a reunion with the College of Surgeons. (Cries of "No, no!")—"Question!"—"Time!" &c.) He hoped it would not be required that the report be adopted at once. In the first place, these meetings should be repeated every week.—(Loud laughter, ironical cheering.) Is it then too much to ask the members to come here once a week, to watch over the proceedings in another place, where they want the stimulus of such meetings to correct them when wrong, and to spur them on by their approbation when they are in the right? Four or five such meetings would be sufficient; and he did not think it was asking too much when an important bill, so materially affecting the interests of the profession, was pending.—(Laughter, hisses, and partial cheers.)

Mr. Clifton rose, with some hesitation, to address them after the display made by their friend—(he trusted he was right in using that word)—the member for Finsbury. He was with him to a great extent, in saying that, as a body of medical men, they had been most grossly treated by that college, to which they had looked up for support and honour: so far he agreed with him; but he thought that he (Mr. Wakley) had travelled beyond the ordinary usage of public meetings, and had used arguments which, although good and cogent, were unfortunately not applicable to their present state. He (Mr. Clifton) then read a resolution, passed at the first meeting in these rooms, constituting the association for the purpose of obtaining a charter of incorporation for general practitioners—(cheers), and for taking such other steps as may be deemed necessary. Such was the original constitution of the committee, and there was not a word said about the College of Surgeons in that resolution.—(Interruption and cheers.) At the last meeting, the power of the committee had been confirmed, with that express object in view; and it was therefore evident that the greater part of Mr. Wakley's remarks were irrelevant.

At this part of Mr. Clifton's speech there was considerable interruption, and Mr. Hodson Rugg rose and attempted to address the chair, but such was the marked dislike evinced towards him by the meeting, that in spite of Mr. Wakley's appeal in his behalf, he could not get a hearing. The disturbance continued for nearly half an hour, Mr. Rugg obstinately persisting in attempting to address the chair, until at last, after renewed calls for his expulsion, the venerable President was forced to intimate, through Dr. Webster, that if he (Mr. Rugg) continued to interrupt the business of the Association, he should order his removal. Silence having been obtained by this threat,

Mr. Clifton resumed, and observed that the committee had been charged with the performance of a certain duty, and were not directed to hold any communication with the College of Surgeons, which they had done only at the express desire of Sir James Graham, who, at their first interview, had stated that the only impediment to granting them a charter of incorporation consisted in their separation from the college. They had felt it necessary to take that step in deference to Sir James Graham's opinion, and also the better to carry out the resolution, that they were to take every requisite step to obtain the new charter of incorporation, but the answer of the college to their communication left no hope of reconciliation either in the minds of the committee, or of Sir James Graham himself. There was therefore no alternative but to press onwards, and obtain that charter which alone could place them in the position they ought to hold. They were now within reach of that object which he believed was desired by the great majority of their members. They had letters in their possession, which shewed that the feeling throughout the country, was in favour, not of a reunion with the College of Surgeons, but of a distinct and separate charter of incorporation (cheers). He would assert this without fear of contradiction, and the letters which had been received by the committee from all parts of the country, confirmed his statement. He had little else to add, except that he agreed with the Member for Finsbury, that there was little to be said in favour of the College of Surgeons: they have much to complain of, and cannot get redress, save by taking an independent position in the profession, when the experience already obtained will guide the committee in the direction of the studies and examination of the future candidates, and will enable them to raise the position of the future General Practitioner far above any competition with any other body; and then there will be no other competition but as to who shall best perform the high and important duties thus assigned them. Let them obtain that position of rivalry, and there will not be any reason to fear the result. Mr. Clifton then spoke of the zeal and assiduity of the committee in carrying out the objects committed to their charge—referred to the letter that had appeared in the *Lancet*, purporting to come from a member of the committee, and completely disclaimed by them, and finally

characterized the abuse and vituperation lavished on them, as utterly unjustifiable (loud cheers).

Mr. Sparkes observed that the question before the meeting referred to the adoption of the report of the committee. A matter of so much importance, and affecting so much the interests of the profession as that report, was deserving of grave and serious consideration; and it should be discussed with firmness. He, (Mr. Sparkes) had been pleased to hear Mr. Hillier, formerly an opponent, who in the most candid and generous manner had approved the report, and given in his adhesion to the propositions now entertained. The member for Finsbury had had a very fair hearing given him, and he hoped he would always get as fair a hearing in the House, (cheers and laughter.) He, (Mr. Sparkes) did not think the College of Surgeons was a body calculated to send forth medical practitioners capable of attending to the bodily welfare of the public, and he asked what had been the utility of the Society of Apothecaries; eminently conducive to the honour, dignity, and utility of the profession, and he thence deduced the necessity of a third estate—the new incorporation; in fact that the profession should be tripartite. He did not wish it should go forth that the general practitioner was still willing to coalesce with the College of Surgeons. In the new institution, the council would have to regulate the education of candidates and their subsequent examination, and watch over the general conduct of their members afterwards, so that there then would be no fear of the charge against their members of being 'vendors of nostrums, felons, professional paupers, or writers of indecent advertisements'! (cheers and great applause.) In the present instance, he (Mr. Sparkes) thought the Member for Finsbury to be in a minority of sound reasoning, and he begged cordially to support the report of the committee.

Mr. Burrows, of Brighton, said that he attended the meeting as a deputation from the medical men of Brighton, and had much pleasure in saying that he was authorised to give the most cordial approbation of the past, and support for the future. When he first sought to establish a branch of the association at Brighton, every medical man he called upon said, "Oh! but you will break up the College of Surgeons; don't do that!" But now, ever since the reply of the college to the profession, they felt that there was nothing left them but to found a new college of their own. He then expressed the pleasure he had experienced at Mr. Hillier's speech, and hoped that all would be unanimous in furthering the interests of the profession.

Mr. Streeter observed, that in holding up his hand for the adoption of the report, he did not waive any moral or legal right he had obtained at the College of Surgeons (certainly not). He should support the report most cordially, for he believed the time had now come when the general practitioner must have a college of his own. He regarded him as being the oldest medical practitioner in this country, and was firmly of opinion that, by the common law of the land, he was entitled to practice medicine and surgery, notwithstanding any privileges possessed by the barber surgeons. Although he was now heart and hand in seeking for the new charter, he had not taken that step without mature deliberation. The present was not the time for taking up the quarrel with the College of Surgeons, but he was not inclined to let it drop unnoticed (no, no). Believing that the Crown can do no wrong, and that the Minister had been grossly imposed upon, he thought the charter was voidable; on that point, however, he would not speak farther then. Mr. Streeter concluded by stating that he conscientiously supported the report of the committee.

Mr. Gray proposed, and Mr. James seconded, an amendment to the following effect:—That the consideration of the report be adjourned till Thursday week!

Dr. Webster had been unexpectedly called upon to say a few words in the character of a conciliator. He had heard the speeches of Messrs. Hawes and Hillier with great pleasure, and trusted that Mr. Wakley would re-consider his opinion respecting the College of Surgeons, and put his shoulders to the wheel to obtain, in the mean while, the charter of incorporation for the general practitioners. They should get this, if it were only as a means to enable them to fight the college on more equal terms; and he agreed with Mr. Streeter, that in obtaining the new charter they did not abandon any privileges previously acquired. With regard to the charge of secret committees, it was incorrect; their proceedings were published in the medical journals, and afterwards in their own transactions, when they were not fairly represented in those journals. Everything that occurred was published, and he asked how could business be carried on if they had such meetings as that every day (loud cheers). He would appeal to the member himself, and ask what kind of deliberative body it would make. There must be an executive possessing the confidence of their constituents, and the power to carry out their objects. He urged the association not to refuse the boon that was offered them because they could not get all they wanted. They were within an ace of obtaining that which would raise them in position, and in general estimation. He set out as a medical reformer with the one faculty system, and he believed, if this charter was obtained, that he should live to see the profession incorporated into one great faculty.

Mr. Cooper hoped that by a few words he might be able to pour a little oil on the waters of contention. He recommended Mr. Wakley to persevere in endeavouring to force open the portals of the college, and he was sure the members would gladly avail themselves of his services; but, from what he had heard, and especially as Sir James Graham, with a majority in the house, had refused to interfere, he was not sanguine of success; if he failed in this, he might then try to obtain the new charter. He expressed himself as better satisfied with the proceedings of the council, than he had expected to be when he entered the room.

Mr. Ancell having previously given notice that none but members should vote, the amendment proposed by Mr. Gray, and seconded by Mr. James, was put *seriatim*, when fourteen hands were held up in its favour, and eight hundred against it.

The original motion was then put, and carried by acclamation.

Mr. Wakley then, in a speech which was interrupted by the most tremendous uproar, proposed—

"That it is the decided opinion of this meeting, that the general practitioners of England and Wales should be invested with the power of electing the council of the College of Surgeons, and that the exertions of this meeting be directed to the accomplishment of that object."

Mr. Rugg seconded the resolution amidst exceeding disturbance.

Mr. Headland said he was about to propose a resolution as a substantive motion, but he should now propose it as an amendment to Mr. Wakley's resolution. It was to the following effect:—

"That, in order to secure the more effectual cooperation of the provincial members in carrying out the ultimate objects of the association, the committee be empowered to add to its numbers, members residing above ten miles from the Royal Exchange who are general practitioners."

If this amendment be carried, it will then be necessary to ascertain the speediest way of learning the feelings of the provincial general practitioners, with respect to their representation. He had no doubt, in his own mind, that they were in favour of the new incorporation. There were among them as able surgeons as were to be found in this country, and he believed that if eventually they obtained the charter of incorporation, they would be able to send forth as good surgeons as the existing college.

Mr. Davis, of Hampstead, reluctantly came forward, but passing events had forced him to do so. He then referred to his own career as an army surgeon and country practitioner. He said that formerly he held the rank of a surgeon—it was now difficult to say what rank he held. He had in his possession two diplomas from the College of Surgeons, one granted in 1800, certifying his qualification as an army surgeon, and the other granted in 1813, certifying that he was qualified to practice as a surgeon anywhere, and yet now the council declare him to be fit for common exigencies only. Mr. Davis seconded the amendment.

Mr. Crooke drew attention to the attempt made by Mr. Wakley to destroy the proposition which had been just carried by a side-wind. The object of that proposition was to receive and condemn or approve the report of the committee. It had been approved of by a large majority, and Mr. Wakley afterwards attempted to defeat it, by proposing a resolution, which went directly counter to its especial objects, and he said that the gentlemen present were called on by the member for Finsbury to stultify their previous vote. He wished to hear discussion, that he might be able to say to the House of Commons, "See how divided they are!" (great applause).

Mr. Wakley attempted to deny that he sought to counteract the effect of the previous resolution by a side-wind; but the feeling of the meeting was so strongly against him, and was so forcibly expressed, as to render him nearly inaudible. He remarked that the difficulties that had arisen were caused by the want of bye-laws (continued hissing)—he had not understood that their object was a new incorporation (oh, oh!).

Mr. Ancell, in a well-timed and lucid address, showed that the resolution proposed by Mr. Wakley could only be put as a matter of courtesy, as it was totally at variance with the report, on which alone resolutions could be based. The association was instituted originally to obtain a Charter of Incorporation of General Practitioners, and they could not legitimately entertain the proposition just submitted. As an act of courtesy, however, and under that protest, it would be put.

Mr. Wakley said, that if Mr. Ancell's views were correct, he had been labouring under a mistake. He had thought the committee had the power to endeavour to replace the members in their proper place in their own college. As it was otherwise, he would beg to withdraw his resolution (applause) but still he could not concur in their determination, which he believed would cause great dissatisfaction throughout the country, (no.)

The amendment of Mr. Headland was then put as the original resolution, and carried unanimously.

Mr. Daniels, of Ramsgate, then proposed the next resolution, as follows:—

"That the return of the opinions of the members of this association being unequivocally in favour of a five years franchise, and also unequivocally in favour of a fifteen years qualification for a seat on the council, it be an instruction from this meeting to the committee to use its best efforts to secure these conditions in the new charter."

Mr. Warner of Cirencester was glad at being able to congratulate the members on being so near obtaining their objects. As far as his experience of the committee went, it was anything but close; the country members were invited to attend, and he believed that nothing occurred which was not published. Although an old reformer, he had not joined any association, until he was led to enrol himself in the National Association, by some very cogent reasons which he found in the *Lancet*, urging the co-operation of all General Practitioners to obtain a charter of incorporation (laughter, and cries of 'that's a fact'). He then seconded the resolution, which was carried with two dissentient voices.

Mr. Fuller said that a most pleasant duty had been allotted him—that of proposing a vote of thanks to the Society of Apothecaries, for their liberal conduct towards the association. There was no man present but had heard of liberality and liberal sentiments; but here were liberal actions. These gentlemen were in the possession of power which they had used well, and which they now freely gave up for the benefit of the profession. This was an act to be proud of, as it added dignity to human nature. Mr. Fuller then read the resolution as follows:—

"That the thanks of this meeting are justly due, and are hereby given, to the Worshipful the Society of Apothecaries, for the liberal, consistent, and judicious conduct which has characterized their proceedings in the negociations with the association and with the Government, up to the present moment."

Mr. Squibb had much pleasure in seconding the resolution proposed by Mr. Fuller; and he did so the more readily, because, in these days, such in-

stances of corporate self-denial are of rare occurrence. Their conduct, on this occasion, stood in bold relief with that of the College of Surgeons.

Carried unanimously.

Dr. Cooke briefly proposed, and Mr. Yorke seconded the motion.

"That the thanks of the meeting be given to the editors of the *Times*, *Morning Chronicle*, and the other public Journals, which have so ably advocated the interests of the medical profession."

Mr. Cooper then moved a vote of thanks to the gentlemen comprising the committee, and mentioned, as reasons for placing confidence in them, the admirable report which had been read that evening, and their selection of Mr. Hawes, as their parliamentary advocate. He trusted that when the charter was obtained, their efforts would be directed to prove to the government and the public that they were deserving of the powers confided to them.

The resolution was as follows :—

"That the meeting hereby expresses its cordial thanks to the committee for their unwearied exertions on behalf of the great body of general practitioners, and its unqualified confidence in all their proceedings."

Mr. Hillier seconded the resolution, which was carried unanimously, and greeted with three cheers.

Mr. Randall then, in eulogistic but well-merited terms of praise, proposed a vote of thanks to the secretaries, in the following terms :—

"That this meeting desires to express its cordial thanks to the honorary secretaries, for their arduous, valuable, and disinterested labours."

Messrs. O'Connor, Clifton, Propert, and Bowling concurred in speaking in the highest terms, of the energy, zeal, and untiring assiduity of the secretaries; and stated that the position now acquired by the Association was mainly due to their exertions.

The resolution was then put and carried by acclamation; it was received, as was also the succeeding resolution, with three cheers, and one cheer more.

Mr. Sparkes then proposed the last resolution, which was seconded by Mr. Wooldridge, Southampton, and carried unanimously :—

"That the thanks of this meeting are hereby given to our venerable and highly respected chairman, for the benefits conferred on the association by his presidency over it, and especially for his conduct in the chair on the present occasion."

THE GOVERNMENT BILL.
IMPORTANT ALTERATIONS.

Sir J. Graham, in moving that the Physic and Surgery Bill be committed, observed that his object was to introduce into it some very important alterations. On a former occasion he had expressed a desire to adjust the differences then existing between the great body of general practitioners, and the governing body of the College of Surgeons. He was sorry now to inform the house that he was afraid that those two bodies were irreconcileable. The College of Surgeons was in possession of a charter, giving them great privileges, great property, large powers, and high character. The general practitioners were a powerful body, and he believed that if you were to give them the power of returning members to represent them in the College of Surgeons, the representative power would soon reflect the character of the constituent body, and become the governing power of the college. Though he might incur censure for the declaration, he must say that he could not conceive the occurrence of any greater misfortune to the medical world, or to the British community, than that degradation of the science which would take place, if the College of Surgeons were to be transferred to Apothecaries'-hall; and he was afraid that if the 12,000 or 14,000 general practitioners were each to have a voice in the choice of the governing body of the College of Surgeons, they would displace the pure surgeons from it, and would convert it into an Apothecaries-hall. On the other hand, he confessed that it did appear to him, that although the objections of the general practitioners to the College of Surgeons and to the College of Physicians might not be well-founded, certain precautions which they desired ought to be taken. They stated that the physicians and surgeons had an interest in degrading the general practitioners, because when the level of the general practitioners was reduced, the condition of the physicians and surgeons would be exalted. Having thus said that some precautions should be taken on this point, and that the differences between the physicians and surgeons on the one hand, and the general practitioners on the other, were irreconcileable, *he concluded that it was indispensably necessary to incorporate the body of general practitioners*. Such an incorporation, while allowing students to hold during their studies, connection with the two other colleges, would afford him great facility in the attainment of an object to which he attached great importance, namely, that the entrance into the profession should be through one portal alone, whatever might be the department to which the student might afterwards devote himself. *He proposed that in all cases the student in medicine should undergo examination by one board, consisting of six surgeons and six physicians, or of such others as may be suggested, that the curriculum of study shall be controlled by it, and that the standard of competence should be common to all.* He likewise proposed that there should be *three distinct incorporations, one of physicians, one of surgeons, and another of general practitioners.* He proposed, in order to raise the character of General Practitioners, that *no person should be examined as such, until he attained the age of* 22 *years.* He then proposed that the College of Physicians and the College of Surgeons should form a joint board of examiners. The candidate for the profession would have to appear before a board of six physicians and of six surgeons, to be appointed by each of the colleges respectively. In conjunction with the Council of Health, this board of examiners should have power to examine and decide upon the merits of the different candidates who came before them. He then proposed that the College of General Practitioners should appoint another board of examiners, consisting exclusively of general practitioners, and that, if a student wished to be a general practitioner, he should go before the board of general practitioners for examination after the board of physicians and of surgeons had granted him a *liceat*. As to those students who wished to practise as surgeons and physicians, he proposed that they should go before the same joint board of surgeons and physicians, when they had attained the age of twenty-six years, but that those who wished to be surgeons should be previously examined by a board of surgeons, and those who wished to be physicians by a board of physicians. He had not come to the decision of incorporating a college of general practitioners without the concurrence of the apothecaries' company, which in the most handsome manner had declared its willingness to surrender all its existing powers. There would therefore be only three medical societies in England and Wales. In the bill which he now sought to amend, he proposed to repeal the Apothecaries Act, and by that measure to put an end to the five years' apprenticeship, which he considered derogatory to a liberal profession. He would retain the power of prosecution given by the Apothecaries' Act of 1815, and would transfer it intact to the new college of general practitioners. He proposed to make some alteration in the constitution of the College of Health. Some persons were of opinion that the elective power, by which some of its members were chosen, should be changed, and that the power of nomination should be transferred to the Crown, under certain restrictions. He did not intend to propose any such alteration, but would leave it to the house to make it in committee if it so thought fit. He adhered, however, to the principles of the bill as it then stood. He proposed that two general practitioners, chosen by the council of that college, should be members of the Council of Health. He also thought that the University of London should be represented in that council, and he wished to introduce a clause constituting the Chancellor and Vice-Chancellor of that university members of it. He then alluded to the exempting clause in his present bill with respect to the Universities of Oxford and Cambridge. He was happy to say that an arrangement had been made between the College of Physicians and those two learned bodies, by which, though the exempting clause would still be retained in the bill, it would be rendered inoperative. The agreement between the Universities of Oxford and Cambridge and the College of Physicians is this, that after a party shall have graduated in medicine, and obtained the degree of Doctor in either of those universities, he shall, if he think fit (and the temptation is great to induce him to think fit), come up to the College of Physicians for examination, which, on obtaining their diploma, will open metropolitan practice to him; and at that examination assessors from the universities are to be present, and to take part in it. (hear.) He proposed to omit clause twenty-eight, and to leave to public opinion, and to all public institutions, the power of deciding what class of practitioners shall be eligible for their medical offices. He would change the "inceptors" into licentiates, and having secured by the Council of Health a *strict* examination by the Colleges and high competency of attainment, he would make such changes that the residence at an University should be effectual. The question of intra-urban and extra-urban licentiates, he would discuss in committee on the Collegiate Bill; but before doing so, he would take care to lay before Parliament, copies of all the new charters. The registration should acknowledge existing rights, but give no additional one to the different classes of physicians. The simulation of medical titles should be, as before proposed, a misdemeanour; and no one but a physician should use the appellation "*Doctor*." He proposed then to go into committee *pro forma*, to immediately reprint the Bill, and postpone the committee to the middle of June, when the charters should also be proceeded with. Immediately after, or, if possible, before, he would lay on the table the charter of the *new* incorporation. Thus the whole measure would be before the profession, and the country would have time to fully consider it. If he failed in his present amended proposals, he should despair of any arrangement; but he had the strongest hopes of support in carrying out intentions to promote the public welfare, and increase the harmony and dignity of a most meritorious profession. Sir James Graham further stated, that in his new charter to general practitioners, the council should have forty-eight members; that the qualification for being on it should be fifteen years medical practice; that the elective power should be in the hands of general practitioners of ten years standing; and that the first councillors should be both M.R.C.S. and L.A.C.

Mr. Hawes approved generally of the Bill, and anticipated its success. Clauses 22, 23, and 26, would require consideration. He felt there was no danger in making the M.R.C.S. an elector of his college, but agreed that a reconciliation was hopeless. The numberless letters daily reaching him satisfied him that the measure would be well received.

Mr. Wakley said that he dissented altogether from the concluding statement of his hon. friend the member for Lambeth; and he believed that the alterations which the right hon. baronet had announced would be productive throughout the profession of the greatest possible dissatisfaction (a laugh.) One of the objects of that bill was to repeal the 55th of Geo. III., which prevented gentlemen who had received their medical education in Ireland from practising in this country. But the right hon. baronet meant to transfer the provisions of that act to a new corporation.

Sir J. Graham said—No. Any person who had passed an examination before a college of surgeons or a college of physicians in England, Ireland, or Scotland, would be entitled to practise as a general practitioner throughout the United Kingdom, and no such individual could be prosecuted under the Apothecaries Act.

Mr. Wakley *then would like to know of what value the bill was to be to the general practitioners?* He believed that to them it would be of no value whatever. It was a mockery of a benefit, and nothing more. Why did not the right hon. gentleman

admit the general practitioners to form a portion of that board, which it appeared was to be composed exclusively of members of the College of Surgeons and of the College of Physicians? The fact was that the right hon. gentleman had been acting entirely in compliance with the wishes of the ruling medical bodies in this country; and he had no hesitation in saying that the entire conduct of those ruling bodies towards the general practitioners had been most disgraceful; and yet that conduct was, it appeared, to receive the sanction of the legislature. The college had behaved to its members in the worst possible way. Everybody was complaining of it, and the only remedy was to transfer those gentlemen from their own institution to a second apothecaries hall. He would tell the right hon. baronet that such an arrangement was insulting to the parties in question; and if they tamely submitted to it, they would only show that they were entitled to no respect, and that they could claim no redress. Was the proposed college of general practitioners to be placed on the same footing as the College of Surgeons! No such thing, it was to be inferior in every respect; inferior in position, inferior in privileges, inferior in law. The fact was, that the right hon. baronet had yielded to the suggestions of the two governing medical bodies in this country; and then he had stated that the arrangement he had entered into was in conformity with the wishes of all parties.

Sir J. Graham—Including the general practitioners.

Mr. Wakley continued—Including the committee of general practitioners. But before that question came on again for discussion in the month of June, he believed that the right honourable gentleman would learn what were the feelings of the great body of the general practitioners upon that subject, and that he would find that they would not readily consent to be permanently denied the privileges which they ought to possess in their own college. He believed that the right hon. gentleman was of opinion that he could not alter the charter of the council even if he were desirous of doing so. But he (Mr. Wakley) was of a different opinion. Corporations should not be multiplied. Medicine and surgery were the same. All surgeons were physicians, and were entitled, therefore, to better treatment. The members should choose their own representatives in the council, and if formed of general practitioners, half the council should be fixed by charter to be pure surgeons. Every member of the council disapproved the last charter—for example, Mr. Guthrie. A college of general practitioners would not be respected. Every village and town had its Brodie; and thus the general practitioners in this country were the first medical body in the world, and for those Sir J. Graham was about to make, as he confessed, a new apothecaries hall.

Sir J. Graham.—I confessed no such thing.

Mr. Wakley would ask whether the right hon. gentleman would assent to have a committee appointed to inquire into the state of the College of Surgeons? ("No, no," from Sir J. Graham.) The right hon. gentleman refused. Well, then, he must admit the facts stated? Sir J. Graham —"I must deny the inference."—A laugh.) There would be no justice in refusing an inquiry.

Sir J. Graham.—There has been an inquiry.

Mr. Wakley.—That was in 1834. More proofs had accumulated since. He hoped the letter from the council to the general practitioners would be printed, without further delay, and laid before Parliament. It ought to have been printed before. Would the right hon. gentleman print it?

Sir J. Graham.—The House prints, not I.

Mr. Wakley believed that when the House was in full possession of information with regard to that college, the right hon. gentleman would not carry his bill; for it would then be apparent that these men ought not to be left in their present anomalous position, and that they should be removed from the degraded situation in which they had been placed by the charter. (Hear.) The memorial, it is said, was not sent by the college, but by the council.

Sir J. Graham.—It bore the Corporation seal.

Mr. Wakley.—But the members were never consulted upon it. Upon no occasion had the council called the members together to consult them upon any one subject. The college had received £400,000 since 1800, and had never established a single medical scholarship until four years ago out of their funds. (Hear, hear.) The whole proceedings of the college were unjust to the members, who, by their own talent and respectability, had most honourably established themselves in society, while from their own institution they received nothing but insult and indignity.

Mr. Warburton observed that—according to the Royal Commission to inquire into the management of the Scotch universities, the professors were considered rather lax in their examination of candidates for medical degrees in Edinburgh, because they were paid by fees, and consequently the more pupils they had the more they got, and therefore the provisions in the twenty-sixth clause, which proposed to constitute a joint board, composed partly by the professors of the university, and partly of the examiners of the college, might be held to give a less efficient check than the two examinations under the existing system. Would the privileges of general practitioners under the new charter be the same as before? (Sir J. Graham.—Yes.) He was friendly to reciprocal rights of practice throughout the country.

Mr. H. Berkely said the Council of the College of Surgeons had disgusted the whole country. Let them take the case of a man who was very well known in the medical profession, who was very generally esteemed, and was a man of great science — Mr. Dermott, a lecturer, who had several pupils under his care, many of whom had arrived at the very height of their profession. Would not the world consider the omission of such a man from being elected a fellow of the College of Surgeons a great slur? There was Mr. Frogley, of Hounslow, a very eminent man also, who had performed as many brilliant operations as their Brodies or their Listons, who had also to complain of the way in which he was treated.

Colonel T. Wood said there was a general discontent prevailing in the profession on account of their unfair exclusion from the honours of the college. He had presented a petition from Mr. Guthrie, who thought that an inquiry ought to take place; and if such an inquiry did take place, the college would, no doubt, be placed upon a footing which would be deemed satisfactory by the whole profession.

The house having gone into committee,

Sir J. Graham said,—the whole principle of the bill was this, that persons who were registered in Scotland or Ireland would have an equal right to practise here as those who were registered in England. He must express his great regret at the injury that had been perhaps inflicted upon some surgeons of undoubted character by the charter; but how was this to be avoided, or where were they to draw the line? It was said that this measure dealt harshly with surgeons in the army and navy. A selection of these gentlemen had been, however, made by Sir James M'Gregor, who was at the head of the army medical staff; and by Sir W. Burnett, who was at the head of the naval medical service. He was bound to say it was not his wish that the selection of councillors from the list of fellows should be made according to seniority. He should have wished to choose the governing body from the whole list, without observing the principle of seniority. It was, however, very much pressed by the council of the college of surgeons that seniority should be the test of qualification, to which he had reluctantly acceded. This arrangement was, no doubt, open to objections; *but he by no means despaired of bringing the council of the College of Surgeons to a sense of the hardship of this inconvenience, and to consent to some change in the charter.* His hon. friend, he was surprised to observe, had objected to one of those provisions which he had introduced as safeguards; he had objected to increasing the term of residence in Edinburgh from one year to two. He (Sir James Graham,) had inserted two years for the very purpose that there should not be that attraction from London to Edinburgh which he apprehended. He had bestowed great attention on this subject, more than on almost any other in the course of his life; he had honestly endeavoured to overcome the extreme difficulty, and, notwithstanding all the predictions of the hon. member for Finsbury, he was convinced this measure would receive the support of the general practitioners. Did not that honourable gentleman pay a visit last night to the general practitioners, and did he not find his views not in accordance with the great majority of general practitioners? (hear, hear, and laughter.) If he, (Sir J. Graham) had not been much misinformed, there was a very stormy meeting last night, more than 300 were assembled, and not above 10 or 12 agreed with the hon. member for Finsbury. The next time the subject was discussed they would be better able to judge what was the feeling of the general practitioner. He believed that the measure now proposed would satisfy the Colleges of Physicians and Surgeons; he had negociated with those who, he believed, represented the general practitioners of England, and if he should happily succeed in pleasing those three bodies, he believed he should have no difficulty in Scotland or Ireland.

Mr. Wakley said he would be contented if others were. He explained the circumstances of the meeting whose objects to his own astonishment he had misunderstood, but he had seen no violence at the meeting, because of his great difference with them. He was for enfranchisement in the college, and so were two-thirds of the meeting. Now, by this measure a person at 22 years of age was declared to be perfectly qualified in every branch of medical science; but at 26 something curious had happened; during the progress of his experience he had lost his medical information, and was only to rank as a surgeon. Was it practicable to carry out such an arrangement? He trusted that the Right Hon. Baronet would see the absurdity of it, and would not adhere to a system so unreasonable.

Sir J. Graham advised the hon. member to reserve his vituperation in regard to the bill, to be sent forward to the public through some other vehicle; it would not have much effect in that house. The hon. member himself admitted that at 22 a young man, undergoing a strict examination, was perfectly qualified to practise; well, after four years practice, and experience in his profession, at the age of 26 he was to be admitted,—after a second examination of a higher character—one of greater strictness—he was to be admitted as a fellow of two colleges, composed of men who have the highest character in the medical world in Europe. Yet this was the plan to which the hon. gentleman applied the vituperative epithets of absurd, patchwork, indefensible, nonsensical. He did not care two rushes for such terms from the hon. gentleman, as he (Sir J. Graham) had learned as well as he that hard words broke no bones.

Mr. Hawes could have brought documentary evidence to shew that Mr. Wakley's disparagement of the National Association was ill founded. Four thousand members unanimously supported that body, and the Bill, with exceptions in detail, would doubtless meet their approval.

Mr. Wakley apologized to Sir James Graham for the abusive epithets he had applied to the Bill; he intended no personal offence.

The Bill had passed through committee *pro forma*, and was reported to the House with some verbal alterations. It will be re-committed on Monday, June 9th.

The Charters' Bill went through the same ceremony, and is to be re-committed also on the 9th of June.

Royal Medical and Chirurgical Society.—The following are the titles of the papers to be read at the meeting of this Society on the 13th inst.:—"Constitutional syphilis in the father, inducing repeated abortions, and subsequent infection of the fœtus born at the full period, the mother remaining wholly free from disease," by William Acton, surgeon to the Islington Dispensary.—"On the Use of Creosote Injections in Camp Dysentery," by T. Branston Wilmot, M.D.

Royal College of Surgeons.—The Jacksonian prize has been adjudged to Edwards Crisp, Esq., of Walworth, for his essay on "The Anatomical Structure and Diseases of the larger Blood Vessels."

No. 295 **SUMMARY.** May 17.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

I yesterday mentioned that in epilepsy attempts had been made to remove the structural disease by trepanning, and we have now to consider what is best to be done besides the measures already mentioned. I have already described the remedies for those particular conditions of the circulation, and the irritations existing in the system which bring the structural disease into operation; and that means should be taken to equalize the circulation of the blood, to diminish the plethora on the one hand, and the state of anemia on the other; and again, in the intermediate class, to prevent the tendency to local determination of blood, which is of habitual occurrence. Coldness of the extremities is a predisposing cause to determination to the head. Yesterday I saw a gentleman who had a violent attack of epilepsy, which was first brought on in connexion with habitual coldness of the feet and occasional violent exertion. I put him on aperients, warmth to the extremities, cold to the head, and various tonic measures to promote the equality of the whole circulation. In other cases a different kind of treatment is required; where there is plethora, the treatment is to be judged of by the condition of the pulse, and the warmth of the various parts indicating bloodletting; and in the opposite state by the extreme coldness of the extremities, in which the treatment should be of the tonic and supporting kind; always endeavouring in these cases to equalize the circulation. The excretions are apt to become defective from irregularity in the circulation, and these require to be assisted by the various remedies used for that purpose. Besides the tonics I have mentioned, metallic tonics are found to be of peculiar efficacy in these cases; the nitrate of silver, the sulphate of copper, and the oxide and sulphate of zinc. These have a good effect in cases where there is much weakness of the system and a tendency to coldness in the extremities. Nitrate of silver may be given in doses of one grain gradually increased up to six grains, three times a day, and this may be continued for six weeks or two months. I have known this treatment to be very efficacious in suspending the attacks. In giving nitrate of silver there is a fear of dyeing the skin black or blue, but it has been lately found out that iodide of potassium will remove that; and Dr. James Johnson says, he has given the remedy for two months at a time without any such effect. It is only where the remedy has been given for above the period of three months that the dyeing effect ensued. No medical man would exhibit it for that length of time, and six weeks at a time is quite long enough; its use being reserved for a future time. The sulphate of copper has been found useful in some cases, but it irritates the stomach. In asthenic and anemic cases, iron in its various preparations has been found signally useful, and perhaps no medicine is so effectual in restoring the condition of the blood, and equalizing the circulation. Iron, however, has a tendency to diminish the secretions, and this renders it necessary to watch its operation. The efficacy of all these things depends on their restoring equality and vigour to the whole circulation. In a few cases it is said that some vegetable tonics have been useful, but they are not by any means to be compared with the metallic ones. Somehow or other metallic tonics very remarkably improve the tone of the vascular system, and diminish the susceptibility of the nervous system, in a way that I cannot explain, but it is a practical fact of great importance. There are, too, antispasmodic remedies that are useful in dispelling the wind, and relaxing the spasmodic affections in connexion with the alimentary canal, but they are of little efficacy as remedial measures. Turpentine may be excepted from these; it is signally useful in some forms of epilepsy, chiefly connected with intestinal disease. Indigo has also been found useful in some cases of epilepsy; it is an empirical remedy, but it acts as a tonic, and may be given in doses of from ten grains up to two scruples, three or four times a day. There are some peculiar cases in which special remedies are found useful. In epilepsy brought on from blows on the head, mercury and iodide of potassium are effectual remedies, and this last remedy has been particularly useful in cases of disease of the sphenoid bone, accompanied by discharge from the nose. In all cases it is proper to use those measures which tend to diminish nervous irritability and susceptibility, or moral and mental excitement. Exercise in the pure air as much as the strength will bear, without its being violent, and the use of the vapour bath are remedies that improve the tone of the circulation.

Catalepsy is to be taken together with epilepsy. In this disease there is a suspension of consciousness, partial or complete, and a suspension of voluntary motion; but the muscles have a certain degree of tonic contractility, so that they can be fixed in any position in which they are placed without change, while the patient remains perfectly still and immobile. This seems to be a sort of paralysis of sensation and of voluntary motion, without a removal of the excito-motory power. When a limb is raised it falls down from want of power, and in whatever position the limbs are placed, they retain a spasmodic rigidity. Catalepsy is met with in hysterical and epileptic subjects, and is known to be produced after very serious moral emotions. The person affected becomes like a statue, or only partially mobile: the eyes open or shut, and the pupil, though contractile, is commonly dilated. The respiration suffers little change, and this condition may last some minutes, or many days; the recovery from the fit is commonly sudden, without any consciousness of what has happened. There is a condition something like this, in which there is loss of power of motion, but still some consciousness is retained; this is a state of trance, in which persons have been supposed to be dead, and have been nearly buried alive. Sometimes persons are seized with an affection resembling catalepsy, in which they sing in ecstasy, and laugh, the body continuing immobile, while the consciousness of thought is wrapped up in one engrossing topic. This partakes more of the character of mental derangement.

Catalepsy and its conditions may result from opposite states, just as epilepsy may; from fulness in the vascular system, after excessive depletion, and in some states, from serious disease of the brain, ending in coma. Generally speaking, little is to be thought of these kind of things in females, as to any serious results. Catalepsy is a kind of thing which some persons simulate; there have been cases of impostors resisting all sorts of trials. A case is recorded of a conscript, who, being anxious to get discharged, so successfully simulated this state that he obtained his object, and was the next day walking about as well as ever. The most successful way of discovering these cases is to try the moral impressions, and observe the state of the pulse, which may be taken as an index of the mind; the pulse is not always under the control of a person, and if he were to hear you prescribe for him, in sober serious language, a red hot iron to be applied to his back or some other sensible part, you would soon see whether he was feigning. Trying whether the person will wink by flashing something before the eyes is another means of detection. It is not a matter of any difficulty to distinguish extreme cases from death. I have never met with an extreme case of this kind, in which the sounds of the heart were not audible. The treatment of catalepsy is on much the same principles as that of epilepsy. In connexion with plethora, bloodletting, or cupping may be used, and cold water dashed on the head and the back of the neck, and in most cases purgatives, croton oil, and turpentine are useful.

Delirium tremens is an affection of the sensorial and motory functions, and is sometimes called the brain fever of drunkards. There are two kinds of this affection, which, practically, it is important to distinguish. It may be phrenitic, accompanied with a flushed face, suffused eye, pulse quick and full, or hard, and the skin hot. It arises from excessive intoxication in persons, not perhaps accustomed to drink to a great amount. It is accompanied by tremor and excitement, and is to be distinguished with regard to the mode of treatment from the other kind of delirium, or the nervous delirium tremens, which is, perhaps, of more common occurrence. This kind of delirium occurs in the more nervous persons; there is pallidity of the face, and the surface is cool, and wanting the flush the other presented; the pulse is often at first slow, and afterwards it becomes quick and rioting. This arises not from temporary intoxication, but from habitual excess. There is a loss of appetite, and the patient dreams much at night, or there is wakefulness, and giddiness, tremor of the hands, gradually coming on; there is depression of spirits, a feeling of weight and oppression, and a peculiar anxiety about his affairs. These are the premonitory symptoms. The second stage is marked by the occurrence of

delirium, and this is manifest, first, by much excitement, and anxiety about something to be done; the temper is very excitable, and distressed; the pulse is quick, frequent, and small, from 100 to 120; the skin is cool, and covered with a clammy, fœtid perspiration, smelling, it is said, like garlic; the tremor becomes very distinct; the evacuations, which were usually very slimy, and dark, and thick, resemble whitish slime; there is restlessness and agitation; the eyes are distended, and move too and fro; the features bear the stamp of suspicion, and sometimes of terror. He speaks of monsters persecuting him; yet when not irritated, he will answer questions, and then relapse into a state of delirium; he will explain his feelings, and his engrossing thoughts. The pupils are commonly contracted, but there is no intolerance of light, and this is a remarkable difference between phrenitic delirium and phrenitis itself. The patients in this condition, too, are not commonly violent, and if any violence is observed, it is only when they are opposed or restrained. The symptoms may go on and terminate in exhaustion and death, if sleep do not ensue, in which case the patient may recover from the attack. In bad cases there is sinking and increasing coldness; the pulse is more thready and weaker; there is a catching of the bed-clothes, and great perspiration of the clammy and fœtid kind, and there is a gradual sinking, still accompanied by itchings. On examining the bodies of persons who die of this disease, there is rarely anything particular found in the head. In most cases, the chief disease is found in the stomach and the liver. In the other cases, accompanied by more or less phrensy and excitement, the patients have sometimes died with symptoms of arachnitis. Arachnitis and meningitis are apt to be the termination of delirium, caused by excessive drinking in persons not accustomed to excesses of liquor. The exciting causes are habitual excesses of intoxicating liquors, which may act in two ways: it may upset the functions of the brain, by causing a great degree of inflammatory excitement, and determination of blood; or, on the other hand, it may arise from continued stimulation, and excitability of the brain, which goes on until exhaustion of the vital functions ensues. Under these circumstances, the effect sometimes arises in a most remarkable manner. When the continued stimulus to which the patient is accustomed is withdrawn, there is instantly nervous excitability created. It sometimes arises from other poisonous influences besides those of alcohol. Opium-eaters are subject to the same thing, on the suspension of their indulgence. Great mental excitement and anxiety may cause a very similar affection, and it is apt to occur after great surgical operations, and after child-bearing. In all the the conditions in which it occurs, there is weakness of the pulse, absence of the flushed countenance, and the appearances of inflammation. However, inflammation may sometimes supervene, where there is an early development of the disease in persons of plethoric habit, and even in other cases, as a sort of re-action.

The prognosis of delirium tremens will be favourable in the first attack, but when the attack occurs again, the effect is more serious, arising from excitement of the brain. The distinction between delirium and phrenitis is important; there is an absence of continued heat of skin, the dryness of the skin, the absence of intolerance of light; in all the weak and nervous cases, the extreme fulness of the pulse; the countenance, instead of being fierce and excitable, as in phrenitis, exhibits a peculiar kind of suspicion and anxiety. The treatment is different in the two cases I have adverted to; in persons not accustomed to drink, or robust persons who have indulged to excess, and who have brought on the attack with more or less tremor, accompanied with flushing of the face, suffused eyes, rubbing of the hands, &c,—in this case leeching, cupping, calomel, and so forth, are the measures indicated; according to the state of the pulse and the general symptoms. After these remedies have been applied, they should be followed up by remedies to procure rest and sleep, opium, and so forth. The amount will vary from one to three grains, increased, if necessary, up to five or six, or even more grains. In some cases fifteen or twenty grains have been given every two hours; generally speaking smaller doses would answer. Purgatives should be given at the same time to get rid of the bad secretions of the alimentary canal. In cases where there is increased force of the pulse and increased fulness, with a tendency to flushing of the face, it is well to combine opium, with a small quantity of tartar emetic; and in the opposite state where there is great pallidity, and the pulse is very small, stimulants should be given; this is more important than the exhibition of opium. Where opium has prostrated the powers, ammonia, ether and brandy and water will be useful: the narcotic influence of opium will reduce the heart's power, or stop the spinal functions, so that respiration ceases. This is a point that has not been sufficiently attended to. I have seen cases in which it was more important to begin with stimulants than opium itself. Where there are symptoms of extreme exhaustion, we must stimulate at the same time that we give opium. It is of great consequence to give nourishment as well as stimulants: as soon as sleep is obtained, the cure may be pronounced to be certain. A return of the inflammatory symptoms may occur, and this requires fresh treatment, and the opium to be continued.

Paralysis agitans, or shaking palsy, occurs in convulsive diseases, in which there is no loss of consciousness, nor disturbance of the sensorial faculties; and it must be supposed that under these circumstances there is some irritating cause to excite the motory parts of the brain. However, when the sensibility is exalted, as in hydrophobia and hysteria, in the long run the mental faculties do not suffer. It is a very obstinate affection, and has not been traced to its real source. Slight degrees of palsy or tremors are seen among persons whose constitution is weak, particularly when excited, and this seems to consist in a want of power to steady or control motion, and may be referred to the tone of the muscles. The same thing is seen after habitual excitement of the nervous system by stimulants. The trembling of drunkards seems to be of this kind, and that of opium-eaters, too. The disease is sometimes partial, and sometimes general. There are cases in which particular limbs only tremble, without any other part of the body. In some the tremor comes on at particular periods. The bad cases are those in which it may continue during the day, and in the night during sleep; and one of the most common causes of this is the long continued use of mercury, arsenic, and copper. The effect of these metallic poisons may be merely temporary, but sometimes it is permanent. In these cases the great object is to restore the tonicity of the system if possible, and to use every method to get the offending matter out of the system.

COURSE OF LECTURES ON SKIN DISEASES,

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

There is another form of scarlatina anginosa where purulent matter is discharged in abundance from the fauces, pharynx, and nares; at least the secretion from these parts, copious and fœtid, possesses all the characteristics of odour, colour, and consistence of pure pus. Here the plan of treatment recommended for the diphtheritic variety of scarlatina anginosa will be required.

We now come to consider scarlatina maligna. Here the ulcers on the throat often take on a sloughing action, and from this cause life is frequently lost. In other cases we frequently find death occur in twenty-four hours after the poison of the disease has been imbibed, while the patient possesses perfect mastery over his senses.

What is it that kills here? It is the shock of the poison, which debilitates the constitution to such a degree, that it cannot rally, and life in a short time becomes extinct. We know that the absorption of the poison can do this, but how the poison operates in its work of death, we do not know. In such cases the patient does not possess sufficient vigour to oppose successfully the onset of the disease. Re-action never sets in, and he dies of the directly debilitating effects of scarlatina at its onset. I have often seen persons in this state admitted into the Whitworth Hospital, who, in perfect possession of their senses, while sitting on the side of their bed, have talked to me of their state rationally, and in an hour after I have seen them dead. In such cases the pulse at the wrist becomes extinct, it can no longer be felt, the action of the heart is almost suspended, the skin feels cold and clammy; in a word, the patient is all but lifeless. Here I think we often can be of service. Our first step should be to place the patient in a warm bath, heated to 100° or upwards, in which he should be allowed to remain until general redness of the surface ensues, and the pulse can be felt beating at the wrist with some degree of vigour. With what view do we place a patient in such a situation in a warm bath, and allow him to remain there until the skin becomes reddened and the pulse quickened? The reason is obvious. We do it to remove the venous congestion of the surface, by imparting the stimulus of heat to the debilitated capillary circulation of the skin. We know it is probable (indeed not probable, but certain) that the stimulation set up in the vessels of the surface, is also exerted in the capillaries of the internal organs, and that the circulation throughout the whole system is thus excited to greater vigour. It is in this form of scarlatina that the eruption becomes irregular in appearance, coming out for a day or so, then disappearing, and showing itself perhaps after an interval of six or eight days. Here the eruption is most vivid on the hands and legs, and scarcely or not at all visible on the face or trunk. What is the reason of this, or why should the appearance of the eruption be reversed here from that of scarlatina simplex. In the latter the eruption is most intense, and thickest on the face and the other parts of the body which are best defended from cold, such as the axillæ, loins, flexures of the knee, and elbow joints; while here the very reverse takes place; the eruption appears most on these parts of the body which are most exposed to cold. We find the reason of this seeming paradox in the greater degree of congestion which prevails in the legs and hands. Among the stigmata of this form of scarlatina we often find intermixed spots of purpura hæmorrhagica; we also see them on the inside of the fauces, along the soft palate, and on the posterior pharynx, from which situations hæmorrhage often takes place. Having roused the circulation by the warm bath and other stimulants, your next object should be to keep up this increased action if you can. For this purpose, bark in combination with ammonia, quinine with wine, and strong nourishing animal soups are among the best means you can employ. In the treatment necessary for this form of scarlatina, you find a confirmation of the principle so often laid down during these lectures, that diseases bearing the same name, may require plans of treatment diametrically opposite. You see this exemplified in the different forms of fever; some requiring wine, others mercury, and others again, leeches and opium. In the inflammatory form of scarlatina we find cold of incalculable utility in checking the progress of the disease. Use it here, and you will at once kill the patient subjected to its agency. These facts, in place of strengthening the doctrine of homœopathy, as they would seem to do at first sight, on the other hand, afford incontrovertible proof of its untenability.

Having finished the subject of Scarlatina, we next come to urticaria, or nettle rash, with which you are all familiar. On this subject I shall make but few observations. This eruption generally appears in persons whose skin is extremely irritable and susceptible of every source of irritation. It makes its appearance with some degree of fever, in patches of livid red, which you might mistake for scarlatina; in these patches, you will find minute white elevations of the cuticle (known to all of you under the name of hives,) above the surrounding surface, giving the whole an appearance well exemplified in the plate (handing it round). How these minute elevations of cuticle are produ-

ced, we may conjecture, namely, by an inflammation of the cellular tissue beneath the skin, which throws out serum. But why these particular spots should be selected for its disposition, we cannot guess with any possibility; we know no more, than that these vesicles exist in these situations. These hives, as they are termed, when coming out, excite some degree of fever, and great irritation, and the itching which exists in them is very distressing. In persons of very irritable skin, and who are subject to hives, you can produce at pleasure, figures of any determinate form, For this purpose, all you have to do, is to get a door-key, or pair of scissors, and press it upon the cuticle, or even to write on the skin with any blunt instrument; after a few seconds, you will find the skin becoming red to a certain extent around the part which has been pressed or written upon, and in the centre of this redness, you will have an elevated white patch, of the exact figure of the key or scissors, or of the letters which have been traced upon it. There is another form of urticaria, which is produced in consequence of having eaten shell-fish which has been long kept, or which has been fed on food of a poisonous nature, at present unknown to us. To such an extent does this latter cause exist, that the shell-fish gathered on some coasts, as you all know, are completely unfit for food, and consequently, are never eaten. Indeed the shell-fish gathered off our own shores sometimes produce this kind of urticaria; and I can well recollect a case where a gentleman, a friend of mine, was affected with it in consequence of having eaten some lobsters. In about two hours after having used it, he was attacked with violent pain of stomach and diarrhœa, when the rash in question made its appearance. The rash itself soon wore away, but of the gastro-intestinal irritation set up by using the poisoned food, he never completely recovered. Many years have now rolled by since it first attacked him, and he still suffers from it occasionally. In all these cases of urticaria, the gastro-intestinal irritation is a cause of very great annoyance, and very often is extremely difficult of cure. Common sense will immediately suggest to you in such cases the treatment which you should adopt. Administer an emetic to rid the stomach of the offending matter, and a dose of opium given subsequently will prove of infinite advantage in allaying the irritation which exists along the disordered alimentary mucous membrane. And according to the known aphorism —"sublatâ causâ tollitur effectus," when this irritation is lessened, that of the skin will be sure to share in the benefit. Gentlemen, this concludes the subject of the exanthemata; we next come to the second class Vesiculæ, comprising the following orders:—

MILIARIA, ECZEMA, HERPES, SCABIES.

From the class "Vesiculæ," I have thought it proper to remove Varicella, or Chicken-pock, for reasons which I shall mention hereafter. By a vesicle, you are aware, is meant an elevation of a portion of cuticle from the true skin beneath, filled in the first instance with fluid of a clear character, afterwards becoming turbid, and finally ending in desquamation, unless by some external cause this natural termination be prevented or altered. Some of these, as herpes, run as determinate a course as any of the exanthemata, small-pox for instance. The first of these, Miliaria, has been set down by Wilson and others as an idiopathic disease. But this is an error; it never appears as a disease, *per se*, but invariably accompanies those which have been mismanaged during their progress, or else it waits upon others sympathetically.

Miliaria consists in the appearance of minute vesicles, filled with clear fluid; this becomes whitish, and afterwards turbid, finally ending in desquamation. When this has continued for any length of time, we find the parts which have been the seat of the eruption presenting a red shining appearance, owing to the minute furfuraceous incrustations which formed when the vesicle dried, having fallen off, and left the skin in the state just mentioned. At the first coming out of these vesicles you would be inclined to overlook them altogether, as the fluid contained in them is so clear, that you can, as it were, see through them. However, if you look at them sidewise you will distinctly perceive their vesicular character. In cases of this disease there is not the least ground for belief that it ever is idiopathic. We find it in phthisis when the colliquative sweats are running the patient down fast; we find it in pneumonia, in gastro-enteritis, in abscess of the liver, and, in fine, whenever the disease, no matter what it may be, has been aggravated by the injudicious employment of a heating regimen. In treating this affection, the only thing necessary for you to inquire into as to its cure is, what has caused it? If it has arisen from the application of too much heat to the skin, causing great perspiration (and perhaps it may be caused by the skin refusing to allow the sweat to transpire as fast as it is secreted), the means of cure will readily present themselves to you, by lowering the temperature of the patient's body to the natural standard. If it has arisen in consequence of some unaccountable sympathy between the skin and the organs affected, as in hepatic abscess, pneumonia, &c., your efforts for its removal must be directed to the cure of the disease of which it is sympathetic.

The next in order is eczema. This is a disease which is met with in the acute and chronic forms. The place where you most frequently meet with cases of this affection, is the dispensary attached to a surgical hospital. A man tells you that he has a sore leg; he strips down his stocking from one, or perhaps both, legs, and you will find their anterior surfaces (generally the affected parts) red and inflamed, and over them are scattered numerous indentations, from each of which you can perceive, with the naked eye, a drop of clear fluid welling out. These minute indentations have been the seat of the eczematous vesicles, which having been broken, the fluid in them dries, and forms a scab or crust, underneath which the fluid still continues to be secreted. In ninety-nine cases out of a hundred of eczema, you will find soothing applications productive of most benefit to the patient, and serve best to control the inflammation. There is a variety of eczema which appears in the head, at the roots of the hair. When the vesicles break, the fluid contained within them dries, and gives rise to a peculiar state of the head, to which the term "scald" has been erroneously applied, and which Alibert, from the fortuitous circumstance of colour alone, has made a new disease of, under the name of "silvery tinea." It is not tinea at all; it is nothing but a form of eczema, produced by neglect of cleanliness of the head, and is quite unworthy of the honour of a separate name given it by Alibert. (Sending round some plates of Alibert's.) Here you perceive the appearance which the head presents when affected with this form of eczema. This eruption is also apt to appear on the back of the neck, and behind the ears, extending towards the jaw, in children of a scrofulous habit, more particularly among those of the upper walks of life. It comes out in minute vesicles, filled with a clear fluid, which gradually grows turbid; these vesicles are attended with severe irritation, and their duration is apt to extend over a great period of time. The hands of grocers and bakers are liable to a variety of eczema, which sometimes is mistaken for scabies. Here the vesicles make their appearance along the back of the hand, on the wrist, to the ball of the thumb, and thence to the space between the fingers. In this variety, the vesicles on the back of the hand, and in the other situations present a character after a little time quite different from that of scabies; they dry up and form crusts, through which rhagades or splits soon make their appearance. A mistake if committed here between both diseases would lead to an injurious line of practice, and the opinion delivered by you would be anything but agreeable to the patient. There is another variety named Eczema Impetiginodes (the connecting link, as it would seem, between vesicular and pustular diseases) where, from long continued irritation, the vesicles have taken on the action of secreting pus. Here we find scabs mixed with the scales. (A very excellent drawing of this disease attacking the fore arm and back of the hand was here exhibited, which has been taken from a case which he had for a length of time in the Whitworth Hospital.) In this case the remedies from which most benefit was derived were, the lotio plumbi acetatis, constantly applied over the affected parts, and an ointment composed of emplast. lythargyri melted, and thinned down with almond oil. In all the varieties of this disease, as I have before remarked, you will derive most benefit from the use of sedative remedies applied to the parts. These observations apply equally to that form of it which attacks delicate children. As to that where it appears in grocers or bakers, and to the more unmanageable form of Eczema Impetiginodes, of this class of remedies, those which, from experience of their efficacy, I would be inclined to recommend for your adoption, are the ung. cerussæ, or the lotio lythargyri acetatis diluted.

In this disease you never can apply successfully to practise the well known law of removing local irritation by the application of a greater stimulant. This you never can venture upon here. If ever you should be tempted to use a stimulant here, let it not be stronger than the lotio nigra, or the ung. citrini considerably diluted with lard. In the treatment of these varieties of eczema it will facilitate very much the cure, if you would apply over the fluid applications or dressings a piece of oiled silk large enough to cover them, in order that an equal temperature may be kept up by the heat generated in the part. This, combining with the moisture of the lotion, will form an application highly agreeable to the feelings of the patient, one of a very soothing character. I trust you will forgive my tautology, when I here again repeat, that in treating all the various forms of eczema, you will derive more benefit from remedies of abundantly soothing nature than from the use of those of opposite properties.

Next, in the class of vesicular diseases, stands herpes. This, in one or other of its many forms, must be familiar to you, as instances of it must have come under your notice from time to time. The form of herpes which is most commonly met with is that called herpes zoster or St. Anthony's fire. Its progress is as follows:—The person on whom this form of herpes is about to appear, feels languid or listless for two or three days previously to the eruption appearing; with pains darting through the parts on which it is about to shew itself, which situation is generally on the trunk below the breast: these pains are of a very distressing nature, and convey a sensation as if the parts had been scalded. They continue with more or less severity during the disease. The pain naturally leads the patient to examine the part, when he finds it inflamed and vesicles making their appearance on the cuticle. This inflammation of the skin is accompanied by inflammation of the subjacent cellular tissue, to which are probably owing the deep-seated pains which prove so troublesome during the disease. On or about the ninth day from the commencement of the illness, these vesicles begin to dry up, and are completely detached by about the fifteenth day from its date. In the country, where this form of herpes is oftenest met with, there runs a belief that if the eruption surround the body it is surely fatal. Of the absurdity of this belief I need not attempt to convince you. It is probably founded on the infrequency of the occurrence, for cases are rarely met with where this eruption has surrounded the body. The only disease with which we might confound this is eczema; but an attention to the following points of discrimination will always enable us to decide in any case where we might be doubtful of the disease before us. Herpes exists in an acute form. In the class "vesiculæ" you will find but two diseases which ever become chronic, namely itch and eczema. What I mean by "acute" is, that the vesicles run through their course quickly; the skin becomes inflamed; serum is thrown out beneath the cuticle; this serum, first clear, afterward becomes turbid, dries up, forms a scale, which falls off, leaving the skin beneath of the natural texture and colour. In these cases no irritation of yours or that you can employ will serve to reproduce them; nothing will do this short of a reapplication of the primary exciting cause, whatever that may be. In eczema,

when the crusts are removed by poultice or other application, the case is quite different; here you find the red surface underneath, secreting the peculiar fluid which had previously formed the scale, and this fluid continues to be secreted for a very great length of time, unless proper means of cure be adopted. Again, in herpes you find the eruption preceded by slight fever of two or three days duration, accompanied by more or less derangement of the digestive organs, with deep-seated burning pain in the part where the vesicles are about to appear, these being always defined and separate from each other, in clusters assuming somewhat of a semi-circular form, attended with inflammation of the subcutaneous cellular tissue. And finally, this eruption occupies a determinate period of time in going through its several stages of premonitory fever, eruption, maturation, and decline. All these will render the diagnosis between it and eczema anything but difficult.

The treatment here consists in giving at the onset, purgative medicine, to clear out the alimentary canal, and should the vesicles be by any cause broken, in applying the aq. lytharg. acet., made very dilute, and in the event of their proving very painful, in fomenting them with tepid decoctum chamomeli. The disease in general, is one not requiring treatment of any kind; care need only be taken that the vesicles are not broken. The eruption, as I have already remarked, terminates in twelve or fifteen days from its appearance. Herpes is not confined to the trunk alone, but it may attack any part of the body, such as the eyelids, the scalp, the prepuce, or the labia pudendi in women, and it is frequently met with on the lips, when the persons on whom it appears, generally attribute it to the " breaking up of a cold."

Herpes appearing on either of the latter situations, the prepuce, or labia, may be mistaken for chancre. This, for many reasons, would be a sad mistake to commit. Firstly, the remedies applied at the commencement for the cure of chancre, generally those of a caustic nature, would be wholly unfit for the treatment of herpes. Secondly, such an opinion, if acted upon, might, under peculiar circumstances, be the means of producing lasting dissension and unhappiness in a family; and thirdly, by such a practical error, your own character would be sure to suffer. Here, the application of caustic would give rise to ulceration very difficult to manage, and tedious in its cure. Herpes in these latter situations, makes its appearance with an itching of the parts; if on the prepuce, this becomes somewhat swollen from inflammation of the cellular tissue. If the part be now examined closely, a cluster of minute white vesicles will be seen making their appearance; these continue for a few days, when they are absorbed, and disappear, leaving no trace of their existence behind. From chancre they will at once be distinguished by wanting the hardened edge and base of the latter, by their never attaining any progressive increase of size, and by disappearing *sua sponte* in a few days, if left to nature. Greasy applications considerably disagree with these vesicles, and, like caustic, are apt to change them into lingering sores. Another effect of applying irritating, or improper dressings to herpes, is the appearance of buboes, from the irritation extending along the absorbents of the part to the groin; even the presence of a bit of lint between the glans penis and the prepuce will be quite enough to excite irritation; the only thing for you to prescribe, is frequent ablution with a tepid lotion of aq. lytharg. acetat. very much diluted. At the commencement of fever of a gastro-enteritic character, where the mucous membrane of the stomach and bowels becomes affected, herpetic vesicles are apt to appear upon the lips. These betoken a favourable issue to the disease, if they go on regularly. In pneumonia, these vesicles make their appearance also towards its close. In this latter disease, if, instead of becoming well-defined, and full, these vesicles become flat, and fluid, or if, in place of being filled with the proper serum, they are seen tinged with a red or black fluid, they denote an unfavourable issue. The black colour of the vesicles depends upon the effusion of blood with the serum, which gives the whole, the blackish tinge referred to. In every case, when this termination of herpes takes place, death is almost sure to occur; at least nine out of every ten such cases prove fatal. There is a form of disease attacking the lips, to which the name herpes has been erroneously given. It is not herpes at all, but a form of psoriasis, which is exceedingly difficult of removal; the lips, sometimes the upper, sometimes the under one, and frequently both, become red, thickened, scaly, puckered, and fissured.

LECTURES ON COMPARATIVE ANATOMY,

Delivered at the Royal College of Surgeons of England, during the Summer Session of 1845,

By Prof. Owen, F.R.S.,

Professor of Comparative Anatomy, and Conservator of the Museum to the Royal College of Surgeons of England.

Professor Owen, in commencing on Tuesday last a course of twenty-four lectures on the organization of the invertebrate animals, compared in the ascending scale according to their classes, observed,—that he had been in the habit of preparing a written lecture, as introductory to the course he was about to deliver, but on the present occasion he had been prevented doing so, by having had a task recently assigned him, the performance of which he trusted would be much more useful than the most carefully prepared general lecture. The task consisted in preparing a general synopsis of the whole contents of the two musea belonging to the college,—a task involving attention to a great many details, much more so than had been anticipated, and requiring so much time, as to render it impossible for him to prepare a written introductory lecture, except by the postponement of that work, which he was happy to say he had that day completed.

Mr. Owen then referred to the great importance of a perfect knowledge of anatomy, and congratulated the members of the medical profession, that they were required to enter upon their studies by the portals of anatomy, and compared their good fortune in having so highly interesting a science for investigation with that of the clergy and the members of the legal profession, whose initiatory studies are of a comparatively dry and uninteresting nature. He (Mr. Owen) considered the study of the mechanism of the human frame as the highest object of science. He then alluded to its great utility to surgeons, and observed that the great success which Dr. Baillie met with in practice was mainly attributable to his practical acquaintance with anatomy, as compared with that of those physicians who were cotemporary with him. He next alluded to the effect produced by the progress made in the study of anatomy in the discovery of the physiology of circulation. It was the discovery of the existence of valves in the veins by Fabricius ab Aquapendente, that led Harvey to his great discovery of the mode in which the circulation is carried on. Human anatomy alone, however, is insufficient to teach the use of the different parts of the human frame, and it is a question whether Harvey would have been able to push his discoveries much farther than his master had done, had he not carried on a series of enquiries into the structure of the lower animals—the knowledge which he thus obtained enabling him afterwards to verify his opinions by instituting experiments on them.

Comparative anatomy is of use by enabling us to perform experiments on the lower order of animals, which we are not in a position to perform on man, and to witness such operations performed, as it were, by Nature herself. Let us take, for example, the organs of generation, which in man are exceedingly complicated, consisting of the testes, vesiculæ seminales, prostate, Cowper's glands, &c. It may be said that here we have no need of comparative anatomy to assist us in determining the use of these organs, for if castration be performed, the generative power is lost, but this is by no means conclusive, because, if it were possible to remove in man, without obliterating the *vas deferens*, and without injury to life, the vesiculæ seminales, the prostate, and Cowper's glands, the person experimented on might also become impotent, so that it might then be asserted that the most important part of the organs of generation were lost. This abstraction of parts, which, if it were possible to do it, would produce such a result in man, is effected by nature in different animals, some of whom are void of vesiculæ seminales, others have no prostate, and most have no accessory glands at all, etc. This application of comparative anatomy will give the most clear idea of the use of different organs of the body. Mr. Owen then made especial reference to the experiments of Sir B. Brodie on the influence of innervation on digestion, and on the biliary ducts, &c. as illustrated by comparative anatomy; and to the still more brilliant experiments of Sir Charles Bell, which having been performed on mammalia, were, therefore, by some deemed unsatisfactory, until it was shewn that the anterior and posterior roots of the spinal nerves were longer and better separated in the frog, which being a cold-blooded animal, was also better adapted for these experiments, and the discovery was fully confirmed by Muller.

There are many parts in the lower order of animals which bear a great resemblance to the corresponding parts in man. Human anatomy, therefore, is not to be regarded as distinct, but as forming part of a more extensive science. When human anatomy was first investigated, it was done in a sort of absolute manner, as distinct from all other sciences, and its nomenclature was in a degree arbitrary, so that at present it would not be possible to trace the origin of some of the names. In the same manner the necessity was felt of being acquainted with the structure of the lower animals by those who devoted their attention to the treatment of their diseases, but they pursued it in a manner irrespective of human anatomy, and remote therefrom, and the nomenclature was applied to the anatomy of the horse in a similar manner. It is known, however, from the study of arbitrary comparative anatomy, that the parts of different species of animals have a certain degree of correspondence with each other—it was found that the fore-knee of the veterinary surgeons corresponded with the carpus in human anatomy; the *common bone* with the metacarpus, the *great pastern* with the first phalanx, the *small pastern* with the second phalanx, and the coffin bone with the third or ungual phalanx. The splint-bones of the horse were rudiments of undeveloped metacarpal bones, the hoof serving in lieu of the nail, by which the human fingers are terminated. By the best modern veterinarians, and especially on the Continent, therefore, those parts are all called by the same name as in human anatomy, and observation has there led to the formation of a scientific nomenclature.

By carrying the enquiry further, and examining the paddle of a whale, it will be found on stripping off the integuments, that there is a bone corresponding to the humerus; in the next segment there are two bones, which correspond to the radius and ulna, and there also will be found the carpus, metacarpus, and phalanges. The same remarks apply to the cold-blooded animals, and are exemplified for example, by the paddle of the turtle. The same correspondence obtains throughout the whole frame, modified only by excess or deficiency of development. The resemblances and analogies which are thus traced in the adult become much more marked and striking, if the human frame be considered in its unfinished or embryonic state, and compared with the full-grown animal. This is shewn by the fœtal skeleton,—by comparing the skull of the fœtus separated into different pieces formed by the respective points of ossification: for instance, the four pieces of which the occipital bone is composed, bear a strong resemblance to the corresponding permanently separate bones in the crocodile and codfish. We find, also, corresponding points of resemblance in the same organization, although at first sight they may seem to be different. The vertebræ of the fœtus shew a resemblance to the occiput, the distinct ossification of the body answering to the basilar process, and the separated pieces forming the sides of the arch, to the other portions of the occipital bone, more especially as at that period of life there is no

spinous process developed. This series of resemblances leads to another between undeveloped higher organisms and mature lower organisms, are still more interesting than those obscured by comparing the frame-work of different fully developed an male, and, when duly defined, will lead to the establishment of a most important generalization in anatomical science, whereby we shall be enabled to understand a great number of facts, which otherwise we could not comprehend.

Proceeding thence, the points of resemblance between the existing animals and those which are now extinct were considered, and Mr Owen stated that a knowledge of the habits of the existing species gave the comparative anatomist the power of reconstructing, it may be, a lost species. Take for instance, the phalanx of a horse,—it is evidently adapted for pressure only, and not fitted for either lacerating a living prey or climbing, it showed, therefore, that it was not dependent on other animals for its prey or means of existence, but possessed the power of locomotion from one pasturage to another. The teeth, the jaws, the skull the digestive organs, the whole system, are modified in subserviency to such food and mode of life, as are indicated by the single bone. For this application of facts we are indebted to the great Cuvier. Mr Owen then referred to the condition of the tertiary formation of the earth, in the first and second strata, the diluvium and pliocene, and the remains of mammalia in those strata, and mentioned the remains of those animals which are found in those strata in England, especially in the caverns of Devonshire, among which he enumerated the wild oxen, mammoth rhinoceros, hippopotamus, hyenas, tigers, &c, with strange forms of carnivora of one of which he exhibited a powerful canine tooth, possessing the double action of the sabre and the saw, to which there is no parallel in existing races. There were also the pachydermes, and elephants of form more stupendous than these of Siam of the present day, as might be easily ascertained by comparing the bone lying at Chuny's foot in the museum of the College, with the corresponding bones in the skeleton of the animal itself. Within the last two or three years from two to three thousand specimens of the remains of British mammoths have passed through the professor's hands. Of the rhinoceros, also two or three species have been discovered in England, which are now extinct. they were far more formidable than those now in existence. In the older strata of the tertiary formation, the miocene and the eocene, the genera which were found are now totally extinct, and corresponded with the strange ano plotheria and palaeotheria restored by Cuvier from remains found in corresponding geological strata near Paris.

Mr Owen then again referred to the spine of the fœtus, which, in its formation of body and arch, is again found in the larger cold blooded animals, such as the crocodile. The body of the vertebra in the adult crocodile is concavo-convex, and forms a ball and socket joint, but it is not so in the fœtus of that animal. Both surfaces of the vertebra are then concave, the convexity being afterwards formed by ossification taking place in part of the inter-vertebral substance, which afterwards becomes ossified to the body of the bone. The same thing takes place in the tadpole and the frog, whilst the syren retains the bi-concave structure. To return to the concavity of the bodies of the vertebræ, the fossil crocodiles of Great Britain generally retain the fœtal concavity, and this is especially the case with the other saurians, such as the ichthyosaurus, etc. Other examples were cited of the longer retention, by primeval extinct forms of organic character which are embryonic and transitional in the corresponding existing species.

One of the most unexpected and extraordinary applications of these facts is to geographical science. On finding remains of the mammoth, elephant, etc, in this country, exactly as they are found on the continent, we are led to conclude that England originally formed a part of the continent, to admit of their migration thence. When the different kinds of mammalia in one country are compared with those existing in other parts of the world, a peculiar geographical distribution of such becomes evident. Each particular portion of land has certain families of animals particularly located on it. Buffon has stated, with regard to existing species, that all the genera of mammalia found in South America were peculiar to that continent. The only exception to this appears to be the tapir of South America, which was found by Sir Stamford Raffles in one of the islands of the Indian Archipelago. In Australia, the class of animals are very extraordinary. Almost all the quadrupeds there are provided with a marsupial pouch, although not belonging to the opossum genus of America. It is quite a marsupial population. In the islands of New Zealand, when they were discovered by Capt Cook, there does not appear to have been any indigenous quadruped except a small rat, which, in all probability, had been introduced by man. The highest organized animals of New Zealand, next below them, were birds and the largest and most peculiar representative of the New Zealand forms of that class was a wingless bird, the apteryx, about the size of a pheasant.

The fossil animals of England, found in the diluvium and pliocene strata, are the same, generally as those now found in the living state in Europe, Asia, and Africa, we do not find in this country the gigantic armadilloes which are discovered in the corresponding strata of America. The same rule obtains in Australia, where are discovered in the newer strata of the tertiary formation, gigantic kangaroos and other large extinct marsupial animals. In New Zealand there are found the remains of the struthious tribes of a genus (Dinornis) nearly allied to the apteryx and of which from eight to nine distinct species have been found. Several of these extinct birds have been discovered, one towering to the height of ten feet, and their remains brought home by the exertions of Mr Earl, a most zealous and indefatigable naturalist of New Zealand, now present.

Mr Owen then, after making some general remarks on the great importance and various applications of anatomy, as instanced by the observations just made, proceeded to illustrate and explain Cuvier's classification of the animal kingdom. The Linnæan and Aristotelian classifications were first commented on, and shown to be incapable of general application, after which the arrangement of Cuvier founded on the nervous structure, was demonstrated by special examples.

The following is the classification adopted by that great naturalist:—

Primary Divisions and Classes of the Animal Kingdom

Vertebrata and Myelencephala

Mammalia—aves reptilia pisces

Mollusca, or		Articulata, or
Heterogangliata,		Homogangliata,
Cephalopoda,		Crustacea,
Pteropoda,		Arachnodes,
Lamellibranchiata,		Insecta,
Palliobranchiata,		Annulata,
Tunicata,		Cirripedia
	Zoophyta	
Nematoneura,		Acuta
	Radiaria.	
Echinoderma,		Acalephæ
	Polypi	
Cilliobrachiata,		Nudibrachiata
	Entozoa	
Cœlelmintha,		Sterelmintha.
	Infusoria	
Rotifera,		Polygastrica

In concluding his lecture, Mr Owen observed, that in the course of these lectures, which would extend over two years, he would give a general summary of comparative anatomy, so as to enable those students who attended, to obtain a general elementary knowledge of the whole sphere of comparative anatomy.

We understand that Mr Langbridge, the well-known bookseller of Birmingham, has added to his business that of Mr Lyon (late Mr Barlow), the *medical* publisher. We felicitate our Birmingham brethren on the fact that the interests of their medical literature will be thus placed in good keeping.

CASE OF NATURAL SOMNAMBULISM AND CATALEPSY, TREATED BY HYPNOTISM;

WITH REMARKS ON THE PHENOMENA PRESENTED DURING THE SPONTANEOUS SOMNAMBULISM, AS WELL AS THAT INDUCED BY VARIOUS ARTIFICIAL PROCESSES.

By JAMES BRAID, (of Manchester), M.R.C.S.E.

IN No 286, vol. xi of the *Medical Times*, I brought up the history of Martha Scott's case, under the above heading, to the 16th October, 1844. She had, as your readers may remember, been subject to two or more attacks of spontaneous somnambulism daily for some time prior to my attendance on the 2nd of August, 1844, when the hypnotic treatment was commenced, whereas, after commencing this treatment, she had only *one* attack on each of the two following days, none the next two days, one the next day, and *none for nine days thereafter*. Moreover, in sixteen days after she was subjected to the hypnotic treatment the *menses appeared for the first time*. At this crisis she had four attacks within three days, remained entirely free for the next five days, when she had one, and one also on the 26th, 28th, and 30th of August, after which she remained entirely free from them for a week. It is important to remark, that from the 16th to the 30th of August, during which she had these eight spontaneous attacks, I had only had the opportunity of hypnotising her once, which was on the 26th. She was again hypnotised on the 30th and had no recurrence of the spontaneous attacks till the 7th of September, when the menses appeared for the *second time*. She had one slight attack at the expiration of another week, from which she was aroused with the greatest facility. From the end of August to the 1st of October I had only the opportunity of hypnotising her twice and during that period she had eight spontaneous attacks, the latter of which occurred on the 30th of September, and rendered her speechless for eighteen hours. By hypnotising her, speech was speedily restored, and in three hours thereafter the menstrual discharge appeared for the *third* time. She was hypnotised the three following days, when she again ceased attending me, but, on calling at her father's house twelve days after, I found that she had remained quite well and free from the attacks for the preceding sixteen days. Moreover, I had prescribed no medicine, but trusted entirely to the counter stimulus of hypnotism to arrest the tendency to the spontaneous attacks of somnambulism,—so that any change induced was, of course attributable to hypnotism only. As it may be interesting to many of your readers to hear the ultimate result of the case, I now forward you a report of it up to this date, when I consider she may be fairly pronounced cured, being in excellent health, and having had no attack of the sort for five months and a half.

On the 18th of October 1844, she had a spontaneous attack of somnambulism. In consequence of this she resumed the hypnotic treatment on the 21st, 22nd and 24th of that month, and on the latter day she had a spontaneous attack, was hypnotised on the 25th, 26th, and 27th, and on the latter day the menstrual discharge took place. She was hypnotised daily for the next six days. On the 3rd, 4th, and 5th of November she had an attack of spontaneous somnambulism daily, the latter of which lasted for five hours. I beg to call attention to the fact that these attacks took place *at the cessation of the menstrual discharge*.

November 6th I visited her at home. She complained of intense head ache, was much flushed, bowels much confined, and no stool that day. Hypnotised her as usual, and, during the sleep, the idea occurred to me to try whether it might not be possible to excite the function of the bowels through calling the *attention* to their function, by giving her a mouthful of water to drink, predicating aloud, in her hearing, that what I had given her would cause the bowels to move in five minutes. I had never tried such an experiment before, but knowing what the mesmerists had recorded as to the efficacy of *mesmerised water*, I was inclined to believe that what they took to be the results of their passes over the water or bottle

containing it, might be from no specific influence thereby imparted to it, but entirely due to the power of a vivid mental impression, or belief, concentrating the nervous energy, and thus changing or exciting the physical action of the organ or part to which the attention was thus directed. With this view I desired the mother to bring me a little water in a cup, of which I gave her about a table-spoonful, *predicating aloud in the patient's hearing* that what I had given her *would move her bowels in five minutes.* I was careful to arouse her at the expiration of the period named, with this impression vividly on her mind, which was accomplished by repeating the predication after the patient had been *partially aroused. She immediately repaired ad cloacinum*, and shortly returned with the report *that she had had a plentiful evacuation.* In an affair of this sort I did not wish to rest satisfied simply with her report. Although I never had occasion to suspect her integrity, still it appeared to me that it would be more satisfactory to have ocular demonstration of the fact by examining the stool. Circumstances, however, rendered this all but impossible. I, therefore, determined to try the result of a repetition of the experiment, immediately hypnotized her again, and gave her another dose of plain water, accompanied with the like prediction. In the mean time I requested her mother to place an empty vessel in her chamber, as I wished to examine the character of the evacuation. On being aroused, as before, at the expiration of the stipulated period, she repaired to her chamber, and thus, before I left the house I had ocular demonstration of the efficacy of my experiment, as she had had another stool, very costive. Moreover, she had three loose stools after this in the course of the same afternoon and evening, and three or four more the following day, with complete relief of the head-ache, flushing of the face, or tendency to the spontaneous attacks of somnambulism. The last attack of the sort which she has had was on the 7th of November, so that she has now been entirely free from them for *more than five months and a half*, and her bowels have not required aperient medicine during that period.*

She was hypnotised on the 7th, 8th, 9th, 10th, 11th, 12th, and 30th of November. She again menstruated on the 21st of November.

25th Dec.—I called to inquire for my patient, and ascertained from the mother that she had been quite well from the period when I last saw her, and that she had menstruated on the 17th. I have seen her occasionally since; called the last time on the 22nd of April. She had menstruated three times—one in January, February, and the last time 29th of March; and appears quite well in every respect, having had no recurrence of her fits of spontaneous somnambulism for *five months and a half*, and I beg leave to repeat, that *I have trusted entirely to hypnotism in the treatment of this case, having never prescribed a single dose of medicine to her, either external or internal, throughout the whole treatment of her case.*

As the patient has now been so long free from these attacks, is also in the enjoyment of perfect health, and the female function of menstruation has been fairly established—she has menstruated nine times since being first hypnotised—I presume she may reasonably be pronounced cured.

The case I consider as most valuable and important in many respects. It clearly proves the power of the artificially induced sleep to cure the spontaneous fits of somnambulism, as well as to excite the uterine function, which in this case was evidently intimately connected with them.

The case also afforded an admirable opportunity of testing the phenomena of spontaneous somnambulism, and comparing them with the phenomena manifested during the sleep induced by various mesmeric and hypnotic processes. As already stated, the phenomena manifested were as nearly as possible the same, whether the sleep occurred spontaneously or was induced by artificial contrivance. This was fully admitted by all who witnessed the experiments—mesmerists, hypnotists, and also by those who were attached to no theory whatever in regard to the cause of the phenomena. It was thus clearly proved that an *exoteric influence* was quite unnecessary to enable us to realise various phenomena alleged by the mesmerists as entirely depending upon some such influence—such as attachment to the mesmerizer, &c. &c., as noted in the record of experiments on the 2nd and 3rd of August, to which I beg to refer. I was by this case enabled, amongst other things, to prove that some patients have the use of their eyes during the sleep, seeing through their partially closed eyelids, and have since met with several cases of the sort. In short, this case proved, in the clearest manner, the correctness of all the leading propositions which were advanced in my previous publications, and confirmed as real others which had been merely suggested as probable. Thus it proved the *subjective* or *personal nature of the influence;* the reality of all the primary, leading, and useful phenomena; the peculiar condition of the organs of special sense—their extreme exaltation or depression, according to circumstances; and the peculiar relative condition of the memory, reason, imagination and will. I am perfectly aware that to those who have not had an opportunity of classing such a case as this with others of a similar nature, manifested by individuals known to themselves as persons of the highest moral attributes, and where, of course, all idea of their acting a part to impose upon others was quite out of the question; it might readily be supposed that this patient had been acting on certain occasions recorded with the view of deceiving the spectators. I have no hesitation in saying that had this been the *only* case of the sort which I had had an opportunity of investigating, I might have supposed my patient as merely an example of that extreme cunning and desire for display and trickery so frequently manifested by hysteric patients. However, I have seen analogous phenomena manifested by so many patients, both young and old, male and female subjects, of *the most unimpeachable character*, SOME OF THEM NEAR RELATIVES OF MY OWN, where I am *certain the manifestations admit of a totally different construction from that of acting with the desire to deceive others*, that in all fairness, therefore, I am bound to class this patient along with the others referred to. Instead of acting with the view of deceiving others, I am quite confident that they act under erroneous impressions, and are thus *self deceived:* the extreme vividness of the imagination, the torpor of reason, and the passiveness of volition, leading them, at a certain stage, to invest every idea arising in the mind, whether from external or internal suggestion, with all the attributes of present reality; and their extreme mobility, docility, and sympathy, lead them instantly to act in accordance with the import of such erroneous ideas. This is quite analogous to the phenomena of dreaming, *in so far as ideas are concerned*—the ideas being viewed as realities by the dreamer, because he has no means of correcting his erroneous impressions by an appeal to other senses. It differs, however, from ordinary dreaming in respect to the *physical condition.* In ordinary dreaming there is no *physical activity*, but in this artificial somnambulism, physical manifestations are superadded, as is well known to occur during *natural somnambulism.* I know, as a fact, that through this peculiar condition of the nervous system, patients may be made dupes to suggested ideas, *in opposition to the ordinary laws of sensation;* and, just as we experience during nightmare, imagining ourselves struggling to throw off some heavy load whilst the muscles are perfectly passive, so in like manner, from impressing a patient with the idea of an object being so heavy *that it will be impossible for him to lift it*, he will imagine himself and appear to others as putting out all his energies, *and yet feel himself incapable of lifting a small book*, FROM THE IDEA HAVING PARALYSED HIS ENERGY OR VOLITION,—and yet the moment thereafter, when the idea has been excited in his mind of the extreme LEVITY of the object he is about to lift, it will be lifted with the greatest facility, and pronounced, perhaps, only a few ounces in weight. In short, it is quite easy either to *paralyze or energize volition and muscular power* in such cases through auricular suggestion, imagination, and belief, so as to render the subject *totally powerless*, or to enable him to perform *a feat of strength with ease, of which he is wholly incapable during the waking condition.*†

It is of great consequence that the condition of the memory, reason, imagination, and will, as well as of the perceptive faculties generally, during the different stages of hypnotism, should be correctly understood, for without this knowledge it is impossible for any person to judge correctly between what is true and what is simulated. During the *first conscious state*—that is, during which they can remember on awaking all which happened during the sleep—I consider their actions, generally, are as strictly *voluntary* acts, or at least nearly so, as during the waking condition; but, for the reasons assigned above, I consider that the moment they pass this boundary, and enter into the *second conscious* state, they assume an entirely new phasis. However, I shall not encroach further on your valuable space by enlarging on these topics at present, as I intend shortly to do so in the form of a sequel to my little work on hypnotism, to be entitled "ISIS INTERROGATA," which shall also have a chapter devoted to the consideration of the extent to which mesmerism and hypnotism may be made available in mitigating or entirely preventing the pain of important surgical operations. I shall also give a full explanation of my theory of the phenomena included in what has been called phreno-mesmerism—namely, automatic muscular action excited through the reflex function of the nerves—suggesting ideas in the mind with which they are usually associated during the waking condition.

It is with no small degree of satisfaction that I am enabled to appeal to a very able article in the *British and Foreign Medical Review* (also published in a separate form), which fully admits as real all the important phenomena which I have contended for—and on similar grounds too—as well as the *subjective or personal nature of the influence.* I consider that article does great credit to the author, as well as to Dr. Forbes, who has appended an admirable prefatory advertisement to it in its separate form. It cannot fail to incline many of the "unreasoning, unenquiring, dogmatic sceptics," to consider before they again so authoritatively denounce, as they have hitherto done, without investigation, what has had such a calm and candid consideration by such parties as Dr. Forbes and the able writer of the said article. Of course

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* I published an account of the above result of exciting the action of the bowels through mental impression, in the *Medical Times* for January last. These numbers also detailed the result of other three cases where the same experiments were tried with equal success. In one of these cases my operations were followed by an evacuation twenty-eight times in succession before I left the house, (with the exception of once for reasons stated) and I have no doubt but I might have repeated these experiments any number of times with this patient with like success, only I considered it unnecessary after the patient got well. I have since tried the same experiment with equal success in another case, where the patient had been so obstinately costive as not to have more than one stool in six or seven days, but after being twice hypnotised with the like predication, on the latter occasion, the bowels had moved once or twice daily without the aid of medicine. When I last heard of her, it was about six weeks after she was last hypnotised.

† In conversing lately with a scientific friend on this subject, he furnished me with the following interesting anecdote in corroboration of the correctness of these views, which he was able to vouch for as a positive fact. A farm servant subject to rising in his sleep and doing various acts, as recorded of other somnambulists, slept in a room where there was a moveable malt mill, so heavy that it was quite impossible for one person to lift it under ordinary circumstances. One night he arose during his sleep and had *lifted the mill and placed it upon his own bed*, when he awoke and found himself quite unable to remove it from the place where he had placed it during his sleep. He was obliged to awake his fellow-servants to help him to remove it, in order that he might again be enabled to get into bed.

their scepticism in regard to the correctness of the ultra views of the mesmerists, regarding the higher phenomena, will not satisfy those gentlemen any more than the middle neutral ground which I have taken, and the narrow limits within which a careful observation of an immense number of experiments has convinced me I ought to circumscribe the powers and pretensions of *hypnotism*. However, I have not hesitated to avow my convictions candidly and fully, and leave it to time, which brings all things right, to determine whether I am not at least somewhat *nearer* the truth than either the *ultra* mesmerists, who contend for *so much*, or the unenquiring, dogmatic sceptics who will believe *nothing*, and even venture to pronounce authoritatively in regard to matters of observation and fact, before they have taken pains to be correctly informed on the subject.

3, St. Peter's Square, Manchester,
April 24, 1845.

OBSERVATIONS ON VARIOUS DEBATABLE QUESTIONS ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.

By Dr. Clay, Piccadilly, Manchester.

No. III. Second Series.

(Written expressly for the "Medical Times.")

Subjects :—*Lingering Labour—Vaginal Examinations Pernicious—Admissible in some particular Cases—Case—The Laws of Uterine Action in After Pains Explained—Application to Cases of Internal Hæmorrhage—Application in Hour Glass Contractions.*

I stated at the conclusion of my second article, that there were other circumstances known to accoucheurs as fully illustrative of the subject as those already brought forward in the past observations, for instance, in what is termed lingering labour, the character of the pains (from some cause, as exhaustion, or having been prematurely excited or both) are ineffective, but still the order of the pains is strictly natural, that is, the transverse action precedes, and would, if sufficiently effective, dilate the os uteri; in such a case, and under such circumstances, frequent examinations *per vaginam* are most pernicious, and cannot be too summarily condemned, and why? because they have a direct tendency to provoke the secondary character of pains; in other words, to bring on bearing down, or expulsive efforts, before the os uteri is sufficiently prepared by dilatation. A very slight reflection will explain the cause of these secondary efforts coming on; it is the presence of the accoucheur's fingers stimulating the nervous tissue of the pelvic viscera, and thereby exciting the longitudinal fibres of the uterus, in the same manner as the fæcal matter produced them in the case recited in my second article. But, although frequent examinations are, as a practice, extremely bad, I am prepared to prove (in advocating my views of uterine action) that there are cases directly the opposite to the supposed one just stated, where a judicious manipulation of the accoucheur is effective of *the best results*; they are, however, cases requiring *no little discrimination*. The following case will perhaps explain my meaning more fully than the most elaborate description without it.

Mrs. ——, of Jersey-street, Manchester, was in labour of her fourth child; during the night she had had some hours pain but not very violent; towards morning the pains altogether subsided, and left her in a state of extreme exhaustion; I was called to her about ten o'clock A.M.; I found her very low, but no pains, nor had there been any since between five and six o'clock that morning (a period of more than four hours). On examination, however, I found the os uteri fully dilated, the membranes perfect and flaccid, with a perfectly natural presentation to all appearance; if pains had been present, I should have calculated on a completion of the process in a few minutes. This case was one in which the secale cornutum promised to be an efficient help, and whilst the infusion was preparing, it occurred to me to try the effect of pressure on the inner sacral curve with the fingers, with the view of exciting the longitudinal fibres to expulsive pains; I therefore introduced gradually three fingers into the vagina, and with the inner flat surface of the three fingers joined, I made a gentle but steady pressure downwards (as though it was the child's head on the perinæum). Immediately on so doing, a slight expulsive effort was manifest. After an interval of a couple of minutes, I repeated the pressure, when another and stronger expulsive effort occurred. From the downward pressure of the presentation at the second trial, I felt convinced the labour would soon terminate. By the time I had repeated the pressure the fifth time, the pains and expulsive efforts were strong, and did not require any further excitement; the labour was completed easily within three quarters of an hour from the first trial of the artificial pressure, without the assistance of the secale cornutum, and when there was not the slightest prospect of the pains being resumed. This case is instructive, as it serves to show, that after the transverse contractions of the uterus had fully accomplished the necessary dilatation, there existed a decided want of action in the longitudinal fibres, which probably arose from the exhaustion present, but when the nervous tissue of the pelvic viscera was excited by artificial pressure (as was the case with the fæcal matter in a former case), the longitudinal fibres became active, and a rapid completion of the delivery was the result. Thus, then, when sufficient dilatation has occurred, when the longitudinal action is deficient or wanting, artificial pressure, which in most other cases would be deemed pernicious, would in this case be justifiable. These peculiar differences of uterine action are also observable in what are termed after pains. It is well known that after pains are of the expulsive character, and they are necessary to keep the cavity of the uterus clear from such collections of matter as necessarily arise, to reduce the size of the uterus, and whilst the metastasis of milk forming takes place. After first labours there are very few, and, in many cases, no after pains; this arises from the generally more vigorous constitutions, in which the uterus more immediately and rapidly contracts to its original unimpregnated size, affording less room for collection of material, and therefore less occasion for expulsive efforts to eject it. I have generally observed as a natural consequence, that the milk in these cases is secreted more in proportion, and more rapidly, where the after pains are few, and the after discharge trifling; on the contrary, where the discharge is excessive, and the uterus a long time before it assumes its normal size, the milk is longer in being secreted. It must be recollected, that when the situation of the uterus is considered after labour, together with its size, that it has become pelvic, and not abdominal, as *before labour*, and therefore the pelvic pressure of the mass, increased by the lochia, excites the expulsive longitudinal fibres, whilst the transverse, having lost all their tensity, are quiescent. Thus, the same law of uterine action is observable after the child is born as before, and from the same exciting causes. I recollect some years ago being sent for by a medical friend to assist him in a case of internal hæmorrhage—the uterus was filled to a large extent by coagula; the longitudinal fibres were perfectly quiescent, consequently there were no efforts of expulsion, but I observed clearly there were slight transverse pains, which, in consequence of the exhaustion from loss of blood, were very slight, nevertheless they were present, and certainly were efforts of nature which, under proper circumstances, and sufficient physical powers, would have eventually brought on expulsive efforts, but, with the loss of blood, this was of course hopeless. This transverse action arose from the tensity of the fibres, by the uterus being filled with coagula; and I also observed, when the hand was introduced to clear out the coagula, slight bearing down efforts were manifested, in consequence of the pelvic visceral excitement by the presence of the hand, only wanting in effect from the state of exhaustion; indeed, the ultimate introduction of the hand within the uterus, is equally as much for exciting the longitudinal fibres, as to clear out the coagula, else the clearing out of the coagula would be of little use, as the cavity would be soon filled again. There is yet another view to be taken of this subject, and that is in reference to what is usually, but very incorrectly called hour glass contractions; if it is to be understood by hour glass contraction, that there is a perfect analogy in form to the hour glass when under the influence of this action, nothing can be more erroneous and absurd; without doubt, there are irregular contractions of the uterus, something analagous to the hour glass, inasmuch as the os and cervix uteri are in a relaxed state, whilst it is presumed the fundus uteri is also in the same state with the placenta enclosed, and that between these there exists a strong contraction of the transverse fibres. Dr. Campbell of Edinburgh, in his system of midwifery, denies hour glass contraction altogether, but this seems to be a mere war of words; he surely cannot deny that irregular contractions of transverse fibres sometimes take place, whilst the longitudinal fibres of the fundus and cervix uteri are in a state of inaction, and though the form may not be strictly that of the hour glass, yet it is something analogous, and might have a worse name, though I think it would be more correct to call it irregular contraction. There are few practitioners that have not had an opportunity of witnessing cases of this description, but all their evidence goes to show, that the contraction is not in the centre of the uterine structure, and on a very slight reflection it will, I think, be admitted, that a central contraction would be impossible, for we have only to call to mind the immense reduction in size of the uterus after the child is expelled; then, with this reduction in size we have a large body, as the placenta, occupying the fundus, with the contraction beneath, leaving but little of the os and cervix uteri below to be in a relaxed state, so that instead of its figure being as No. 1. it would be that of No. 2.

No. 1.



No. 2.



After all, this is the same in principle, differing only in shape; I shall in my next article, shew the application of the foregoing views of uterine action, in connection with this irregular action.

(To be continued.)

ON VACCINATION.

By Robert Lewins, M.D.

Fellow of the Edinburgh Royal College of Physicians, &c.

In the following extract from my work on vaccination, published in 1825, we have, I conceive, a satisfactory response to the queries appended to Mr. Blackall's interesting case of modified variola, after, or rather, concomitantly with, small-pox, recorded in the Medical Times of May 3d. The extract is the more worthy a place in your pages, that the information it communicates is practically important.

"There is great reason to suppose that by far the most frequent cause of the apparent failure of vaccination has arisen from the operation being performed at an improper time, when the system was capable of resisting the legitimate action of cow-pock matter. We are not, yet, acquainted with all the causes that may affect the human body in this manner; but there is reason to suppose that the existence of some other disease at the time will produce this effect; and we know, for certain, that cutaneous diseases especially do so. If the skin, over the whole body of the subject vaccinated, be not quite sound, the pustules do not go through their course with their wonted regularity; nor is absolute protection afforded against a future attack of small-pox. The indefatigable Jenner was aware of this at an early stage of his inquiry, and said—'If I were asked what were the other actual impediments to perfect vaccination, as a general answer, I should say that I scarcely know any other, except spurious matter, or impediments too obvious to require my naming them here, such as deranging the vaccine vesicle

in its progress, by incautiously robbing it of its contents, or producing a new action by external violence.

In the concluding part of Dr. Jenner's letter which I have quoted, we have an example of the candour and caution which characterised the mind of that illustrious man. In explaining the causes of apparent failure of vaccination, he confined himself strictly to that which he knew was matter of fact. Subsequent experience has made us acquainted with other causes of failure.

The existence of any other disease at the time vaccination is practised will modify its action, or render it entirely nugatory. Fever, dentition, inflammatory affections of the lungs, and diarrhœa, co-existent, are, I believe, the most common causes of the failure of vaccination. As the strongest and most convincing proof of the accuracy of Dr. Jenner's sentiments, as well as of Dr. George Gregory's and my own, with regard to the counteracting and controlling power of general and local disease, under the circumstances to which we have just been alluding, I shall here narrate the history of a case that came under my observation:—

About two years ago, when small-pox were prevalent at Haddington, amongst the unvaccinated, they attacked a family in the suburbs, where there were several unvaccinated children. I heard nothing of this family until all the children, not protected by the ægis of Jenner, were covered with small-pox, except an infant about three months old, which was instantly vaccinated. Three days after the cow-pock matter had been inserted, small-pox made their appearance upon the body of the child, but the pustules were scanty in number, soon maturated, healed kindly and expeditiously. The primary fever was mild, and there was no secondary fever; and whilst we thus observed, with surprise and satisfaction, the effect and controlling power of vaccination, performed under these unfavourable circumstances, we also witnessed the cow-pox on the arm of the vaccinated, in its turn, modified by the presence of the small-pox. The former had, in what I should consider a perfect degree, the appearance which they assume when herpetic eruptions, or ulceration, exist upon the body of a patient at the period of vaccination; and I may mention, as a still more extraordinary illustration of the wonderful power of vaccination practised under the most unfavourable circumstances it is possible to conceive, that Mr. Kesson, of North Berwick, some time ago vaccinated a baby the moment it was born, in a small, filthy, ill-ventilated apartment, where small-pox were raging in all their horrors at the time, and when the bodies of two children who had died the same night, were actually lying in an adjacent bed. The infant was affected with both diseases; but so completely did the vaccine modify and subdue the variolous, that there were not above thirty or forty pustules; and the subsequent history of the little sufferer was so similar to the one mentioned above, that a further account of it is here unnecessary.

What I have just mentioned with regard to the effects of the cow-pox on small-pox, and *vice versa*, was observed on a large scale in the small-pox hospitals in London, and, I believe, other parts of England, soon after the introduction of vaccination. The patients were received into the infected wards, and there vaccinated. Before the cow-pock matter had time to produce its specific effect, many of them were influenced by the small-pox infection, and both diseases went on at the same time, but invariably in a mild form, so that the nature of the disease became a matter of dispute between the illustrious discoverer of the blessings of vaccination, and the very intelligent Dr. Woodville. That it was real small-pox, modified and subdued by vaccination, soon became evident. Mr. Paytherus, of Norfolk-street, London, showed this as early as 1801."

Tiverton, Devonshire,
May 15, 1845.

The East India Company have appointed Mr. Edward Solly Lecturer on Chemistry at the Military Academy at Addiscombe, vacant by the death of Professor Daniell.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, May 1, 1845.

On Accidental Retraction of the Limbs. By Dr. Morel Lavallée. *Pathology* (continued) (*c*).—*Accidental fibrous tissue.* The only cicatrices capable of causing retraction of the limbs are those which follow a loss of substance of the skin and subjacent tissues. There are two varieties: in the one, the lips of the wound brought in immediate contact in the first instance, are separated only by a thin layer of inodular tissue, which itself very frequently disappears; the parts are, in this case, simply shortened in a direct ratio with the loss of substance. In the second, and it is this which will principally occupy our attention, the loss of substance is replaced by a new membrane, somewhat smaller than the space it is destined to fill, whose mobility is imperfect, and whose elasticity is null. The mechanism by which retraction takes place in this case, is composed of three elements, two acting constantly, the third only occasionally. Let us examine these cicatrices with respect to their mode of formation, their texture, and their properties. *Mode of formation.*—This may be explained in a few words, because it has no relation with the subject under consideration, and because whatever may be admitted will be mentioned under the second head. Of all the solutions of continuity with loss of substance, wounds alone are capable of having their lips brought in immediate contact; in these cases, the hæmorrhage is followed by turgidity, serous effusion and secretion of plastic lymph, which becoming organised, as will presently be shown, unites the cut surfaces. This is what is called *immediate union* without suppuration; the inflammation which produces it, is simply adhesive, and does not reach a degree sufficiently intense to constitute a phlegmasia (Delpech). Cicatrisation takes place in an internal wound, because the perfect union of the lips of the divided parts, places them in the same position, that is to say, contiguity of the living tissues with each other, without their being subjected to the irritating influence of atmospheric air, or any other foreign body, except on the line formed by the union of the lips of the wound. The result is very different when the sides of the solution of continuity remain separated, for then it is subjected to the action of the atmosphere, and other causes, which exercise a very unfavourable influence, and give rise to *suppurative* inflammation. Whilst the sero-sanguinolent discharge continues, the cellular tissue reddens, is covered with granulations, and furnishes first pus, and afterwards—doubtlessly when prepared to perform its destined restorative part—it secretes plastic lymph, organizable matter. This last is the same as that in which the primordial cellular tissue is formed, and which Schwann denominated *cytoblastema*, a liquid containing a dry grey-powder, which Guiterbrock, who discovered it in pus, called pyine. This powder is to be met with in the skin of the embryo, in the membrane covering the granulations of ulcers, in short, wherever the cellular tissue is imperfectly developed.

It is by means of this exudation that the cicatrix is formed, and according to Schwann the changes the parts undergo are as follows:—Cells with nuclei first appear; each nucleus contains from two to four granular bodies, which may be isolated by means of maceration or acetic acid; the cells and nuclei are changed into different kinds of fibres; thus there are fibres corresponding to the cells, and fibres corresponding to the nuclei. This opinion adopted by almost all the German micographers, is notwithstanding thought by some to be erroneous. As to the origin and development of the vascular system, opinions differ; thus Henle, who discovered several varieties of cellular fibres, and the minute granular amorphous substance which separates them, considers as vessels, what Schwann supposes to be nothing more than radiated cells, emanating from the metamorphoses of the cells. Some writers assert that the vessels commence in the cells themselves, others in the intercellular spaces; these differences of opinion, added to the great difficulties attendant on these researches, naturally inspires but little confidence as to the mode by which this organisation takes place; be that as it may, it presents phenomena, which are easily certified, and of the highest interest. According as the edges of the wound diminish, the plastic lymph covering its surface is deposited in concentric zones, proceeding from the circumference to the centre, or in small spots, which communicate with each other by means of narrow bands, the intervals left between them gradually healing. The highly vascular cicatrix diminishes by degrees in extent, and is covered by an epidermis; its colour at first is of a roseate hue, and afterwards of a dull white; the red or bluish tint is a sign of congestion or weakness, which portends a renewal of the ulcers; no hair, nor follicles, nor sudoriferous ducts, nor pigments, except, perhaps, in some negroes after a considerable time has elapsed; the internal surface is different from that of the dermis by the absence of the fatty areolæ. Anatomy has ascertained with difficulty the presence of vessels, and no nerves have as yet been discovered, though physiology indicates their existence. As to the nature of this accidental tissue, it is evidently fibrous; its fibres are of a dull white, without the least red or yellow tinge, and do not resemble in any respect those of the mammifere or birds; it does not present the lustre of aponeurosis, nor the satin-like appearance of tendons, but it possesses a density equal to that of these two tissues, though its fibres are not so regularly disposed, nor so closely united to each other; they are not similar either in colour or elasticity to the intervertebral ligaments, and still less to the elastic ligaments in the wings of large birds. It is firmer than the fibrous tissue of the middle membrane of the arteries, for it is distended with considerable difficulty, and it cannot be crushed by perpendicular pressure whilst that of the artery is easily divided by a ligature. In its aspect this new tissue resembles somewhat the muscles of certain reptiles, such as frogs; for consistency and density it may be compared to the strongest articular ligament. Its fibres are not very extensile, and retract as soon as the force which elongates them ceases to act. It is, likewise, endowed with a contractile, or rather retractile power, independent of volition, which acts slowly, though constantly, may be increased by inflammation, and which can be overcome only by an equally powerful mechanical force. (1)

It is precisely this retractility manifested long after the apparent termination of the production of this tissue, which explains the peculiar property it possesses in causing the various deformities. If it persists after the formation of the cicatrix, it likewise commences with it, for as soon as the inodular tissue appears, it powerfully draws the edges of the wound inwards. This is in proportion to the size of the suppurating surface; if a cicatrix of a given diameter retracts as 1; another twice as large will retract as 2, to the mobility of the surrounding tissue; at the nape of the neck, where the integuments are firmly fixed to the subjacent parts, they resist the concentric efforts of the cicatrix, which consequently will be almost of the size of the primitive dimensions of the the wound. It also differs according to the part of limb on which it is situated; thus on the sides of the joints, for instance the ginglymi where no movement exists, even if the mobility of the skin permitted the retraction, the limb would retain its normal direction, but this is not the case when the lesion is situated on their anterior or posterior surface; the deformity then may be extreme, and flexion or extension may be more or less diminished and even abolished; the fingers may be drawn into the palm of the hand; the hand on the fore-arm; the fore-arm on the arm; the toes pulled upwards; the feet deviated in various directions; the leg drawn backwards, and the thigh forwards: these are the species of retractions generally produced by cicatrices. Though the lesion is usually greater after a burn, yet it is doubtful whether it could be carried to a greater extent than in the following case. An old atonic ulcer situated on the instep healed slowly; a thick band

(1) Delpech. Chirurgie Clinique de Montpellier, vol. ii. p. 377.

extended almost perpendicularly from the anterior part of the leg to the foot; the first row of the bones of the tarsus were dislocated, so that the direction of the foot remained horizontal, and seemed as if it had been made to ascend on the anterior surface of the tibia, owing to the retraction of the tissues. This curious case was successfully treated by a surgeon of Nantes, and a model may be seen in Dr. Bouvier's collection.

3° *Pathology of the Tissues which are not the seat of Retraction* (*a*) *Muscles.*—With the loss of mobility, life seems to have abandoned the part, since the antagonists of the retracted muscles are not only elongated, but they also become thinner and paler, and undergo the same lesions as their opponents—lesions which generally terminate in the fatty degenerescence. In retraction produced by fibrous tissues, it is only at a very advanced stage of the disorder, that the muscles condemned to inactivity become the seat of these lesions (*b*) *Albuginous tissues.* Their lesions are sometimes hardly perceptible, the size of the tendon remaining normal; it may, however, augment in volume, and even becomes thicker than the muscle, as in some cases of club-foot, where the leg appears reversed, and is larger inferiorly. According to M. Bonnet, the elongated ligaments are hypertrophied as well as those that are shortened, but, as has already been explained, there is an evident contradiction in this statement—(*c*) *vessels and nerves.* The lesions presented by the veins are very slight; as to the arteries, their calibre alone is diminished, their length remaining the same; this latter peculiarity is the cause of various changes of position, a fact which did not escape the observation of MM. Scoutteten, Bonnet, and some others. It should never be forgotten. But though this frequently occurs, still it is not constant; in fact, in a case of ankylosis of the knee, ere the limb was straitened by the apparatus invented by M. Louvrier, the popliteal artery was torn, proving that it had followed the general rule and retracted, for no part of the apparatus had touched it. Nerves diminish in length, so as to accommodate themselves to the space they are destined to fill; their direction and their size are unchanged. (*d*)—*Bones.* After the organs which are ordinarily the seat of retraction, the bones are the most frequently affected. Their position and their shape are modified, because the traction they experience causes them to deviate from their normal direction, and to be subjected to pressure in parts which, in the normal condition, are free from it. Are short bones acted upon? They are flattened on the side of the joint on which pressure takes place, whilst they increase in size on the opposite side, and tend to escape like a wedge on whose summit pressure is made. It is in this way that the semi- or complete dislocations of certain bones of the tarsus are produced in some cases of club-foot; as the normal articulations are destroyed, false ones are established. In the places in which, owing to these changes of position, the cartilages and synovial membranes are laid bare, they are absorbed, and new ones are formed where the bones are in contact. This deformity is sometimes carried to such an extent as to render it impossible to recognise the bone, and in these cases, by the union of partial deformities, considerable deviation may be produced even when no luxation exists. It is thus that a lesion, simple at its commencement, and formed merely by the retraction of a few muscles, becomes a serious affair. As to the long bones, they are seldom so deeply affected, but are generally only drawn in the direction of the retracted tissues.—These lesions are described as they exist in their last stage in order to render them more easily understood; it must, however, not be forgotten that they often cease to increase at a very early period, in direct muscular retraction caused by a disturbance of the nervous system, and remain stationary or increase but slightly. In other cases, the change may be very slight or even null, as in the hand, and in retractions which have lasted but a very short time.

III.—*Symptoms.*—Retractions of the *muscles and normal albugineous tissue* commence in an acute or chronic form. In the former, the origin is a convulsive disease of the nervous centres, and in both, a violent direct or indirect action on the organs themselves; such as wounds, inflammation, and irritation, propagated from the neighbouring parts. The development of the retraction is rapid, and its symptoms are mingled with those—more or less numerous—of the disease by which it is produced. Thus, in suppurating wounds of the limbs, there is at the same time swelling, &c. of the surrounding parts. But these complications disappear with the exciting cause, and then the retraction presents its pathognomonic characters. When owing to a faulty position, to moderate pressure, or causes not more energetic, it is established slowly, it presents its pathognomonic signs at the very outset. The only differences presented by these symptoms are relative to their intensity. They may be comprised under two heads: 1° *Local symptoms.* Pain does not exist when the retraction has existed some time, whether it remains stationary or augments; the only exception is the syphilitic retraction, which, like osteocopi, is accompanied with intense pain, increasing at night. Rigidity, firmness by which the situation and the shape of the diseased part is rendered more distinct: thus in the palm of the hand, the flexor tendons or aponeurotic bands raise the skin like so many tightened cords. This is not so visible in other parts of the body, and when the retraction takes place in the direction of extension, it does not appear unless the bones are considerably out of place. Nay more, that which is natural to the tendo Achillis, causes it to disappear in a direct ratio with the shortening, for as it increases it raises the os calcis, and causes the lower insertion of the tendon to approach the tibia. As to the subcutaneous bands, they may be felt and sometimes seen—symptoms as variable as their mode of development. The membranes or deep seated bands are not only invisible externally, but likewise are felt with considerable difficulty through the parts which cover them. The word *retraction* seems to imply the presence of an angle, which in fact exists in the majority of cases, whether the disease is situated on the sides of the joint, or in the direction in which flexion takes place. This angle may likewise be produced in a contrary direction; *i. e.* extension, when the affection is carried to such an extent, as to bend the limb in a direction opposite to the normal state. But, instead of attaining this limit, retraction generally ceases to develop itself when it has fixed the limb in a straight line. This variety is evidently of the same species as the preceding, and if it manifests itself in a different manner, it is owing to secondary causes which are too clear to need to be indicated.—The retracted tissue draws the moveable part to which it is attached, either directly or by means of another organ, in the direction of one of the normal movements of the limb, limiting at the same time the opposite one. Considerable variety may here be observed; thus flexion may be hardly perceptible, or proceed until the parts are physically prevented from going further by an obstacle which they cannot overcome—from a slight flexion of the fingers, to the penetration of the nails in the ulcerated skin of the palm of the hand (Velpeau)—from the simple depression of the top of the toes to that in which they are so drawn towards the sole of the foot that the patient walks on the upper surface of that part—from the semi-flexion of the knee to the contact of the heel with the buttocks; the intermediate varieties form however the general rule. In the direction of extension, and on the sides, with the exception of the instep, these lesions are developed to a very slight degree. Types of complicated retractions may be seen in some cases of club-foot, where the part touches the ground by one of its sides and by its tip, and in the superposition of a toe on a neighbouring one. There is, perhaps, another species of complicated retraction, viz. the simultaneous retraction of antagonist muscles. May not the following be considered as an example in the toes? "The first and second phalanges were raised in an acute angle; the patient walked on the sides of the toes, which were enlarged and elongated." (2) A. Cooper, and Boyer describe with more or less precision, the same lesion. Dupuytren attributes the deformity exclusively to the retraction of the aponeurosis: Cooper to that of the flexor and its sheath: Boyer to that of the extensor. But though it may be produced by the three, still in the case related by Dupuytren it was owing to the simultaneous retraction of the flexor and extensor. The distinction in the following case, observed in the wards of Dr. Jobert de Lamballe at St. Louis, is not so easily established, still it may be considered as of the species described by Boyer. (3)—Leduc, ætat 16, upholsterer, was, two years before his admission, afflicted with ulcers on the instep, owing to the parts having been frozen and violently contused, and their cicatrisation was obtained by his remaining six months confined to his bed, after which he was able to move about without limping in the least. In November 1843, he slipped and sprained his left foot outwards; the pain though sufficiently intense to make him limp, still did not oblige him to lay up. From this time and without any other appreciable cause, with pain in the part corresponding to the situation of the extensor muscles, the four last toes of the right foot were drawn upwards, and at the same time the last phalanx was bent downwards. On the patient's entering the hospital all voluntary motion in these toes was abolished, and that of the foot and leg was very limited; when traction was performed on the extremity of the toes, the tendon of the extensor longus digitorum pedis was felt very tense, those of the tibialis anticus and peronæus anticus did not seem to be so.—21st May, the tendons of extensor longus digitorum pedis, were divided by the sub cutaneous method; the immediate result was, the straightening of the bent toes; voluntary motion was however still impossible.—18th June, the patient performs with great facility flexion and extension, but the movements of the foot on the leg, are still difficult. This is easily accounted for, from the fact of the astragalus being twisted in the peronæo-tibial mortise, and forming internally an eminence easily felt.—Since the permanent flexion of the phalanges ceased as soon as the tendons were divided, it was evident that this lesion was caused by the retraction of the extensors, which by forcibly extending the toes, elongated the tendons of the flexor muscles, and as they did not stretch, the last phalanx was bent downwards to restore it to its normal length. This circumstance, though not mentioned, was doubtlessly noticed by the author of the case. According to Professor Gerdy, the muscles which are accustomed to contract together, in general, retract likewise primitively or consecutively, at the same time. This, in M. Bonnet's opinion, takes place whenever the muscles receive their nerves from the same source. The former opinion is, perhaps, the more correct, still it is not without exception, of which a case of retraction of the biceps alone, which will presently be related, is a proof. There are likewise real deviations, in which the limb is drawn on one side in articulations which have no lateral movements. Finally, deformity of the bones, more or less complete, luxations, emaciation of the limb, carried to such an extent as to render the member almost, if not entirely, useless, are to be met with.—2° *Functional Symptoms:* To be more concise, they may, as Professor Gerdy recommends, be comprised under three heads: (*a*) very slight deformity, extent of movements alone diminished; (*b*) articulation bent more or less, movements considerably diminished; (*c*) deformity carried to the highest pitch, movements abolished. In the commencement, the disease frequently disappears spontaneously; for instance, in the fingers, if the person ceases to perform hard manual labour; in parts after the cessation of the lesion which caused it, such as inflammation, or local irritation (erysipelas or diffused phlegmon), or immobility of a limb on account of disease of the joint, or fracture of one of the bones, &c. The retractions which are consecutive to convulsive movements in hysteria, and other nervous affections, generally yield without its being necessary to have recourse to any remedial measures. These successful terminations may be hastened by su

(2) Dupuytren, *Clinique*, vol. IV. p. 509.

(3) This observation was communicated to the author, by M. Rade Senr., one of Dr. Jobert de Lamballe's *internes.*

appropriate treatment. As to the symptoms of retraction by *accidental fibrous tissue*, being those of a cicatrix, with diminution in the movements, their enumeration would be mere tautology, and is therefore useless.

Obliteration of the Pulmonary Artery:—Case communicated by Dr. Richelot to the *Société Medico pratique of Paris*. M. T., solicitor, ætat. 38; general health good; had been affected with a slight cough for the last twenty years; the chest, carefully examined, presented nothing extraordinary; hæmoptysis from time to time; dyspnœa on walking quickly; after a long journey on the 1st November, 1837, he was seized with violent pain in the epigastrium, which yielded to the application of leeches, and other general remedies. 8th.—Hæmoptysis of pure, red blood, dyspnœa; v nesection was proposed, but refused, and the patient continued his wonted vocations, though advised to refrain; a day or two after, he presented all the symptoms of pleuro-pneumonia on the right side; auscultation and percussion were not performed, from the refusal of the patient. Copious venesection, and the usual remedies were had recourse to with success, nothing remaining but slight dyspnœa; when convalescent, he was all at once attacked with approaching suffocation, and fainted away; having recovered his senses, he indicated the epigastrium as the seat of his suffering. This amelioration did not last long, for the feeling of suffocation returned, about half a pound of blood was drawn with difficulty from the arm; the face became livid; violent tenesmus; agitation, followed by prostration and death. Autopsy, 32 hours after. *Thorax*.—Parietes presented the dark red colour peculiar to asphyxia; pericardium contained about three ounces of a sanguinolent serosity; heart normal, its cavities contained a small quantity of clotted blood; left lung presented adhesions of old date; about two pounds of a reddish serosity in the right pleura; a few fragments of the lung thrown into water floated on the surface; both lungs were of a *blackish-red* colour posteriorly and inferiorly, but no *engouement* nor hepatization. "The principal branches of the pulmonary artery were nearly obliterated by clots of black blood, several of which adhered slightly to the walls of the vessels, were soft in their centre, and surrounded by a portion of a somewhat lighter colour; the blood was perfectly liquid every where else." Cranium and abdomen in the normal state. The author concludes that death was produced by syncope, owing to the cessation of the circulation caused by the *obliteration of the pulmonary artery by clots of blood*.

The following nominations have taken place; as Officers of the Legion of Honour: Professor Adelon, M Caventou and Dr. Lordat, Dean of the Faculty of Medicine, Montpellier. Knights: Drs. Amussat, Fabre, H. Larrey, Matteucci, Ehrmann, Professor of the Faculty of Medicine, Strasburgh; Tanchou, des Planches, Cerise, Vernois, Descuret, Denonvilliers, Dize, Becquerel; Roger (U.), Sonac, Director of the Preparatory School, Lyons; Robert, Fiard, Lemaistre, Florian, Lacauchie, Brulatour, of Bordeaux, Sené, of Dijon, Guepin, of Angers, Gourand, Goez, of Douai, Juriani, of Bastia.

Academy of Sciences; Sitting of the 28th April.—M. Elie de Beaumont in the chair.

Researches on Mercury and some of its Compounds, by M. E. Millon.—When mercury is distilled, after having been shaken with a small quantity of nitric acid, the distillation takes place much more slowly towards the close of the operation, and in collecting separately the mercury which is volatilized at the commencement, and at the close of the process, a considerable difference in the volatile power may be remarked. To decide this question, the author performed the following experiments:—1° six retorts were taken, each, when half-filled, contained about 3½ oz. of mercury; the result on distillation was—the retorts being designated by the letters A and B:—

	Retort			Same length of time.
1st Expt.	A	... quantity distilled at	commencement,	48 5 gr.
"	B	"	close,	47 5 gr.
2nd Expt.	A	"	commencement,	69 0 gr.
"	B	"	close,	63 gr.
3rd Expt.	A	"	commencement,	66· gr.
"	B	"	close,	64· gr.

2°—One hundred pounds of mercury were distilled; the first and last two pounds were collected and re-distilled, the retort A containing the former, the retort B the latter; the result was:—

	Retort.			gram.
1st Expt.	A	... quantity distilled during	the same time,	19·
"	B	"	"	49·
2nd Expt.	A	"	"	15·7
"	B	"	"	41·5

In all probability, this was owing to some difference in the degree of purity, but all the tests employed failed in indicating to what this might be attributed.—3° Other metals were added and the results obtained were:

Exp.	Retort	Mercury		Quantity distilled. grammes
1st	A	3½ʒ	with 1-10000th part of lead..	5
	B	..	without	67
2nd	A	..	with 1-10000th part	2·2
	B	..	without	55
3rd	A	..	with 1-10000th part of zinc..	6·5
	B	..	without	87
4th	A	..	with 1-10000th part	2·5
	B	..	without	37·5
5th	A	..	with 1-10000th part of platina	89·5
	B	..	without	70

To obtain this last result the platina and mercury must be left in contact with each other for some time, and be submitted to a heat of about from 122° to 176° F, otherwise no notable difference from that observed with other metals will be remarked.—4° To ascertain the equivalent of mercury, the bichloride of that metal was dissolved in ether, dried and volatilized in a dry receiver; the needle-like crystals (soluble in alcohol and ether) thus obtained, gave by analysis.

1st Analysis.

	Grammes		Grammes		
Quantity of salt Employed ..	1·317	Quantity of mercury.	0 809	per cent.	73·87

2nd Analysis.

Ditto..........	2·3785	Ditto........	1 9035	Ditto....	73·82

In calculating the equivalent of mercury by that of chlorine 442·64, it was according to the first analysis 1251·02, and the second 1248·2, which is very near to 1250.9 obtained by MM. Erdmann and Marchand. The author likewise examined the two kinds of binoxyde of mercury, the yellow and red; the former obtained by adding soda or potash to a solution of bichloride of mercury; the latter by calcination of the nitrate of mercury, by boiling the solution of the acetate of the binoxyde, or by adding caustic alcalies to certain oxydo-chlorides. When anhydrous, they may be recognised by two tests—a cold aqueous solution of oxalic acid dissolves the yellow oxyde, forming a white oxalate; it has no action on the red oxyde; an alcoholic solution of bichloride of mercury changes the yellow oxyde into a black oxydo-chloride, as soon as the liquid is heated, but is without any action on the red oxyde. Very long ebullition may change the red oxyde into white oxalate and black oxydo-chloride, but these changes are not isomeric.

Oxydo-chlorides of Mercury present various hues—bright red, dull red, purple, violet, brown, deep black, &c., but notwithstanding these varieties of colour, analyses showed but two differences in the composition. 1° Hg Cl, 2 Hgo, being a bibasic oxydo-chloride. 2° Hg Cl, 3 Hgo, or a tribasic oxydo-chloride. The former is still black, the latter of an orange yellow—both isomeric.

On some proto-salts of mercury, and the ammoniacal products which result therefrom, by M. Jules Lefort. The salts examined by the author of this memoir were—the nitrate, the carbonate, the nitrite, the oxalate, the iodate, and the acetate. The formulas, calculated on the equivalent indicated by MM. Erdmann and Marchand, obtained with the nitrates were—

Neutral bi-atomic nitrate—$Az. O^5, HO, (Hg^2 O^2) HO.$

Acid—$Az. O^5, (Hg^2 O)^2, HO, + Az. O^5, 4 HO, \frac{HO}{2}.$

Same salt, anhydrous—$Az. O^5, (Hg^2 O)^2, + Az. O^5, HO.$

Intermediate nitrate—$3 Az. O^5, (Hg^2 O)^2, HO + Az. O^5, HO.$

this being a combination of the two first. As to the action of ammonia, the experiments and analyses of the author lead him to conclude that it does not differ from that obtained with potash; the precipitate is black or greyish, and possesses the property of whitening gold. The protochloruret of mercury alone gives, with caustic ammonia, a compound which is always the same, owing to the insolubility of the white precipitate almost equal to that of metallic mercury; with all the other salts the quantity of mercury increases in proportion to the solubility of the salt. With the proto-nitrate of mercury, ammonia forms a compound—*mercure soluble d'Hahnemann*, in which the proportion of the metal varies considerably; the results of the analyses performed by the author at different temperatures and after repeated washings, were:—

Prepared at 32° F.	Prepared at 32° F.
Washed eight times.	Washed sixteen times.
Mercury 83·42 per cent.	Mercury 89·47 per cent.
Prepared at 77° F.	Prepared at 77° F.
Washed eight times.	Washed sixteen times.
Mercury 84·94 per cent.	Mercury 91·11 per cent

M. Dutrochet read a report on two memoirs; the first on the tendency roots have to sink into the earth, and the force with which they penetrate, by M. Payer; the second on a peculiar physiological property possessed by roots, by M. Durand, pharmacien at Caen. The principal object of both memoirs was the penetration of roots into mercury. After analysing the two, the learned reporter gave the result of the experiments performed by the committee, composed of MM. de Merbel, Becquerel, A. Brogniart, Pouillet, and Dutrochet, in order to verify the facts of the penetration of the radicles in mercury, when the seed is placed in a small quantity of water on the surface of that metal. The seeds employed were those of *lathyrus odoratus*; the radicles never penetrated beyond one line, and sometimes not at all; the former took place only when the seed or radicles were adherent to the mercury.

On a modification of the trocar employed in the operation for hydrocele, by Dr. Guépratte, surgeon in the navy. This modification, intended to prevent the infiltration of the injected liquid into the cellular tissue of the scrotum, consists in dividing the canula into two parts, the one containing the perforator, and the other a spring, by means of which a species of valve may be pushed out and drawn in *ad libitum*. The trocar having been introduced into the tunica vaginalis, and the perforator withdrawn, the spring is pressed, and the valve forms a right angle with the canula, its outer surface being in contact with the serous membrane; the instrument is thus prevented from changing its place, until the valve is made to resume its former position.

Mr. J. R. Hind addressed a letter to M. Faye, *astronome adjoint* at the Royal Observatory, Paris, in which he states that he had arrived at some interesting results relative to the large comet of January last, and that he had been favoured by a series of observations made by Mr. Sims at Columbo, in Ceylon, on January 5th, 6th, 7th, 8th, and 11th, which were published in the notices of the Astronomical Society, by Dr. Peters, professors Schumacher and Challis. He mentions the result obtained by Gaun's method for any conic section, and that of his calculations of M.M. Mauvais, and de Vico's periodical comet.

Mr. Cooper, previous to leaving Naples, addressed his recent observations on M.M. Mauvais, Darcet, and de Vico's comet.

Academy of Medicine. Sitting of the 29th April.—M. Caventou in the chair. Dr. Brachet of Lyons, corresponding member, was present.

On the health of workmen in Tobacco Manufactories.—Discussion on Dr. Melier's report.—Dr. Bricheteau did not consider the emanations from tobacco as injurious as stated, since he has examined men who have worked in these manufactories for fifteen, twenty, and even thirty years, without being inconvenienced; on the contrary, they were preserved from certain diseases, for instance, from bronchitis and rheumatism; moreover persons who are constantly in smoking rooms or who are inveterate smokers, do not experience any peculiar ailments. Dr. Londe asked whether the reporter had examined whether the number of diseases had increased since the monopoly had been established, and whether sickness is as

prevalent where this does not exist?* Dr. Melior in reply to the various questions and objections that were made, stated, 1°. *Relative to the proporti n of sexes*, this varies according to the kind of work done; in the manufactory in Paris, there are on an average, 800 women to 500 men, and when it was asserted in the report, that the number of sick was greater among the former than the latter, this was not lost sight of; perhaps the mode in which the females are dressed contributes to this result, and it might perhaps be useful to modify it. *Relative to the wages*, which, as was justly observed, exercises considerable influence on the health of the workmen; at Paris it is for the men, to from 2s. 6d. to 3s., and for the women, from 10d. to 1s. 5d. *Relative to the ameliorations obtained since the establishment of steam engines.* In five manufactories they have not been established, and in these, diseases are of most frequent occurrence, and are most serious, especially ophthalmia. *Relative to the existence of amaurosis.*—It has never been observed in the manufactories in Paris, and is not noticed in the reports of the physicians of the other establishments. *Relative to the quantity of urine, and the frequency of micturition.*—Both exist, and are easily explained by the diuretic properties of the plant. *Relative to the amniotic liquid presenting the odour of tobacco.* This case was observed in the clinical wards of Professor Stoltz, of Strasburgh: it is not the only fact recorded, in which similar effects were remarked; thus Haller narrates one of a woman who took, while in the family way, a considerable quantity of saffron, and whose amniotic liquid was tinged with and presented the odour of this substance; Levret that of another, who, while in the same state was submitted to a mercurial course, and the same liquid whitened a copper plate; these facts are re-published by Baudelocque, Maygrier, and Professor Moreau. *Relative to the coloration of the skin.*—If the skin were simply stained, lotions would suffice to remove the tint, but as this is not the case, and as two years are often requisite ere it disappears, it is evidently a species of cachexia analogous to chlorosis, so much so that in both steel is given with advantage. *Relative to the habit*, the opinion emitted by Dr. Rochoux is correct. *Relative to the omission of hygienic rules*; this is not the case, since several were proposed by him, and adopted with evident benefit to the workmen. *Relative to the gases disengaged*, the effects are not produced by ammonia alone, inasmuch as this substance is mixed with nicotine. Finally, Dr. Melier refused to admit having treated Parent Duchatelet too harshly. He appreciated his works, and was his friend, but, he considered that he, (Parent Duchatelet) had a tendency to exaggeration, and that he was an optimist more from kindness than aught else, and that he could not adopt his opinion relative to the harmlessness of tobacco emanations. He also combatted Dr. Londe's additional conclusions After some further remarks from Drs. Delens, Gase, and the reporter, the discussion ceased. Dr. Gerardin proposed to request the minister to employ steam engines in all the manufactories. This proposition combated by Professor Adelon and Dr. Nacquart was rejected. The conclusions of the report were then adopted.

* This question was first raised by Jean Raimond, the witty writer of the *causeries hebdomadaires* in the *Gazette des Hopitaux*, who, by his humour and repartees often succeeds where more serious writers fail, from presenting the subject in too solemn a style. Speaking on this subject, he expresses himself thus: "In a hygienic point of view, there is a question completely omitted in the report; viz.:—Is the fabrication of tobacco in small quantities, as is practised by private individuals, as injurious to the workmen as when it is manufactured in large quantities? Have comparative researches been made? Have similar effects been observed in other countries where no monopoly exists? For if from this comparison it results that the diseases are more serious and more frequent when it is manipulated in large quantities, the Academy ought evidently to point out the fact." In conclusion, I cannot but engage persons so situated as to be able to study this important question, to publish their observations in scientific periodicals.—G. de B.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By Sigismund Sutro, M. D.

Poisoning by Cherry Kernels.—The daughter of a widow æt. 5 years, ate a considerable quantity of the kernels of sweet cherries (prunus acium). Her brother (a few years older than herself), also ate some. After the lapse of a few hours symptoms of poisoning appeared. When the author was called the next day, he found the girl so comatose, that she could not be roused by any means, The eyes were closed, the pupils considerably dilated, the skin moist and hot, respiration exceedingly hurried, pulse small and quick, urine and fæces discharged involuntarily; the child very restless. A saturated solution (probably citric acid, with carbonate of potash) was ordered internally, and cold fomentations to the head externally; after a few hours, vomiting of a greenish mass ensued, and was followed by retching, which lasted till death; the body was spasmodically contracted backwards. The illness lasted forty hours. On the *post-mortem* examination, the stomach externally was normal, and internally rather swollen and reddened; the intestines were strictured and invaginated, but there was not any inflammation. The liver, spleen, and large vessels, contained black tar like blood. The body was not examined further. The boy, who had eaten fewer cherry kernels, became likewise ill, but recovered in the course of a month. An eruption, analogous to urticaria, came out on the fore-arms of both children; they were both perfectly well (according to the statement of the mother) before eating the cherry kernels, and no other cause for the attack could be assigned. The kernel of the prunus avium (cerasus nigra MM.) containing amygdaline, and developing prussic acid, with ethereal oil in the stomach, is a very remarkable occurrence, and one which ought to serve as a warning.—*Mertens of Wangrowcit in der Medic. Zeit. f. Heilkunde, Prussic.*

On the Effects of Blood as an Antidote to Arsenic.—The desire of discovering in poisoning by arsenic, an antidote which could be obtained and employed under any circumstances, led the author to institute the following toxicological experiments:—Arsenic having a great affinity to the constituents of blood, the author administered at noon to a well fed healthy dog nine years of age, three grains of arsenious acid dissolved in diluted milk, after the animal had been eighteen hours without food; a quarter of an hour after, eighteen ounces of blood, taken from a calf just killed, were poured into its mouth. Considerable perspiration and trembling all over the body ensued, then thirst, dejection, and tendency to vomiting. At seven o'clock P.M., the dog ate and drank freely, was lively, and apparently strong; neither vomiting, nor stool, nor urinary secretion, ensued during the night. The following day the dog was left quiet. On the third day six grains of arsenious acid were given in diluted broth, after fasting for twelve hours: within ten minutes twelve ounces of blood were poured in, the animal's struggles preventing a greater quantity from being administered. It drank a great deal of water. No other symptoms appeared than those perceived at the first experiment, viz., perspiration, exhaustion, and trembling. In the evening the dog was quite lively. A day's interval was allowed for his recovery, and on the fifth day he had nine grains of arsenious acid in diluted milk; after a few minutes nine ounces of blood were poured into its mouth with great trouble. The symptoms were the same as on the former occasion, together with the singular fact, that a pterygium of the right eye, with which the dog was affected, contracted itself, and disappeared the next day; the right eye was then as clear as the left. On the seventh day the dog received twelve grains of arsenious acid given in broth, and no more than eight ounces of blood could be injected; the perspiration was so considerable, that the animal appeared as if it had been bathed; the thirst was great. The animal howled constantly with a hoarse voice, and evacuated fæces and urine, which had not been the case in the former experiment. After the lapse of twenty-four hours, that is, on the ninth day, the dog had eighteen grains of arsenious acid, and about six ounces of blood. The dose was increased this time by six grains, because the author wished to close his experiments with the death of the dog. The effects were now very marked, great thirst, restlessness, convulsions, and complete prostration. At about eleven P.M., the symptoms of poisoning had almost disappeared; after some days the dog recovered almost completely with the exception of hoarseness in barking. In order to ascertain the organic changes produced by the large quantities of arsenic which had been introduced into the system, the dog was killed. Neither the pharynx nor fauces were inflamed nor spotted; the venous blood was gelatinous, the arterial coagulated and not quite red; the liver was very hard and fragile; the lungs were inflated, and covered with bluish spots in some places; they scarcely contained any blood; heart unaltered. The blood contained in the heart was gelatinous and black; this was particularly the case in the right ventricle; stomach unaltered externally, thrown into deep folds, much inflamed internally; pylorus normal. Duodenum, ileum, and colon were also inflamed, and filled with digested food. In order to ascertain whether the arsenic had not entered the blood or the brain, the author collected the blood of the heart, evaporated it to dryness, powdered it, and mixed a part with an equal quantity of carbonate of potash, and half the quantity of coal powder, and to his great surprise he obtained two grains and a half of arsenic by sublimation. The other part of the dried blood was used for analysis by a liquid process, and arsenic was likewise obtained; the brain was also dried and powdered, and mixed with carbonate of potash, and again one grain and three quarters of arsenic were obtained; the liver,* muscles, &c., would also have been analysed in a similar manner, if the body of the dog had not been taken away during the night, and thrown into the river without the author's knowledge. Though the experiments appear imperfect in consequence of the urine and perspiration not having been analysed, still the author suggests in cases of poisoning by arsenic, to use the blood of a freshly killed animal as an antidote, if no medical treatment were readily obtainable. Should the nauseous character of the remedy be a great objection, it would be greatly removed by the patient having his eyes bandaged while taking the blood.—*Franz. Apoiger in Buchner's Repertorium.*

Observations of Buchner.—Apoiger's experiments have furnished a remarkable result, confirmatory of his theory, and of the highest importance in medical practice. It is well known that vomiting, and even death, is easily induced in dogs, by administering a few grains of arsenic; it must then be found exceedingly surprising, that the above-mentioned dog perspired so freely after drinking blood, but did not vomit, though the poison was absorbed into the circulating fluid; probably the arsenic formed a combination of proteine in the stomach with the blood. Similar experiments ought to be instituted with serum of blood and with albumen. If these combinations of proteine are found to have a less favourable affect, the specific efficacy must be ascribed to hæmataurine.

Semina Taxi Baccatæ as a Substitute for Digitalis.—Martin concludes from Dr. Rompinelli's experiments, that the seeds of taxus baccata produce a similar effect to, and may therefore be substituted for foxglove; the fleshy mallow enclosed in the seeds is inefficacious; the constituents of the seeds are, according to Martin, etherial oil, of a turpentine like smell, fat oil, a green very bitter resin, sugar, albumen, sulphate of lime, and vegetable fibre.—*Buchner's Repertorium.*

Carduus Nutans as a Remedy in Ascites.—From the following cases reported by Dr. Osberghaus, the Arabian thistle is in high reputation in the environs of Cologne. A young man of about thirty years of age, passionately fond of shooting, was, after frequently taking cold, affected with gout, later with hemorrhoids, and, lastly, with abdominal dropsy. After the inefficacious employ-

* This is greatly to be regretted, since probably the largest quantity of arsenic would have been discovered in the liver.

ment of several diuretics, Dr. Osberghaus was consulted and ordered a warm bath, with ash lye, and the internal use of elder-flower tea; a profuse perspiration broke out, with a more abundant discharge of urine, and the dropsy disappeared. When the health was restored, the patient again gave himself up to his former passion for shooting and drinking, and after the lapse of ten years the ascites re-appeared; the baths and diuretics were again employed but in vain, so that abdominal paracentesis was resorted to, and ten quarts of water were discharged; the water re-collecting, tapping was performed at four different periods. In this unhappy state the patient was advised by his acquaintance to try the domestic remedy, known under the name of Arabian thistle (carduus nutans), which is found everywhere as a biennial plant on sterile places, in hedges and ditches, and is distinguished by the over-hanging (or nodding) blossom-heads, with felting stalks; a handful of this thistle dried and cut, and boiled with a quart (thirty-two ounces) of water was taken by tea-cups full, and the dropsy finally disappeared. When the decoction of the thistle was discontinued, the urine was discharged more sparingly, and the abdomen began to swell, it was therefore necessary to continue the remedy for some time, and to use tonics after it was discontinued. The dropsy did not recur. The efficacy of carduus nutans in ascites has been confirmed by frequent trials. Professor Buchner mentions the following interesting case, which gained a great reputation for the Cortex rad. Frangul., recommended by Dr. Gumprecht, as a specific against hemorrhoids, in a former number of the *Repertory*. A citizen of Munich, who had suffered with gout and hemorrhoids, was at last affected with dropsy; the physicians gave little hope of recovery. A reader of the *Repertory* reminded the patient of the article in question—the rhamnus frangula (black alder) was consequently obtained, and administered to the patient in the form of decoction according to Dr. Gumprecht's prescription. The dropsy was absolutely cured by means of this remedy, and the fortunate convalescent of course, spread, its renown as much as possible amongst the public; he is, however, said to have lately had a relapse.—*Ibid.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN SCIENCE.

(The following are the principal articles of interest to our readers in two numbers of the *Medical Gazette.*)

Rheumatic Caries Vertebralis.—Mr. Solly believes that this disease is local, that it is, in fact, mollities rubra et fragilis, produced by rheumatic inflammatory action. The treatment he advises is rest in the recumbent posture, leeching, and the exhibition of calomel and the iodide of potassium in small doses.

Treatment of Hydrocephalus.—Dr. Blackmore is of opinion that venesection or arteriotomy would, in most instances of this disease, prove far more beneficial than the local abstraction of blood by leeches. He has bled a child eighteen months old, from the back of the hand, where alone a vein could be found, to an ounce and a half, with the best effect; and has seen stupor and obstinate febrile symptoms instantly relieved by a single bleeding from the jugular vein, when the most active medicines had been given in vain. Next in value to bleeding is the cold affusion, or a long-continued stream of cold water on the head, or applying a cooling lotion with a large paint-brush, which is preferable to laying a wet sponge or cold cloths on the head, the refrigerating effect being certainly greater. A spirituous lotion is not always so safe as plain vinegar and water; as the alcohol in the lotion has seemed to induce delirium. Of sedatives, Dr. Blackmore thinks colchicum preferable to digitalis; the latter remedy appears sometimes to have been mischievous in its action. In cases beyond the age of infancy, when there is much delirium with a tense pulse, narcotics have been given; they are safe and often highly useful after proper bleeding; but at the beginning of the disease, or during the height of the inflammation, they are decidedly hurtful; under such circumstances Dr. Blackmore believes the favourite combination of opium, with calomel, often unadvisable:—antimony with a purgative, and the steady effusion of cool water, are the best means of improving a hard, quick, sharp pulse in children, when bleeding cannot be carried farther. In the latter stages of the disease, when much mercury has been given, and the system is irritable, henbane or muriate of morphia is safe and beneficial; but when opium has been given, having appeared to be required by the intermittent headache, its effect has been a matter of regret. The extensive pustulation of the scalp by antimonial ointment has appeared a powerful means of lessening stupor; but its irritant action has induced delirium. Mercury, employed so as to affect the system, without previous bleeding, has not been successful. Its use by inunction, with small doses of calomel, has been more satisfactory than the enormous quantities of the latter which are sometimes given. Costiveness being a predominant symptom, violent doses of drastic purgatives are sometimes given with an unsatisfactory effect; the repetition of small doses of calomel and gamboge, or calomel dropped on castor oil, with a senna clyster, and cold affusion on the spine, are better means of acting on the bowels. It is not always advisable to seek to arrest the vomiting; it may be regarded as an useful criterion of the state of the brain, and has seemed to relieve the inflammatory tension of the vascular system. If it be thought right to arrest it, ether on the epigastrium is safe and efficacious. The spasms in the latter stage of the disease are relieved by giving a little spirit of ammonia, and an opiate, applying at the same time on the spine a cloth wetted with tepid vinegar; or by dropping elder flower water on the head, and administering a turpentine enema. For the depression of the circulation that sometimes attends the outset of the disease, cold affusion on the head, and a stimulant pediluvium are the best cordials. A state of exhaustion also sometimes occurs in the progress of the malady, and death is threatened by a sinking of the vital powers; in one such instance, in a boy seven years of age, Dr. Blackmore gave half a pint of sherry in a few hours with success. In such a state, of course, the cordial should be given in very small doses, repeated at short intervals. In a case where unequivocal symptoms of effusion seemed to forbid a hope of recovery, the child was restored by a combination of purgatives, mercurials, counter-irritants, and narcotics.

Eczema.—Mr. Phillips has published two cases of inveterate eczema successfully treated by the local application of warm water, and the internal exhibition of liquor arsenicalis. The first and more severe case was one of six years standing; the skin was greatly thickened and hardened, and it was intersected in all directions by deep fissures. It had been treated by various methods, with but temporary relief. It completely yielded to the above treatment, and within four weeks from its commencement the skin was as soft and as natural as that on any part of the body. The patient did not leave the hospital for a fortnight after the cure, in order to be assured that it was complete.

Epilepsy.—Dr. Blackmore points out among the peculiar phenomena of epilepsy, the spontaneous subsidence of coma after the fit; its persistence through a long life, without much disturbance of the general health, or of the mental faculties, even when congenital, or acquired in early childhood: its becoming a periodical and purely spasmodic disease, the comatose part of the affection having subsided, in some cases where it has occurred in the adult age; and that in some cases, after having become an established habit for many years, even after puberty, it entirely wears itself out. It occasionally, but rarely, causes hemiplegia: when habitual, and the fits increasingly frequent, it may end in fatal apoplexy. When properly treated before the age of puberty, it is often cured; and even when acquired after puberty, and become habitual for years; but when it appears in early childhood, and persists to adult age, it is very seldom cured. With respect to the recurrence of the fit, if the exciting cause is recent, and not inevitable, if the head does not shew irregular ossification, and if there is no family pre-disposition, there is reason to expect its non-recurrence, if proper precautions are taken. Probably no other disease is so dependent for its recurrence on the habits and physical circumstances of the patient. The coma may be distinguished from that of apoplexy by the character of the spasms, of the breathing, and the pulse, with the duration of the stupor. When consequent on other diseases, the prognosis is more serious than in the simple and primary affection; yet even when succeeding to apoplexy itself it is not incurable. Recovery is seen in young subjects, although coma has continued for eight hours, and after the vital functions have begun to fail. Hope is to be founded more on the nature of the predisposing and exciting causes than on the actual symptoms of the paroxysm. The proximate seat of the irritation is the corpora striata, the medulla oblongata, and the encephalic portion of the spinal chord; and this irritation is often the effect of disease in other portions of the encephalon, the influence of which in inflicting pressure on the basial parts is easily understood from the structure of the head. Various cases show, indeed, that disease in the same remote portion of the brain may occasion either apoplexy, hemiplegia, or epilepsy; the same sort or degree of influence is therefore not always communicated to the medulla oblongata and spinal chord; or, according to modern anatomical views, the cause of the difference in the effect is, that in epilepsy the organic portion of the spinal chord is irritable as well as the sensorium, and not in the hemiplegiac or apoplectic cases; and in the former disease, also, the nervous origin of motor power is more affected than that of the sensorial functions. The morbid appearances are, a general enlargement of the arteries and veins, with fulness of blood; sometimes a general softening of the brain; an encysted abscess in the hemispheres, or suppuration at the crura cerebelli; induration and tubercles; exostosis of the interior of the skull. The most constant, and, in a practical view, the most important, condition which may be regarded as the proximate cause of epilepsy, is excited circulation in the encephalon: this state is either transient or more prolonged, and constitutes an inflammatory condition, of which the convulsions are sometimes the first symptom. It is also primary and idiopathic, or symptomatic and secondary on irritation in other organs, particularly the gums and intestines in children, and the uterus and nerves external to the head in the adult. Confirmed habitual epilepsy has probably always its origin within the head. Morbid congestion in general is spoken of as active or passive, *i.e.* attended with high action of the vessels, or with atony and unirritability. Dr. Blackmore is not disposed to regard the latter state as capable of producing epilepsy, and he refers the attack when it occurs after exhausting diseases, or in weak constitutions, to a fulness of blood in the brain, with strong action of its vessels: an action strong, if not absolutely, yet relatively to the general powers of the vascular system in the individual patient, and by which the momentum of the encephalic circulation is for the time increased. The treatment during the fit should consist in the use of cold affusion; if bleeding be afterwards practised, it should be to a far less extent than in apoplexy; when excessive, it has only been the means of substituting one form of convulsions for another, or of inducing worse consequences. In that form of disease from a stroke of lightning, or a sun-stroke, or from a large quantity of spirituous liquors taken at a draught, experience shows that the best treatment consists of the cold affusion, followed by an emetic and ammonia, as soon as the power of swallowing has been recovered: bleeding in some such cases has been fatal. Besides the cold dash, an enema of turpentine is alone required in most cases. Compression of the carotids also has been found useful. In the intervals of the fits, the most generally curative treatment, in a vast number of cases has been the antiphlogistic, either evacuant or sedative. Small bleedings and cupping, shortly before the period of the return of the paroxysms, have had a most salutary effect, while profuse bleeding has served to make the returns more

frequent. Purgatives are especially valuable; *e. g.* elaterium and croton-oil. In relaxed habits a combination of colocynth with the gum-resin of Cornel has succeeded well. The oil of turpentine is a most useful adjunct in these cases to castor-oil. Emetics, particularly sea-sickness, are safe and wholesome. An issue in the calvarium has been of use in some cases. Sedatives, as colchicum and digitalis, have been often successful; and, when incautiously given, productive of equal mischief. The refrigerant sedatives, and the shower-bath, deserve more commendation; and as a means of keeping the head cool by night, the air-pillow is not contemptible. Terror is a sedative not easily managed. In many cases of chronic epilepsy, on the other hand, the most successful treatment is not evacuant or sedative, but tonic—not that tonic plan which fills the vessels with blood, but that which increases their contraction, and equalises the general circulation. Of this class, the more successful is turpentine, in small and frequent doses: the sulphates of copper and of zinc, and the nitrate of silver, appear to act similarly to turpentine, but not so efficaciously. When the fits recur in the night, the habit may be broken by an opiate at bed-time, and by the patient being awakened and leaving the bed. *Concubitus rite et legitime peractus* has proved a remedy, just as its abuse has been one of the worst excitants of the malady.

INCISION OF THE CALVARIUM.—Dr. Blackmore strongly recommends the making a deep incision in the scalp, and allowing the wound to bleed freely, in the treatment of spasmodic affections. He says he has used it several times with gratifying success in spasmodic cases of an encephalic origin, as well as in hemiplegia and mania. When there has been either a fixed pain in the head, or a tender portion of the scalp, so that gentle percussion has induced excessive pain, a convulsion or hysterical fit, his experience has shewn that the bleeding from the free incision is a far more powerful remedy than any other mode of depletion. The practice should not be confined, as formerly, to cases of disease in the pericranium, nor should it be adopted merely as a last resource in chronic affections of the brain and its membranes, or as a first step to making the enormous issue lately recommended. This latter Dr. Blackmore especially condemns. The incision should be about three inches in length, dressed with turpentine, and an emollient poultice applied for a few days afterwards.

PERICARDITIS AFTER SCARLET FEVER.—Dr. Snow believes that this disease arises only as a consequence of the renal disease, which is apt to follow scarlet fever, and that it does not occur at an early period of the exanthema.

EDEMA OF THE GLOTTIS.—Mr. Illingworth narrates a case of this disease caused by the local irritation of a hot potatoe, and cured by bleeding, the application of leeches, with calomel, aperients, and salines.

PRESBYOPIA.—A case of presbyopia which occurred suddenly in a boy, eleven years of age, is published in the *Northern Journal of Medicine*. The eyes were apparently healthy, and of the normal character in every respect, and no cause could be traced for the attack. The expectant plan of treatment was adopted by Dr. James Hunter, under whose care the boy was placed, and after the lapse of about six weeks, the sight began to improve, and in ten days was perfectly restored.

PERICARDITIS.—Dr. Durrant, in the *P. Med. Jour*, says—The consideration of the physical diagnosis of pericarditis is facilitated by a division into periods, or stages, according to the pathological characters, from which the distinctive phenomena derive their origin. *1st stage.—Effusion of Lymph.* Inspection.—Impulse of the heart visibly increased and jerking. Application of the Hand.—Heart's action impulsive and abrupt, accompanied frequently by a vibratory tremor; pain excited both by pressure between the intercostal spaces, and also by forcing the diaphragm upwards towards the pericardium. Auscultation.—In the earliest stage of the inflammation, prior to the effusion of lymph, the movements of the heart are quick jerking and tumultuous; its rhythm often becoming irregular and intermittent; a feeble and dry rustling sound, not necessarily permanent, is at this period occasionally audible. As the disease advances, and lymph becomes poured out, a friction sound, more frequently double, is heard accompanying both sounds of the heart; of greatest intensity during the systole of the organ, with its maximum generally over the apex. Percussion.—Slightly increased dulness from congestion of the heart, and effusion of lymph. *2nd stage.—Effusion of Fluid.—Inspection.*—In extreme cases, præcordial region rendered somewhat prominent by the circumscribed filling up of the intercostal spaces; movements of the heart invisible.—*Application of the hand*: No vibratory thrill; impulse feeble and indistinct.—*Auscultation*: Sounds of the heart, weak, deeply seated, and undulating; friction sounds diminished or extinct; reappearing occasionally, if the patient be directed to incline the body forwards; influenced also, in some measure, by lateral position.—*Percussion*: If the amount of fluid be considerable, the extent of dulness over the præcordial region is greatly increased, varying with the position of the patient, for which reason, a carefully conducted comparative examination, both in the erect and horizontal posture, must not be neglected.—*Signs of Resolution.—Auscultation*; Cessation of the attrition murmur; increasing regularity, and quietude of the heart's impulse and rhythm, unaccompanied by inordinate jogging and tumbling action, indicating adhesion. If serous effusion have existed, the friction phenomena may again return, as the result of its absorption, and sooner or later, ultimately cease.—*Percussion*: Extent of dulness gradually diminishing, until it reach its normal limits. *Adhesion of the Pericardium*: Signs doubtful, rendered, however, probable, if the previous history of the case afford evidence of a former attack of pericarditis. *Inspection*: Impulse of the heart abrupt, forcible, and very visible; intercostal spaces occasionally drawn inwards during its contraction; situation of the heart within the chest apparently stationary, and uninfluenced by the change of posture. In some instances, in consequence of adhesions, it appears higher than natural, as a result of which the præcordial region is rendered slightly prominent. *Auscultation*: Cardiac movements, abrupt, tumbling, jogging, or forcibly struggling; often rendered painfully acute, by their proximity to the ear. The co-existence of a bellows murmur, together with the phenomena peculiar to enlargement of the organ, not unfrequently obtains. *Percussion*: Abnormal dulness if the false membranes be thick and firm, extending in proportion to the increment of the heart itself. *Observations*: Notwithstanding the usually well-defined characters by which the physical phenomena of inflammation of the pericardium, as well as the lining membrane of the heart, are accompanied, and the amount of success which generally attends early, and decisive treatment, the number of cases of damaged heart, connected with rheumatism, especially among the young, which daily force themselves upon our attention, proves either that assistance is not sought until the disease has effected irreparable mischief, or that, in many instances, the important complication of heart affection is still overlooked at the only period, during which, in a curative point of view, remedial measures can alone avail. Rheumatic pericarditis seldom obtains without the concurrence of inflammation in the interior of the heart. In the event of a rapid and extensive accumulation of fluid within the pericardium, by which approximation between its two surfaces is prevented, the murmur of attrition is often preceded by a bellows sound, under which circumstances the latter sign, in connexion with dullness on percussion, becomes the most direct index to the supervention of the pericardial disease. Pneumonia, bronchitis, and pleurisy, are enumerated by authors as being occasionally liable to be confounded with pericarditis. Between the two former affections, and inflammation of the pericardium, a properly conducted and sufficiently careful examination should suffice to remove all doubts. The diagnosis between disease of that portion of the pleura, situated immediately over the heart, and chronic inflammatory affection of the pericardium, will, however, sometimes give rise to considerable hesitation in the mind of the auscultator. The greater influence of the cardiac movements in augmenting the attrition sound of pericarditis, and the similar effect produced by a deep inspiration on the friction phenomena of pleurisy, together with the previous history and general symptoms of the two diseases, will assist in substantiating a correct diagnosis. The seat of the dullness, with the normal character of the breath-sound over the postero-inferior part of the chest, will sufficiently distinguish pericardial from pleuritic effusion. The occurrence of cerebral symptoms in the course of an attack of acute rheumatism, should at once direct attention to the physical condition of the heart, and its investing membrane.

HÆMORRHOIDAL NEEDLE.—Under this name, Mr. Borlase Child, surgeon to the City Police Force, in a communication with which he has favoured us, describes an instrument which he has made for the purpose of applying ligatures to small tumours in the vagina and rectum, which he thinks is particularly adapted for the removal of hæmorrhoids, an operation not easily effected, when the tumours are not very prominent, have broad bases, and are situated very closely together. The ordinary mode of procedure in such cases is to pass the ligature around the tumour, with the right and left index fingers either aided by a tenaculum or not, as the operator may deem expedient. With the utmost precaution it sometimes occurs that the attempts to complete the operation are embarrassed by the constant slipping of the ligature, or, what is still worse, the operation may prove unsuccessful from the ligature embracing a portion only of the hæmorrhoid. Such accidents, in Mr. Child's opinion, are less likely to occur when the hæmorrhoidal needle is resorted to, for it enables the operator with great facility to keep the silk in close contact with the base of the tumour, and when two or three are close together and are situated high up the rectum, the ligature is readily passed between them. The instrument is of very simple construction, and in shape is somewhat similar to a button-hook; on its under surface is a groove for the reception of the silk, which latter must be well waxed before it is used; at each extremity is a slit or notch, for the purpose of nipping the silk and retaining it in its proper situation. The operator carries the needle, previously threaded, behind the tumour, with the handle slightly raised in order that the groove may be brought to bear immediately upon its base; he then gives it to an assistant to hold, directing him to keep a steady and firm pressure downwards and outwards. The operation is then completed in the ordinary way, the ligature as it is tied releasing itself from the groove of the needle. A modification of the same instrument might, he thinks, be advantageously resorted to for the removal of polypi and other tumours of the uterus.

THE TREATMENT OF SCROPHULA.—Dr. Sutro has sent us a communication on the treatment of scrophula, in which he defines the malady, as irregularity of the functions of the lymphatico-glandular system, causing an improper assimilation of lymph, and consequently imperfect nutrition, with obstruction and accumulation of lymph in the lymphatic vessels, irritation, and even local inflammation, and in consequence glandular tumours, induration, tubercles, and suppuration, beginning in the glands, and gradually invading the other organs. The scrophulous constitution is shewn by an unusually large head (particularly the occiput), a short, thick neck, compressed temples, broad maxillary bones, bloated face (particularly the upper lip and nose), light coloured hair, white tender skin, with red cheeks, generally blue eyes, and large pupils; the whole body fat, and apparently well-fed, but the flesh rather lax and spongy to the touch, the abdomen large, frequent bleeding at the nose, a tendency to an abundant secretion of mucus in the alimentary canal, to helminthiasis, and blenorrhagias of different organs; irregular stools; premature development of the intellect, with simultaneous retardation of the bodily powers, as in dentition, walking, &c. The symptoms of scrophula consist of glandular

enlargement in different parts of the body, which may either continue for years in the indolent state, or else may take on inflammatory action, suppurate, and lead to the formation of scrophulous ulcers, which secrete a watery acrid ichor : chronic inflammation of the Meibomian glands, frequent muco-purulent discharges, principally from the ears, uterus, or lungs ; eruptions on the skin, chiefly in children, distended tense abdomen ; cold abscesses, and disease of the osseous system, such as spina ventosa, and caries. Cretinism he regards as an indication of general scrophulosis of the whole system. The consequences of the disease are, atrophia mesentorica, tabes scrophulosa, phthisis tuberculosa, hydrops (particularly ascites and hydrocephalus), cancer, etc. Scrophula is generally a disease of development, beginning in childhood, and terminating at puberty ; but it sometimes commences at that period of life, and females occasionally become subject to it, after the cessation of the catamenia. It may be called into action by accidental causes, if the predisposition exists. The remote causes are scrophulous, or debilitated parents, sickly, scrophulous, or syphilitic nurses, artificial feeding during the first year, impure, moist, animalized air, want of cleanliness, bad, indigestible food, effervescing vegetables, sedentary life, want of exercise, premature exertion of the mind, strong astringent remedies, injudicious use of narcotics, etc. In respect to treatment, therefore, the remote, as well as the proximate causes, must be counteracted. With this view, an improved diet, proper exercise, fresh, pure air, and great attention to cleanliness, are strongly recommended. The medicinal remedy advised by Dr. Sutro is the exhibition of cod-liver oil (oleum jecoris aselli), which he regards as a specific in scrophula, and says it gently promotes the secretions of the skin, kidneys, liver, and bowels, on the one hand, and the functions of the lymphatic glands and absorbents on the other. He is uncertain whether the effects produced by it on the organism are to be referred to the animal gluten, resin, oil, or iodine it contains, or to their combined action. Its use must be persisted in for months, and appropriate treatment adopted at the same time to combat special symptoms. With regard to the unpleasantness of the taste of the medicine, he says, that although very disagreeable to healthy persons, it is not so to those labouring under this disease ; scrophulous children take it with the greatest ease and indifference. The dose is from one to two tablespoonsful (teaspoonsful for children) twice or thrice a day. The best time for its exhibition is one hour after breakfast, and several hours after the other meals. A little peppermint-water, or coffee without milk may be drank afterwards. Nine cases of scrophula out of ten, Dr. Sutro is convinced, will be cured by this remedy, and he details one from his own practice, in which a successful result followed its use.

NOTICES TO CORRESPONDENTS.

A. R. B. A Subscriber.—*Such Graduates will doubtless be allowed to register under the new Bill.*

Dr. Browne's *interesting "brochure" has been received.*

A Surgeon's Assistant, *could lose nothing by making the statement he suggests. We are, however, unable to foretell the result. Our Correspondent can receive no useful advice except from one who has made some advance in the alchemy of life, and will communicate his secret.*

Mr. Haydon's *letter has been received, and shall not be overlooked.*

X. Y. Z. *will oblige us by sending the abstract.*

A Constant Reader.—Paris. *The new Bill is not likely to cause any difference in the terms of graduation.*

An Enquirer.—*Edinburgh shall be inserted in an early number.*

Mr. Gill *has no remedy.*

Lucius *on Medical Reform, in a collected form, shall be noticed by us in a more kindly way than our Correspondent appears to anticipate.*

F K. S.—*There is some doubt about the question, but the best opinion is, that any man is legally a surgeon that pretends to be one.*

A Student.—*A letter should be sent to the Secretary to the Senate, Sir W. Hamilton Bart. He will return a courteous reply. The Dean of the Edinburgh Faculty (University) is Mr. Syme.*

A Member.—*Mr. Upton is the Clerk of the Society of Apothecaries. All the matters touched on, are completely under his direction. We think that the complaint originated in a complete misunderstanding.*

D. F.—*A reader may find the information he asks for in any almanack.*

A Tyro.—*The explanation of Mr. Stanley to the Medico-Chirurgical Society was conclusive. We see no good in re-opening the matter.*

We have given J. H's letter a very full consideration but without changing our opinion. We will not decry German or French Medical Schools, but God forbid that we should ever remain content under any system which despatches a student to the Continent as the only means of getting a good medical education. Our mis-governments have done much, very much to injure and degrade science, but let us still hope that of all the subjects of human study and enterprize, medicine is not the sole one in which England is in the rear of the nations. There can be no improvement without schools, no schools without students, and therefore we say again no foreign diplomas! It is the place of England as Milton long since said to teach the nations : not to be their pupil.

Justitia *sends us a letter, calling attention to the defects of the Bill, and pointing out the injustice done to General Practitioners by the recent Charter. He remarks very correctly, that Sir James Graham might achieve a high distinction by liberally dealing with the question of Medical Reform.*

X. Y. Z. *is thanked, but we are really vain enough to hope that we need no such defence. We can pardon readily the ill temper of a contemporary when we know it is traceable to no cause but the damage inflicted by our success. There is no reader, that has read our columns, who can deny that, at all hazards, we have supported each Government proposition (promising) the adjustment of our wearying and mischievous strifes with all the anxiety compatible with the discharge of our primary duty to the profession. We have done a justice to the Government measures under all their phases which we believe no other journal has exemplified ; and in the alterations that have recently occurred, our vanity sees something very much like a tribute of homage to our temperate and discriminating objections.*

P. S. *is right, the hon. member did make a mistake as to his ability, and a very serious one. Like one of Astley's performers he thought to ride at the same time two horses, Sir James Graham and the profession. He has lost footing on both ; he is kicked to the earth. Few men can sit on two stools without the breech reaching the ground. Will P. S. favour us with the article he refers to?*

Medicus.—*All will register at the Central board in London.*

Dr. Hooper's *paper on hydrophobia has been received, and will be inserted.*

Anxius.—*All M. D's. with degrees procured through examination, will register as physicians, and consequently will bear the legal title, Doctor. They can practise as General Practitioners, but cannot enforce any charge legally. Our Correspondent will not be molested by the Bill.*

The list of newly made physicians sent to us, and published, April 26th, is not quite correct. For George Rope read George Rogers : omit the name of Mr. Leman Bristol, and insert that of Edward Josh. Staples.

E. M. C.—*We do not conceive that the new Bill will, in its final shape, have any retrospective action of an injurious tendency on Medical Students. The Council of Health which will supervise the curricula of study and scale of fees will not of course raise them to the injury of pupils actually "entered" ; and on a proper representation, which will not be wanting, the Bill will doubtless be made to provide specially against any possibility of an opposite course being adopted. We shall on an early day consider the whole Bill in its relations to Medical Students.*

M. N.—*We do not touch general politics.*

We are sure H. would not ask for slips of his article, if he knew the extreme inconvenience compliance with his request would cause us.

An Old Reformer *is mistaken, at least, on the question of* consistency. *Sir B. Brodie carefully propounded, in almost the same words, the same scheme of Medical Reform before Mr. Warburton's Committee in 1834, that he has endeavoured to carry out in the Charter and New Bill. Subsequently he is said to have announced them in the two celebrated articles in the* Quarterly. *His best views are the question of Medical Education, where he is most at home. He is nearly always wrong where the excellence of a measure depends much on the feelings with which it may be received, or on its effects in some nice complication of circumstances not very palpable. With all his large practice, and frequent approximation to members of the Profession, he understands little of their real feelings and opinions. In fact, it is not given to man to be at once Eustachius and Lycurgus. We look to this incompatibility, rather than to the worse feelings suggested by our Correspondent, as the source of his ill-success. The letter of an old Reformer in the present stage of the Bill could do no good.*

A Constant Reader.—*There is no institution of the kind to our knowledge so supported.*

A Medical Student.—*Several pencillings are in our possession, but are delayed by press of medico-political matter. A pencilling of Mr. Pennington, the patriarchal president of the National Association, will be one of the first.*

An Enquirer.—*The difference originated in the best of causes. The number of our stamped copies are more than quadruple, those of our contemporary. Mr. Churchill does not deny the fact.*

M. D.—*Our lists of new books have unavoidably fallen into arrear. We shall, however, bring it all up in an early number.*

The communication read at the last meeting of the Royal Medical and Chirurgical Society was from the pen of Mr. Ilott, of Bromley, and not of Mr. Scott.

N. S. N.—*The application of a blister may be of service in causing absorption of fluid effused into the cavity of a joint, but its utility in cases of enlargement of a bone is doubtful. It may aggravate the disease, if there be any tendency to the heterologous formations in the system.*

T. T., *and several other Correspondents, will be answered in our next.*

A Handsome Portfolio *for holding the "* Medical Times.*"—very desirable to those who would keep the numbers clean for binding, and easy of reference—may now be had, by order of any Bookseller, or at the Office, price 5s.—An allowance is made to the trade.*

THE MEDICAL TIMES.

SATURDAY, MAY 17TH, 1845.

Ourselves and children,
Have lost, or do not learn for want of time
The sciences that should become our country ;
* * * And my speech entreats
That I may know the let, why gentle peace
Should not expel these inconveniences.
SHAKESPEARE.

Our readers learnt from us, a short time since, that a Deputation,* formed of Members selected in equal parts from the Society of Apothecaries and the National Association, was appointed with full powers to treat with Sir James Graham on the question of the New Charter of Incorporation. It is now our pleasing duty to announce, as the result of these negociations, the important fact, that *Government have offered such a charter as the Committee have felt it their duty to accept.* We proceed to detail, on the authority of the deputation itself, the principal arrangements which affect more particularly the body of General Practitioners. The College will be incorporated under the title of "The Royal College of General Practitioners in Medicine, Surgery, and Midwifery." Two of its Members will sit on the Council of Health. Its letters testimonial will entitle the holder to registration as a General Practitioner in Medicine, Surgery, and Midwifery. The College will itself prescribe its own

* The Deputation consisted of Messrs. R. R. Pennington, John Bacot, John Ridout, James Bird, Henry Ancell, and R. B. Upton, the Solicitor to the Deputation.

curriculum, and the nature and extent of its examinations subject, like other Colleges, only to the Council of Health. It shall have liberty to appoint for Examiners, whom it pleases, in or out of the class of General Practitioners. Preliminary examinations will be held by a Board of Physicians and Surgeons of all *students* beginning their studies, who shall all undergo precisely the same sort of examination, and shall derive from the *liceat* then conferred no right to practice. After this examination, students must decide on the nature of their future practice.* If they enter to become Physicians, they will have to conform to the regulations of the College of Physicians, and may be examined at 26. If as Surgeons, similarly under the College of Surgeons, and if as General Practitioner under the College of General Practitioners. No candidate for final examination, either as Physician, Surgeon, or General Practitioners will be admitted, who cannot prove that he has given five years to the study of medical science. General Practitioners will be left eligible to all public appointments they may now fill. The penal clauses in the Act of 1815 will be transferred to the new College, and none but General Practitioners can claim the privilege of Apothecaries. Such are some of the principal arrangements which have been come to, and in reference to which the deputation express a confident hope, that they will generally meet the sanction of their medical brethren. They believe, that they offer a favorable augury that an understanding may at length be come to which shall lead to a peaceful adjustment of our many differences.

Though an understanding has been thus come to by the Committee with Sir James, and though it is understood that the Charter in the worst hypothesis, will contain enough to make it worth the Profession's acceptance, it would be a great mistake to suppose that their negotiations are at an end, or that they will cease to exert their influence to effect the further modifications the well-being of the class of General Practitioners require. Nay, we go further. If it should turn out when the Bill is printed, that the concessions of Government are not as complete or satisfactory as the deputation imagined, and that they fail to secure the approval of any large portion of their constituents, we are quite certain the Committee will show themselves faithful to their trust, and respectfully announcing the circumstances to Sir James Graham, decline to participate in any settlement repudiated by those whose confidence they enjoyed, and whose power they exercised.

To show that we need anticipate no such unpleasing result, we now proceed *to announce precisely what are the* ALTERATIONS WHICH SIR JAMES GRAHAM HAS INTRODUCED IN HIS BILL.

Clause 1, repeals the 3rd Hen. 8, cap. 11; the 5th Hen. 8, cap. 6; the 32nd Hen. 8, cap. 40; 32nd Hen. 8, cap. 42; 1st Mary, sec. 2, cap. 9; 6th and 7th Will. 3, cap. 4; 18th Geo. 2, cap. 15 (making surgeons and barbers of London separate corporations); a portion of 40th Geo. 3, cap. 84; the whole of the 55th Geo. 3, cap. 194 (the Apothecaries act), with the 6th Geo. 4, cap. 50, sec. 2.

2.—Constitutes the Board of Health, to which two members are added, chosen by the College of General Practitioners, and one, a member of the Senate of the University of London, to be chosen by the Senate. Her Majesty will now appoint but four members.

3.—Her Majesty will appoint all the members of the *first* Council of Health, except those sitting *ex officio*. The members subsequently chosen by the Colleges or University of London, will go out of office after three years, in an order to be fixed by her Majesty.

4.—Official Members remain in the Council of Health during the term of their offices as before, and Crown Nominees during her Majesty's pleasure.

5.—Vacancies in *elected* members must be supplied forthwith; but her Majesty's sanction will be necessary to confirm all such elections. The term of office will be three years, but members will be re-eligible. No president, vice-president, or examiner of any of the Colleges will be qualified to act on the Council.

As in the former draft, the Colleges must settle their own mode of election of the aforesaid members.—Her Majesty may dismiss members of the Council for notorious misbehaviour or unfitness; and in such case, or in vacancies caused by registration or death, a new election shall take place for the term left unfulfilled. The appointment of clerks and messengers is arranged as before, and the lord high treasurer, or the commissioners of her Majesty's treasury, are empowered to pay necessary expenses.

The clauses 10, 11, and 12 are also left unaltered.

In clause 13 the term, General Practitioner, is substituted for Licentiate, and September is substituted for January, as the month of registration. The precise source of diploma is now to be added to the register of the qualification, and a printed copy of the Register published by the Council, will be legal evidence of registration. The absence of the name will alone be proof of non-registration until the contrary appear.

14.—All may register as General Practitioners who are entitled to practise as Physicians, Surgeons, or Apothecaries, and who within twelve months after the passing of the act, shall be entitled to enroll, and shall enroll himself as a Fellow of the Royal College of General Practitioners, or who, (being twenty-two years of age) shall have been examined in England by the College of General Practitioners, or in Scotland and Ireland by the Colleges of Physicians and Surgeons, and have proved *five years* medical and surgical studies.

15.—To be a surgeon, there must be age twenty-six; examination undergone before a College of Surgeons—proof given of five years study; or else he must have been twelve years a General Practitioner, or twelve years a member of some College of Surgeons, and undergone examination as a Surgeon.

In clause 16 we have this alteration. General Practitioners of forty years of age, or those *now* legally practising as physician, surgeon, or apothecary, and who have done so for *twelve* years, shall, on examination by the College of Physicians, be allowed to register as physicians.

17.—A preliminary board of six surgeons and six physicians, chosen by the Colleges, is appointed, whose liceat is necessary to all candidates for all diplomas. The fee is not to exceed two pounds, which is to be divided between the two Colleges.

18.—Excepts present medical students from the operation of the law in such cases as the Council of Health may see fit.

19.—Physicians and surgeons must be members of the Colleges of the country in which they reside; and defaulters will be struck from the register, and pay a penalty, not more than five pounds, for each month of default.

20.—All registered General Practitioners in England must become Fellows of the Royal College of General Practitioners, and so in Ireland and Scotland with the Licentiates; and all defaulters shall be fined five pounds each month of default.

21.—The Council of Health are to control and equalize qualification and fees, but are not to make any change in any curriculum without fourteen days notice of the motion made known distinctly to each member of the Council.

22.—Universities are not, without special license of the Council of Health, to confer medical degrees on any one unless after matriculation, with *residence* of at least two years, together with a strict examination. This is not to give further license to the Universities than they now possess, but partially to limit the faculty with which, without *any* residence, they now often grant diplomas. By the next clause, therefore, they are empowered to grant a licentiateship in the Faculty of Medicine to any of their students after *five years* study. By 23, 24, and 25, the restriction on bye-laws and management of students registering are left as before; and the same facilities are afforded two corporations uniting for examinations.

27.—The Council of Health are allowed their old power of securing efficiency of *examinations in Universities* as in Colleges. Any member or secretary may attend any examination, and report to the Council, which may then cease to recognize a Faculty-board of Examiners.

28.—The Registered alone will be competent to public medical offices, and the Council of Health will be empowered to say what are public offices.

By 29, 30, and 31, the registered have the privileges proposed in the former measure, and reciprocal rights and practice are granted to practitioners of each part of the Empire.

32.—General Practitioners may charge for medicines and attendance, may fill all public medical offices, and are not to be interfered with by the exclusive privileges granted by any statute or charter.

33.—All legally practising on the day before the passing of the Bill may register according to their present titles in a supplemental register.

By clause 34, none but General Practitioners will be allowed in law to enforce charges for medical attendance; by 35 the old penalties on the non-registered in public offices are enforced; by 36, the College of General Practitioners have exactly the same power of repressing quackery as the Society of Apothecaries, all apothecaries in practice in 1815 being exempted, however, from the general operation.

38.—The unregistered assuming to be registered, or the registered to be on the registry what they are not, are made guilty of a misdemeanour, and will be punished by fine or imprisonment.

By 39, those guilty of fraud or felony may be struck off the register; and by 40, the privileges of Oxford and Cambridge are left intact.

This, then, is the new Bill about which so much anxiety is being felt. We must own that it strikes us as a wonderful improvement, and asks from us our best thanks for the good temper and kindly disposition which could induce Sir James Graham to sacrifice considerations to which human weakness is too susceptible, in his very earnest desire to meet the wishes of the Profession, and give it, finally, an acceptable measure of Medical Reform. But we must delay further comment till our next number, with the single remark that the only alterations we are likely to suggest, are so much mere matters of detail, that

if our medical brethren agree with us in our estimate of the present measure, there can be no reason why it should not take the shape of a law this very session.

———————— For a drudge disobedient;
And too fond of the right, to pursue the expedient.
In short, 'twas his fate, unemployed or in place, Sir,
To eat mutton cold and cut blocks with a razor.
GOLDSMITH.

MR. BERKELEY with a generous feeling that does him honour, has brought the injustice done to Mr. Dermott by the College of Surgeons before the notice of Parliament and the country. It is strong—perhaps *too* strong—language, which denounces the exclusion of that eminent anatomist from the Fellowship as a "disgusting outrage;" but, if we were allowed to call things by their names, it would be neither unjustified by fact nor unrequired by justice. For the fourth part of a century has Mr. Dermott devoted his industry and large ability to the service of surgical science in its highest walks. He has laboured harder at anatomy than probably any other man in the empire, and done as much as most people to facilitate its practical study. Clothed with the mantle of the ever-to-be-revered Brookes—whose favourite pupil and lecturing assistant he long was—he has crowded the army and navy with his pupils, and in every corner of the metropolis there are surgical practitioners in the zenith of fame and practice, who owe to his zealous teachings much of that skill which, saving the lives of others, makes happy and honoured their own. Notoriously, and to his own loss, is he one of the most honest, least intriguing, and frankest surgeons of the day. There never was a man with his heart more entirely or purely in his profession. The evil fortunes, moreover, that have fallen on so many private schools—those instruments of immense scientific good in their day—though but gently touching, have not wholly left uninjured the establishment over which he presides; and as voluntary teacherships in all professions have little kindred with Mammon, the maker of fortunes for others, is fain to be content, in these latter and evil days on which he has fallen, if with the maintenance of some little of his ancient hospitality he can with increased industry, still maintain the even tenor of his scientific way. With any superabundance of manly or generous feeling in the council, how irresistible would have been such a Surgeon's claim to whatever honour their Fellowship could confer? At such a moment—so interesting to the man of feeling—with such a man—so worthy with all his faults, if he have them, to the eye of Science—one would have fancied that the Council would but too gladly rush to do the handsome thing, that amid the unhappiness no doubt caused them by the invidious distribution of their newly coined honours, they would cheerfully have seized as one subject of solace the power it gave them to do honour—or, at least, attempt it—to a fellow surgeon of such long standing, and a surgical teacher of such eminent and successful ability. What, if in times when a fiercer competition existed among teachers, he was a formidable and not unsuccessful rival! The generous mind would find in that very fact, now that the bitterness of the struggle was past, additional spur to the boon that kindness prompted and justice asked. But the Council in their majority have no kindship to the just, the kindly, or the generous? Many and many of Mr. Dermott's pupils did they raise to the Fellowship; but the honour that noted by its gift *superior surgical science*, they carefully withheld from the professor. As Fulvia mangled the dead tongue which alive had so eloquently opposed her misdeeds, so this Council, as though woman-hearted, finding their rival placed in their power by Royal Charter, have approached a meanness unparalleled, only by the insolence of folly that has characterized too many of their recent doings and have gratified at his expense, and with an utter loss of decency and right, their agedpique and weak-minded vanity. Indeed, indeed, this *is* discreditable.

Of course the respectable Council (a body of gentlemen repudiating in the aggregate, the code of gentlemanly conduct they would respect individually)—of course this conscienceless junto will not scruple by fiction to gloss over the wrong they have committed in meanness. But, fortunately for Mr. Dermott, their act of injustice stands condemned by themselves. Out of their own mouths are they convicted. Sir B. Brodie, their president, has, in so many words, washed his hands of the shameful responsibility, and the Council themselves, in doing Mr. Dermott the distinction of deliberately and officially recognising him through so many years as a fit and competent teacher of anatomy and surgery to the numerous candidates for their diplomas, have defined in advance the wrongfulness and ill-spirit of their recent contumely.

Now this, were peat is not a *respectable* nor nice trait in the government of this unpopular body. They may depend upon it, ill off as they now are in every body's opinion—aye, and at *last* in their own—that this exposure—brief and hurried—of the indefensible act to which they have condescended, in a desire to injure and wound an old and respectable teacher, their own rival, will do them no good. The spirit which bears *ill*-official insolence from the proud spirited and noble, sickens into disgust or relieves itself with contempt when the wrong proceeds from the vulgar-minded and mean. The Council, bad enough from their general feeling, even if supporting their character as gentlemen, become an intolerable nuisance when they present themselves as tradesmen and *roturiers*. They should be far, very far, above the impelling motives of some village gossip in anger. We know no Government the world would detest more than a parish vestry clothed with the powers, and exercising the functions of a Venetian Council of Ten. No—this ill treatment of their rival teacher—an honest man—is not generous, is not seemly—is not consistent—is not gentlemanly—is not manly. It is *most* unjust. It is as the pugilists say—"*unfair and foul*,"—very *foul*.

"Quidquid agunt homines
————discursus, nostri farrago libelli."—Juvenal.
"Velut aegri somnia, vanae
Finguntur species."

WE have said that the *diuresis* which the trepidation of anticipated public speaking often gives rise to, may be sometimes remedied by a slight opiate taken preparatory to the occasion. We have known a single lozenge, containing one-sixteenth of a grain of morphia, completely relieve this distress. We are not going to dispute with De Quincey, the mystic ground of expressing or explaining the wonderful operation of opium upon the animal and intellectual system, but we cannot help thinking, that if we do not know a stray fact or two about it more than he knows, we at least can say a few things that are not to be found in his writings. Here let it be understood, that the furthest desire of our heart would be to undervalue the reputation of that great man—*clarum ac venerabile nomen!* We have an infinite regard for his various scholarship, his genius, and the melancholy memories of his singular lifetime. In his peculiar mind are to be found, oddly arrayed, the choicest gems of exotic and native literature. Profoundly versant and fluent in the languages of Greece and Rome, he has also drank, deeper than the surface, of the streams of learning, more oriental and cabalistic. At one moment, penning a witty Greek epigram upon the bag-wig of a pedagogue, at another, he will be criticising the critics themselves, or wantoning, in the plenteous fulness of a refined joy, amid the tragic mysteries of Euripides and Æschylus. Now toying with the liveliest of Fancy's children, in an atmosphere all smiles and sunshine, anon, he will utter—*suspiria de profundis*—the breathings of a heavy, half-broken heart. To-day, a kaleidoscope, representing in every colour and contour, the mirth of existence—to-morrow, a solitary picture, marked in its solemnity and sorrowing. As it were *in extremis*, he exhibits the opposites of nature in marvellous pleasantry or pain. He has taken more opium, *en masse*, and continuously, than perhaps any other human being. At one time, eight thousand drops of laudanum daily, were his customary potation! And this narcotic mass, which would hold any ordinary man's reason an eternal prisoner, merely served to intellectualise him! It elevated his faculties, and gave a plenitude and pleasantry to his mind. Only when asleep, was he tortured by it, in occasional painful dreams. There he felt, in an uncontrollable mastery, the passion, and the pang of intellect—

Dearly bought the hidden treasure
Finer feelings can bestow;
Chords that vibrate sweetest pleasure
Thrill the deepest notes of woe.

To him belongs the solitary merit of having given a complete account of the action of this drug both upon body and mind. He has delineated, with a master's skill, and a martyr's suffering, "the pleasures and the pains of opium"—

As when some great painter dips
His pencil in the gloom of earthquake and eclipse.

He has felt its effects in all their phases, both sorrowful and mirthful, and has not only himself looked "on this picture, and on that," but has so held the "mirror up to nature," that even the learned in physic have not hesitated to paint from his original. He has dictated his personal truths to schoolmen, and to this day, the law of his self-experience is paramount in the profession. A veneration of antiquity and of great names, has been an occasional means of introducing a heterodox opinion and doctrine into the Materia Medica—at this very time, our established drug-legends and recipes, exhibit, here and there, the tracery of alchemysts, necromancers, and a meddling, polluted priesthood. To us the apothegm, *de mortuis nil nisi bonum*, seems to be especially sacred, and we receive, and quietly revere the exquisite nonsense of old, out of respect for the venerable medium through which it is introduced to us. It is thus that classical literature maintains its precedence, and that the facts which it contains, though in their essence exploded, still command the patronage of the scholar. But De Quincey's is the only modern instance with which we are acquainted, of a non-medical writer submitting, upon a medical subject, an opinion which the whole profession has acknowledged as orthodox testimony. And more especially is the fact remarkable, inasmuch as his theory of the *modus operandi* of opium, is in some sort opposed to that of the legitimate *pharmaceutist*. "For upon all

that has been hitherto written on the subject of opium, whether by travellers in Turkey (who may plead their privilege of lying as an old immemorial right) or by professors of medicine writing *ex cathedra*, I have but one emphatic criticism to pronounce—Lies! lies! lies!" That is just what he says, and a pretty tolerably cool specimen of contradiction we call it. There is an old story of two countrymen who waged themselves, each against other, to squeak like a pig. One of them, less confident than his competitor in his powers of vocal mimicry, covertly carried a sucking-pig under his frock. Having to lead in the contest, he slily pinched the animal, which thereupon uttered sounds that were declared by the judges to be exceedingly pig-like. But the other man, single-handed, or rather single-mouthed, squeaked in a manner so much more natural, to the taste of the adjudicators, that they unanimously declared him the victor. One and all agreed that he had squeaked more like a pig than a pig itself had done. So much for the competency of human judgment. Now, without desiring for a moment to draw any comparison between very opposite parties, we cannot help thinking that to make De Quincey, in the face of the whole profession, an exclusive authority upon the subject of the action of opium, great though his individual experience has been upon it, is, after a certain fashion, to place the contending parties in the humorous relation in which those stood who are named in the above joke. Though we are ready to confess that De Quincey has told us much about opium that we did not know before, and that we are indebted to him for many standard facts concerning it, yet must we also aver that he has often been too imperative and prejudiced in his statements. He has drawn a general inference from his single experience, and has made a solitary example the source of an universal law. Without any allowance for variations in intellect, temperament, strength of constitution, idiosyncrasy, he has deduced that such and such are the effects of opium, take it who will. Upon himself—a scholar and a genius, each of rare excellence—it produced certain intellectualizing effects—it made the senses more acute, the intelligence more comprehensive and brilliant, and seemed to elevate the whole man above the earthliness of his common nature. Even to his dreams it imparted a gaiety or a gravity, yet still of a perfectly *ideal caste*. The beauty was all expansive, light, lovely, and mental—an elastic amplitude, a rich and varigated drapery of thought—a diffusion, supreme and simple, of the choicest components of beatitude, floating in a delicious intermixture, and imparting joy chiefly by being called and collected at the inspired will of the intoxicated dreamer. The agony was of another dye—it borrowed the hues of Acheron, and the chorus of the Eumenides was its music. It was an Iliad of woes—a tribe of tortures greater even than those which visited the couch of Orestes. No happiness so exalted, no misery so profound: pleasure did its best, and pain its worst, in their harlequinade through the drugged brain of this martyred man. Had De Quincey administered to others as many doses of opium as he has taken himself, he would have learnt from each fresh experience, that his own instance is no index of the common operation of the medicine. He would see it send one man quietly to sleep with no dreams to disturb it—an easy repose like that of infancy, calm in the complete rest of all thought and sense. He would see another troubled with the agonies which himself endured—a disturbed imagination, horrifying a conscience innocent of the ideal iniquities preferred against it. A third would be kept awake, all smiles and laughter, redolent of philanthropy and universal love, and free to unbosom the dearest secrets of his heart to the first candidate for his acquaintance. Perhaps as liberal of his money as of his mind, and ready to go surety even for a stranger. A fourth would be the opposite of these things—sullen, morose, and suspicious—ill at ease with himself and all around him. He would see it produce pain in one case, and remove it in another, and indeed perform such various contrarieties, as could only be accounted for by supposing that the habit of the individual in some measure determined the action of the drug. And this knowledge is that, which alone is required to render De Quincey correctly conversant with the *modus operandi* of opium. Nevertheless, labouring as he has been under the difficulties which beset a course of practical inquiries, it is wonderful that the fidelity of his details should be so little liable to exception.

We have made this digression, because we felt that we could not touch upon a ground rendered sacred by the tread of genius, without pausing at the commencement with an episode to its praise. We look upon the "Confessions of an English Opium Eater" as one of the most masterly productions that ever issued from human brain—and great as it is both in the field of literature and physic, we have deemed the time not ill-employed which has been devoted to a brief, but we believe an original, analysis of itself and its distinguished author.

It would not consist with our purpose that we should in this place enter into a lengthened consideration of the physiological action of opium; we may some day do so, but our present object is simply to offer a prelude to certain cases we have promised to give, illustrative of some curious and rather 'unlucky' effects produced by opium taken preparatory to public speaking. These, however, must appear in our next article. But we cannot in the present instance withhold the record of an extraordinary delusion occasioned by an opiate, in the person of a gentleman with whom we have the pleasure of being most intimately acquainted. To relieve a laryngeal cough with which he was troubled, he sucked one night, prior to going to bed, a few morphia lozenges, he could not say exactly how many. He remembered to have retired and undressed himself as usual, and to have attended to all the particulars of the toilette, in which he was especially neat, for though a plain man, he had all the vanity of a handsome one. He placed his night-lamp on the mantel, and got into bed. He lay looking, as was his wont, at the taper, until it became slowly surrounded by a halo of thinnest mist, which gradually filled the whole room. At the same time he felt himself growing by degrees lighter, until at last he fancied himself to float upon the very wings of ether. He could move in any direction, and variously tried the action of his limbs, but every effort gave him a further and more fertile idea of his imponderosity. Shortly, the notion possessed him that his head was off. Though not painful in itself, the idea led to others of a most distressing kind. He wondered what he should do without it, what people would say and do to him, and whether his life were not at risk in the change. Strangest of all, though perfectly intelligent of every surrounding object, seeing the various articles in his room—hearing the church-clock strike—moving his limbs to and fro, and thinking of all these things—it never occurred to him to feel if his head were on, or to reflect that, without a head he should be in no wise sensible of its loss. The single delirium seemed to be imperative of every faculty and feeling that could lead to its correction. All this while the man was perfectly awake to everything save his delusion—it spell bound him. After lasting for upwards of two hours, during which time he carefully numbered the chimes, sleep hid the terror from his eyes, and it was at his breakfast-table the next morning that we heard him relate this strange incident.

Mr. Wakley brought forward his motion mentioned in the article we have elsewhere given from the *Chronicle*, last night, Thursday. The Government, with some difficulty, mustered a house for him, and after indulging him with his say, quietly had it counted out, Sir James Graham passing by the Hon. Member's speech as one not requiring any reply.

FELLOWSHIP OF THE COLLEGE.

To the Editor of the Medical Times.

SIR,—I herewith send you a copy of a protest I yesterday forwarded to the President and Council of the Royal College of Surgeons of England, from the metropolitan districts of Kensington, Brompton, and Chelsea, the receipt of which has been duly acknowledged by their Secretary, Mr. E. Balfour. I shall be obliged by your early insertion of the same in your truly valuable journal.

I am, Sir, yours most faithfully,
C. H. BARNES.

Belle Vue House, Notting Hill, May 3, 1844.

TO THE PRESIDENT AND COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

We, the undersigned, being Members of the Royal College of Surgeons of England, residing in the metropolitan districts of Chelsea, Kensington, and Brompton, feel it due to ourselves individually and collectively, to record our earnest and indignant *protest* against the recent proceedings of the Council in respect to the unfair election to the Fellowship.

We strongly and solemnly protest against the arbitrary election of a few gentlemen above those of their brethren who were previously their equals in professional rank, *senior* to many of them in their standing as Members of the College, and not *inferior* to any of them in scientific and practical knowledge and attainments.

We also consider the invitation to the mass of the members to undergo another examination, in order to obtain the rank of fellow, which has thus been most unjustly and unfairly conceded to a select few, to be an affront to the respectable Members of the College, under which, if we remained silent, we might be considered to have merited.

We cannot forbear expressing our astonishment at the degrading answer which has been very recently returned to the Committee of the National Association, by the Council of the College, and to record our regret, that the recent attempt at a reconciliation recommended by the Committee, and adopted by them at the express wish of the Home Secretary, Sir James Graham, has thus been rendered *futile* by the most insulting answer of the Council to the great mass of the members.

J. Morrah, Sloane Street, 1807
F. W. Wansborough, King's Road, 1807
W. F. Lender, Sloane Street, 1807
G. Woolley, Brompton Row, 1808
F. Gaskell, King's Road, 1811
S. Proctor, Whitehead's Grove, 1813
F. Godrich, Brompton, 1818
W. Dickinson, Sloane Street, 1820
G. Rewbones, King's Road, 1822
J. Merriman, Kensington Square, 1823
C. H. Barnes, Notting Hill, 1824
A. R. Barnes, King's Road, 1826
D. O. Edwards, Cheyne Walk, Chelsea, 1828

J. N. Merriman, Young Street, Kensington, 1828
G. Vincent, Sloane Street, 1829
G. E. Hillas, Sydney Place, Brompton, 1829
W. Bartlett, Notting Hill, 1830
F. S. Muller, Hans Place, Chelsea, 1830
H. F. Clare, Ladbrook Terrace, 1830
H. Tupper, Warwick Square, 1830
R. J. Pollock, Bath Place, 1831
E. W. Pollard, Brompton Square, 1832
E. Tippett, Brompton, 1833
R. C. Gardner, Cheyne Walk, 1834
T. Keen, King's Road, 1835
W. A. Anderson, Brompton Row, 1835
F. Embling, Brompton Row, 1837
C. M. Frost, Ladbrooke Place, 1837
C. Knevett, Phillimore Place, 1836
F. Willesford, Cadogan Place, 1836
W. Davids, Brompton Row, 1838
J. D. Hewett, Brompton, 1838
F. A. Laking, South Street, Brompton, 1838
E. Guest, College Street, Chelsea, 1838
G. N. Woolley, Brompton Row, 1839
F. W. Pocock, 1839
W. Martin, 1839
G. S. Archer, Notting Hill, 1839,
A. H. Hassall, Addison Road, 1839
C. F. Pollard, Brompton Crescent, 1840
P. Mould, Brompton Row, 1840
F. Gaskill, Chelsea, 1840
J. Guazzeroni, Terrace, Kensington, 1840
F. H. Secritare, King's Road, 1841
J. Waggett, Norland Square, 1841
J. Turner, Bath Place, Kennington, 1841
C. Cobb, Bath Place, 1841
J. Whitmore, Cadogan Terrace, 1841
J. Abrams, Kensington, 1841
F. P. Hoblyn, Princes Road, Kensington, 1842
R. Dixon, 1842
W. H. Parsey, King's Road, 1843
J. Baber, Brompton Row, 1843
R. Ellis, Brompton Crescent, 1844
J. Fisher, Kensington, 1844
J. Geldard, Fulham Road, 1844

THE AMENDED BILL.

(To the Editor of the Medical Times.)

SIR,—I address you with no ordinary feelings of concern at this crisis, when the destiny of the profession hangs upon a thread, and evils are likely to be entailed by the next reading of the Bill, which will be with great difficulty removed hereafter; perhaps never.

This Bill, with all its most glaring sins about it, is ordered to be recommitted on the 9th of June, which recommittal may probably be the final stage of the Bill, because the Bill, as it now stands, or with any "amendments" which may then be introduced, may be agreed to the same evening.

Sir James Graham, in the commencement of his speech, said, "there are differences existing between the *general practitioners* of England, and the *great body of the College of Surgeons*, which it is his earnest desire to adjust!" Now the "differences" that do exist, and they are great, exist between the *Members of the College of Surgeons*, most of whom are general practitioners, on one hand, and the self-elect Council of the College of Surgeons on the other.

He says again, "if the general practitioners, a body so numerous and powerful, were to have the complete constituent power in returning the representative body, the governing body of the College of Surgeons would be nothing but a reflex of the general practitioners," and that it would be the means of "transferring the College of Surgeons to Apothecaries' Hall." Now the present Apothecaries' Company, in spite of their individual and collective merits, are a mercantile, wholesale, and retail drug company; the College of Surgeons are not, and cannot be made so. If the Council of the College of Surgeons were thrown open to the franchise, and the examination-board to fair competition of talent, it does not follow that they must examine in Medicine, and if they did, they would only be analogous to the Faculty of Medicine and Surgery in Paris—the highest medical tribunal as a test of proficiency in Europe.

Sir James Graham states, that he fears it will prove "vain to attempt to reconcile the differences between the two bodies"—vain, indeed, so long as he, having the means at his command, does not have recourse to it—the *franchise*—which may be effected either by throwing open the Council of the College to its members, or by incorporating the medical practitioner in one faculty of medicine and surgery upon the elective system, and in such a manner that they shall not be subservient to the Colleges of Physicians and Surgeons.

Sir James Graham states, that the members of the Council of the new incorporation, are to have the double qualification, *i. e.*, Diploma of the College, and License of Apothecaries' Company, so that if Surgeons enrol themselves, it is a question if they can be legally accepted; or, if so enrolled, they would only belong to the corporation nominally, without enjoying its rights, privileges, and honours. If they allow apothecaries, not having passed any surgical examination whatever, to register under the Bill, as Licentiates of Medicine and Surgery, surely those Surgeons who have not been admitted into the Fellowship, and who have already incorporated themselves (as I have done), or desire to incorporate themselves, ought to be admitted to all the rights and privileges of the New Incorporation. If this be not the case, those surgeons not included in the Fellowship, will be completely and doubly outlawed.

Sir James Graham states, that "it has been urged by persons, who are entitled to the greatest respect, that the elective principle in the Council of Health should be abandoned, and the power of nomination vested solely in the Crown, under certain restrictions!!!"

So far from this being true, Sir James Graham may rest assured, (and time will prove it) that nothing less will satisfy the profession than allowing the College Council to be chosen by the members, and an infusion at least, of the boards so constituted into the "Council of Health."

As to the other proposed amendments; the incorporation of General Practitioners will prove a failure in its present form subservient to the other two colleges. Teachers are to be placed by the Bill in perpetual collision with their pupils, by the registration being carried on in the several schools, instead of at the colleges, and a wide field opened for fraud or connivance. "Pure surgeons" who are not fellows, apothecaries, and those with a double qualification are to be huddled together in the registration, whilst the privileges and honours of the body as hereafter to be incorporated are to be specifically withheld from the former. The medical profession, as touching education, based upon the certificate system, is only to be opened by a *very heavy* golden key, and private patronage is to be more rampant than ever.

I say then to the members of the profession, *teach the principles of Medical Reform by documents and interviews*, by pouring PETITIONS into the Home Office and House of Commons, as numerous as possible, but short and perspicuous, in order to convince Sir James Graham that nothing short of the *elective system* comprehending *a full and fair enfranchisement will satisfy the profession.* This should be done preparatory to the 9th of June; but there must be no pause, no hesitation, no wavering, all the profession must act with energy and unity of purpose as one man! Wakley could, if he had a better character, render much assistance in such a final struggle. You have awakened the profession to their true position; cautioned and protected them against false friends, and at last have forced that honourable person to act and make at least the appearance of an attempt to do something. *If any permanent good is effected at last by him, it will be in a great measure attributable to your strenuous and untiring efforts.* The castigations you have judiciously administered to the idlers and evil doers have not and could not be without effect.

It is my intention, if necessary, to petition, to be heard by council against the Bill and Charter at the Bar of the House of Lords. Will any of the profession form common cause, and unite with me in this effort?

Your obedient Servant,
G. D. DERMOTT.

Charlotte Street School of Medicine, Bloomsbury, May 11th.

THE GIESSEN DIPLOMA.

To the Editor of the "Medical Times."

SIR,—In proportion to the respectability of any publication, so are the public safe from being made the subjects of false attacks. I was, therefore, surprised to find the pages of the MEDICAL TIMES devoted to the publication of a correspondence concerning the Giessen Diploma, between a Dr. John Bond and a Mr. Wilson, both of them disguised under assumed names, in which they have asserted the most gross falsehoods, and mentioned the name of Dr. Roberts, a highly respectable member of the Profession, in such a way as to induce persons to believe that this gentleman has not had the advantage of a regular medical education.

I am induced by a sense of justice to reply to these letters, though an impartial investigation of facts would prove that neither of your correspondents is worthy of confidence and notice. Mr. Wilson, though totally unknown, styles himself a friend of Dr. R's, and to show the nature of his friendship, states in one of his letters that, "Dr. R., must not expect to be regarded in the same light, or treated on the same footing as those who have undergone the usual medical education." The injustice of this remark will be evident, when I assure you, that Dr. Roberts is a legally qualified General Practitioner, received in London in 1836. His medical education commenced in 1826,—at which time he was articled to a surgeon in extensive practice; at the expiration of his articles, viz., in 1831—he entered as a matriculated student at King's College, London, where he studied medicine during five years. Of these facts your correspondents could not have been ignorant, for the proofs of which, his medical education, his success and extensive practice are of public notoriety in Paris. Indeed all this commotion on the part of the British M.D's practising in Paris with reference to the degree of M.D. is ridiculous. In the present day the education of the General Practitioner of England is equal, if not superior to that of the Physician or pure Surgeon, and natural talent, study, and practical knowledge, not rank nor title—are the only real distinctions, for genius knows no law.

JUSTITIA.

Paris, April 16th, 1845.

[We have of course been favoured with the writer's name. This correspondence must here close, with this single remark from ourselves, that unequal titles with *equal* education is the bane of British Medicine, and the source of more dissension and ill feeling, than almost any other grievances we have to complain of. The case of Dr. Roberts is a useful exemplification of the fact.—ED.]

THE MORNING CHRONICLE AND THE MEDICAL REPRESENTATIVE.

As might be expected, the Government project to create a new faculty of medicine in England is exciting no small sensation among the disciples of Hippocrates. Speculation naturally busies itself with the questions, What ground will the new corporation occupy? What importance will it attain? What are to be its privileges and powers, and what its ultimate results? On all these interesting points we can do little more than guess, until her Majesty's printer shall have favoured us with the *third* edition, revised and corrected, of the Home Secretary's *very successful* bill. One thing however, is clear. The Committee of the National Association will fail in policy as well as in duty, if they consent to accept any charter which may place them in an equivocal position, in reference to any large body of their constituents. The new college must start well. Standing before the public, untried, bran new—a *parvenu* corporation in hostile rivalry with the ancient colleges brightened with the fame which a hundred noble names have thrown around them—the Faculty of general practitioners, to maintain a fitting position of usefulness and respectability, will want every fair aid the state can give them. While nothing should be introduced in their charter which may detach

from them the sympathies of one member of the body of general practitioners (whose unanimous support is almost a primary necessity), it should be so framed also that the public may see nothing in it whence to infer against them imputations of inferiority or unimportance. The field of English medical practice being thrown open to the *alumni* of all the Irish and Scotch licensing bodies, the new faculty will flourish or fall according to its repute. As the public will *rate*, so will medical students *seek* its diplomas; and if it cannot start well, free, unfettered, and without the shadow of a stigma on its science or social standing, a thousand times better would it be to let the Minister fulfil his threat of abandoning his work in despair, and maintain their voluntary combination, awaiting patiently the turn of events.

The association should be the more vigilant and decided on this point, because it is not unlikely that Sir James Graham will spare nothing to save the College of Surgeons from the pecuniary losses which a really effective Faculty of general practitioners would be certain to inflict. Having himself involved them in much of their present unpopularity, he may be supposed somewhat anxious not to be the person to deal them too severe a measure of punishment. But the association can be influenced by no such feeling. Their business is to see that they suffer for nobody's faults but their own. The council of the surgical college have deliberately taken their stand on the ground of *pure* surgery, no matter at what cost to others: they must now be kept to it, no matter at what cost to themselves.

We see, by the way, that Mr. Wakley's motion for an inquiry into the affairs of this devoted corporation, has not, after all, as those learned in physic had prognosticated, given up the ghost. Despite the series of "accidents and offences," pitiable to chronicle, which it has gone through, it is to reappear this evening in guise more formidable than ever. Taking a lesson from the beggar of Gil Blas, whose appeals to pity were supported, as everybody knows, by an undeniable reference to a neighbouring musket, Mr. Wakley distinctly warns the House than he has ready loaded and primed for it a second speech, if it refuse him the prayer of the first. He is quite content to accept gratefully "the inquiry," if granted, but if refused—what then? Why, in the words of the order paper, "*Should* that resolution *be* negatived," he is "then to move the following:—That in any charter which the Crown may be advised to grant for the incorporation of the general practitioners, those gentlemen are fully entitled to enjoy an equality of professional station with the newly-created fellows; that a deep and lasting injury would be inflicted on many thousands of scientific men, if a College of General Practitioners were founded as an institution inferior to the College of Surgeons."

Now we will do the propounder of these motions the justice of owning that we can conceive circumstances in which they would do anything but waste time that could be better employed. But they are not the circumstances we have at this moment to deal with. The true time for enquiry about the College Charter was when it was granted; that is to say, much about the the time that Mr. Wakley's brother received from a Tory Government the lucrative position of official assignee of bankruptcy. The Charter was not published a week before the members, in whose name it was surreptitiously asked and conceded, condemned it as unconstitutional and unjust; and if at that period some member of Parliament had brought the matter before the House, it is not to be doubted that he would have saved the surgeons of this country much of the vexation and injury they have since suffered, and shielded the prerogative from doing *de facto*, what it cannot do *de jure*—wrong to the subject. *Now* the inquiry comes too late. The mischief is done; the injustice is known and acknowledged; and if reparation at the present late hour of the day is not to be made without Parliamentary inquiry, it is easy to see that it will never be made at all.

Nor is the alternative less ill-timed with which Mr. Wakley threatens the House in the event of a defeat—viz., a Parliamentary discussion on the new College. If the one be too late for any useful, the other is too early for any orderly purpose. The erection of a new national college is to form an important part of the amended bill; and it is scarcely fair in any isolated member to force the House, by a chance motion, *to be* discussed *in the event* of another being negatived, to decide, in advance, questions that are to be discussed in due course, on a fixed day, and while legislating on the Ministerial measure that actually contains them. The honourable member for Finsbury wishes, no doubt, to make up for lost time, but in this case he has not been fortunate in his selection of the occasion. On reconsideration, he will see, we are sure, that in his natural anxiety to have, however late, some share in the Parliamentary settlement of medical reform, he has been hurried into steps that endanger the cause be has at heart. He places, we fear, too much import on the worse than frigid reception that greeted him at the great meeting of the National Association of general practitioners held a few days back. Temporary alienations of popular confidence must happen at times to every public man, and the way to recover position in such cases, is to keep the even tenor of our way, and bide our time. Ill-placed activity and ill-timed restlessness only augment the suspicion they are used to ward off. The medical profession, like the rest of the world, if tempted to attribute the self description of "Comus" to their public men, will apply it if not one whit the less because augmented bustle covers what they may think attempts to mislead:—

"I, under fair pretence of friendly ends,
And well placed words of glozing courtesy,
Baited with reasons not unplausible,
Wind me into the easy hearted men,
And hug them into snares. When once her eye
Hath met the virtue of this magic dust,
I shall appear some harmless villager,
Whom thrift keeps up about his country gear."

GOSSIP AND NEWS OF THE WEEK.

Several physicians in Newcastle on Tyne have petitioned the House of Commons to refuse passing the Bill for newly Chartering the College of Physicians until the Charter be submitted to the Profession. They protest against the illiberal limitations contemplated for the Fellowships.

Zoological Gardens, Regent's Park.—It will be interesting to the lovers of natural history to learn that an American sea eagle (Haliœtus leucocephalus) is now engaged in the process of incubation, the male occasionally taking her place on the nest, and showing the utmost attention to his mate. A specimen of that extraordinary animal the Australian ant-eater (Echidna histrix), the first that has been seen alive in Europe, has just been added to the collection.

Gentlemen admitted members of the Apothecaries Hall, on the 24th of April, 1845:—Robert Manners Mann, Thomas Stevens Barringer, H. Alexander Nowell, and Thomas Harrison.

Gentlemen admitted members of the Apothecaries Hall, May 1st, 1845:—William Byers Sealy, John Gabb, William Withall James, Robert Sage Ellis, George Turner, George Williams.

Gentlemen admitted Members of the Royal College of Surgeons on Friday, April 25, 1845:—R. Roper, H. Birkett, C. F. Blackman, R. Horton, J. Ash, M. Walling, S. S. Dyer, A. Fergus, W. Cooke, W. H. Freeman, E. J. Wilson.

Middlesex Hospital.—The distribution of prizes to the successful candidates at the School of Medicine attached to this hospital took place in the early part of last month. In medicine the first prize was awarded to Mr. Tucker, the second to Mr. G. Foote; in surgery the prize was gained by Mr. G. Foote, the certificate of honour by Mr. Tucker; in anatomy, the prize was gained by Mr. G. Foote, the certificate of honour by Mr. Augustus Grant; in physiology, the prize was awarded to Mr. Grant, the certificate of honour to Mr. Bousfield; in practical anatomy the first certificate was awarded to Mr. A. Grant, the second to Mr. A. D. Home; in materia medica the first certificate, Mr. Johnson, second, Mr. Pates; in chemistry the prize was gained by Mr. Beyers, the certificate by Mr. Johnson; in midwifery the prize was gained by Mr. G. Foote; in forensic medicine the prize was gained by Mr. G. Foote, the certificate of honour by Mr. Tucker; and in botany the prize was awarded to Mr. Bousfield, the certificate to Mr. Spicer. In addition to these, the Rev. Dr. Laing's theological prize was gained by Mr. Frampton, and Mr. Tooke's first prize of £15 for general proficiency by Mr. G. Foote; the second of £10 by Mr. Tucker. The prizemen were successively complimented on their exertions by their respective lecturers.

At a late meeting of the Royal Society a paper was read, entitled, "Description of a self-registering thermometer," by Mr. Mansfield Harrison. The instrument is composed of two parallel bars, the one of iron, the other of copper, united at their lower ends, and registering their differences of expansion by heat, by means of a series of multiplying levers, carring a pencil which is made to press on paper wound round a cylinder moved by clock work.

Four Brahmins of high caste have arrived in this country for the purpose of studying medicine at University College. They are intended to take degrees, with the view of placing them on the same footing with the faculty of India, and at the same time enabling them, as natives, to spread in the interior the knowledge they have acquired in our institutions. Two of these students are sent over by Sir Henry Hardinge, at the expense of the East Indian Government, one by public subscription amongst the citizens of Calcutta, and the fourth by Dwarkanauth Tagore, an Eastern philanthropist.

Mr. Gill, of Syston, near Leicester, thus addresses us, offering Sir James Graham a significant hint on the wisdom of empirical liberty:—"Having been a reader of the *Medical Times* for the last two years, and looking upon you as the guardian of the medical profession generally, I am induced to lay my case before you, and to solicit your opinion thereon. A person who has passed neither Hall or College has commenced practice in my immediate neighbourhood, by contracting with certain sick clubs, to find leeches, medicines, and attendance for two shillings per member per annum! Have I any remedy, and if so, what is it?" There is no remedy but an appeal to the Apothecaries' Society, who, in the present unsettled state of medical politics, will not probably prosecute, and thus a worthy practitioner is injured, and the lives of the foolish club people kept in jeopardy. The present bill of Sir James Graham, we fear, will not meet cases like this.

Charing-Cross Hospital.—*Medical School.*—The annual distribution of prizes to the pupils and students most distinguished for their acquirements in the various branches of medical study during the past session, took place on Thursday, May 1, 1845, the Rev. G. H. Bowers, B.D., in the Chair. *Winter Session*, 1844-5.—Exhibition of £15 per Annum: Mr. Joseph Fayrer, Bermuda. Medicine—1st: Mr. Philip Harry Harper, Walsall, Staffs. 2nd Equal: Messrs. Thomas Mc Greal, West Port, Mayo, and Henry Watts, London. Surgery—Senior Class—1st: Mr. Frederick Nicolle, Jersey. 2nd Equal: Messrs. P. H. Harper, and T. Mc Greal. Junior Class: Mr. Joseph Fayrer. Midwifery—Senior Class—1st: Mr. Frederick Nicolle. 2nd: Mr. Thos. A. O'Flaherty, Tralee, Ireland. Junior Class: Mr. Henry Watts. Physiology: Mr. Joseph Fayrer. Practical Anatomy. Senior Class—Equal: Mr. Thomas Mc Greal, Mr. Philip Harry Harper. Junior Class—1st: Mr. Henry Lambden, Horncastle, Lincolnshire. 2nd: Mr. Joseph Fayrer. Chemistry: Mr. Joseph Holmes Buxton, Bishop Auckland. Materia Medica: Mr. Joseph Fayrer. Diligence and Good Conduct: Messrs. Harper, Lambden, Watts, and Fayrer.

Society for Relief of Widows and Orphans of Medical Men in London and its Vicinity.—The dinner of this society, on Monday, is likely to be very numerously attended, and those who intend to be present are recommended to give early notice. This will be the first dinner of the society since the election of Sir Charles Clarke as President. Although, of course, the managing

committee will have taken due precautions in the arrangement of the toasts, &c., to exclude, as much as possible, all obvious causes of irritation, yet, at this time, when opinions are so much divided, it will depend mainly on the good taste and good feeling of individuals, to preserve that temperate and harmonious tone which befits a social meeting, where men of various opinions are assembled to promote the laudable objects of the institution. No doubt, however, need, we hope, be entertained on this head.

Gentlemen admitted members of the Royal College of Surgeons on Friday, May 9th, 1845:—J. H. Wilkinson, F. J. Kent, W. B. Hay, R. Butler, S. B. Shaw, J. Nihill, F. Farr, T. Mc Cheane, J. Rogers.

Gentlemen admitted members of the Royal College of Surgeons on Tuesday, May 13th, 1845:—J. Pointon, J. A. Cooksey, H. Pelau, P. H. Harper, H. Mathias, G. Hazel, T. D. W. Wheaton.

Gentlemen admitted as Licentiates at the Apothecaries' Hall, May 8th:—John Alfred Graham, William Burrows Buller, John Hunt, Charles Bedingfield Wood, James Northcote Vinen, Valentine Hutchinson, John Kenrick Lewis, John Hayball Paul, Charles Sturges Jones, Edward Schaw Protheroe, John William Mountjoy, William Thornicroft Hardern.

Tumour in the right Fallopian Tube, Occurring in the Pregnant State.—Dr. Waddy in the *Provincial Medical Journal*, relates the case of a woman, to whom he was called, and found her presenting some symptoms indicative of pregnancy, together with pain in the right inguinal region. The application of leeches, and the exhibition of an aperient relieved her at the time, and he did not see her again for three months, when he found her suffering from pain in the same situation, in the region of the round ligament of the uterus. She was pale, sick, fainty, and suffered from symptoms strongly resembling those arising from strangulated hernia, or the lesion of some important organ. He ordered fomentations and leeches, and repeated aperient medicine, which again afforded relief. A few days afterwards he was again sent for, and found her in bed; she complained of the pain in the groin as much increased in severity. Leeches, fomentations, and aperients were directed as before and he again saw her in the course of two hours. The pain was then constant, and severe to the most extreme degree, and strongly uterine in its character. The face was pale, countenance collapsed, general surface cold and bedewed with perspiration; the mind anxious. On examination per vaginam, the uterus was larger than usual, the vagina plentifully supplied with mucus, as in early labour, but no motion of the child on ballottement could be discovered. The os uteri was closed. During the course of the day, the pains became, if possible, increased in severity, and without the slightest intermission; the countenance pale and exsanguineous; nausea; frequent vomiting; pulse about 140, small, wiry, and feeble, and there was every evidence of some important lesion of an internal organ. Leeches and large doses of calomel and opium were ordered, which mitigated the pain. The diagnosis was, rupture of the Fallopian tube of the right side, from extra-uterine pregnancy. Peritonitis ensued, and Dr. Evans, and afterwards Dr. Ingleby were called in consultation. The repeated application of leeches proved of some service; calomel and ipecacuana were exhibited, a blister applied over the abdomen, the denuded surface being dressed with mercurial ointment. Ptyalism having been induced, the pain and other symptoms were mitigated in severity, consequently some hopes were entertained of recovery; collapse however occurred again and again, and the patient ultimately sunk.

After death the abdomen was examined. The intestines were apparently healthy, but much distended by flatus; there was no effusion into the peritoneum. The uterus was gravid, containing a fœtus of the fifth month. There was a large tumour, of the size of a child's head, occupying the situation of the right Fallopian tube; it consisted of several cysts, filled with blood; some of them had burst already, and there was a small quantity of bloody purulent matter beneath the tumour, which strongly resembled the placenta in structure; in Dr. Waddy's opinion the case was originally one of twins. One child had found its way into the uterus, the other had been arrested in its course, and becoming blasted, the fœtal membranes had undergone the alteration just described. It is now generally admitted, Dr. Waddy observes, that uterine hydatids owe their origin to pregnancy. In this case the cells, instead of containing a watery fluid, were filled with blood. The sacs bursting from time to time had occasioned rents in the Fallopian tube and its investing membranes, which produced the deadly faintings, nausea, vomiting, hiccough, and general symptoms of abdominal lesion. The pressure of the diseased mass upon the cæcum and ileo-colic valve, had all the effect of stricture, and prevented a free evacuation of the fæces. Had any means of correct diagnosis been established, an operation might have been probably successful, as the whole mass was unattached, excepting by the Fallopian tube, to the uterus. The difficulty of diagnosis was much increased by the presence of the fœtus in utero, by the excessive tympanitis and abdominal tenderness, which repelled the slightest touch, and almost precluded any manual investigation.—The case is a very instructive one on many accounts. One opinion given was, that the mischief arose, in all probability, from stricture or other mechanical impediment existing at or near the cæcum, and to this judgment the patient's friends were most inclined; and there were symptoms which appeared to favour this opinion. The stoppage of the bowels, the difficulty in forcing a large injection with the syringe and the colon tube, the dulness of sound of the cæcal region, indigestion, aphtha, eructations, &c., all seemed to point out the cæcum or intestinal tube as the injured part. Another diagnosis, to which Dr. Ingleby strongly inclined, was, that the symptoms were those of peritoneal inflammation, the cause of which he thought not sufficiently made out. The question occurs, could any other examination or inquiry have discovered anything more? The extraordinary distention and pain of the abdomen were such as to preclude the use of the stethoscope. No examination could have been borne that would have discovered the fœtal sounds; and had they been discovered, the difficulty would not then have been met, for the question would still have existed,—Is the fœtus in the Fallopian tube, in the cavity of the abdomen, or in the uterus. In future cases of similar character, strict attention to the primary symptoms, Dr. Waddy says, will be found of the utmost service in diagnosis. It was this attention which led him to the approximative diagnosis he gave, which was founded on the following considerations:—1. The general symptoms of pregnancy, absence of menstruation, and the condition of the breasts. 2. The primary situation of the pain, in the region of the inguinal canal. 3. The uterine character of the pain. 4. The general symptoms attending rupture of an important organ, and 5. He explained the constipation by the pressure either of the tubal pregnancy upon the ileo-cæcal apparatus, or by its escape into the cavity of the abdomen, and entangling those parts either by mechanical interference or inflammatory obstruction.

Excessive Loss of Blood.—The symptoms which arise from excessive loss of blood, and constitute the stage of collapse, are as follow:—1. Vertigo, syncope, coma, dimness of vision, dilated pupils, præcordial distress, weakness, tinnitus aurium, sense of darkness.—2. Convulsions, jactitation, strabismus.—3. Feeble action of the heart; pulse slow, quick, weak, imperceptible; face and general surface, pale, cool; extremities cold; lips white features contracted.—4. Respiration suspirious, slow, irregular, imperceptible.—5. Nausea, vomiting, eructation, and 6. cold sweats.

We are authorized to state that Mr. Healey, the barrister, is preparing for the press an elaborate work "on the Laws of the Medical Profession." The time of its publication will naturally, depend on the fate of the new ministerial measure.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from page 72.)

Syrup of the Ferruginous Citrate of Potash: a syrup, containing one ounce of the liquid citrate of iron and potash to fifteen ounces of simple syrup. Mode of exhibition—half an ounce to an ounce in a little water, as tonic and astringent, in chlorosis, leucorrhea, &c.

——— of Codeine: a syrup, containing twenty-four grains of crystallized codeine in the pound. Mode of exhibition—by coffee-spoonsful evening and morning, for children labouring under hooping-cough. It is also successfully employed in severe nervous irritation of the stomach.

——— of Colchicum (Edinburgh formulary): a syrup prepared with one part of fresh colchicum roots, sixteen parts of vinegar, and twenty-six parts of sugar. Dose—from one to twelve drachms in the course of the day.

——— of Spilanthus Oleraceus (Beral): one pound of simple syrup, two ounces of tincture of spilanthus oleraceus, mixed together in a silver skillet, and all the alcohol evaporated; after which it is to be withdrawn from the fire, and allowed to cool. Mode of exhibition—half an ounce to an ounce in an appropriate menstruum, as tonic and anti-scorbutic.

——— of Cubebine (Labelonge, pharmacien): a simple syrup, containing in the pound forty-five grammes of the hydroalcoholic extract of cubebs, rubbed with twelve drachms of gum mucilage, mixed with peppermint-water. Mode of exhibition—by coffee-spoonsful in water, in gonorrheal affections.

——— of Cuisinier; a syrup prepared with sarsaparilla, borage, and white rose flowers, senna, aniseed, honey, and sugar. Mode of exhibition—two to three tea-spoonsful evening and morning, as anti-syphilitic.

——— Cyanic (Magendie): simple syrup, containing one drachm of medicinal hydrocyanic acid in the pound. Mode of exhibition—half a drachm to two drachms in a pectoral potion.

——— of Dessessart: a syrup, composed of grey ipecacuana, senna, white wine, red poppy-flowers, tops of wild thyme, sulphate of magnesia, sugar, and orange flower water. This syrup is employed for the relief of cough in children, from one to two ounces being given in the course of the day.

——— of Emetine (Magendie): simple syrup, containing one grain of emetine in the four ounces. Mode of exhibition—two to four drachms in an appropriate menstruum. It possesses the same properties as ipecacuana.

——— of Diacodium: a syrup, containing four drachms of the alcoholic extract of poppies to the pound. Mode of exhibition—half an ounce to an ounce, in potions, juleps, &c. *₊* In some chemists' shops, the syrup of opium is substituted for the syrup of poppies; the two syrups however are not identical.

——— of Tartar Emetic (James Morgan): one grain of tartar-emetic, three grains of cream of tartar, five ounces of simple syrup. Mode of exhibition—by coffee-spoonsful for children, and by spoonsful for adults, the dose being diluted in either case with equal parts of spring-water. Used in hooping-cough, bronchitis, croup, &c.

——— of the Etherized Acetate of Mercury (Virey): one drachm of the acetate of mercury, dissolved in four drachms of pure water, and two drachms of nitric ether, and a pound of syrup of gum arabic added. Mode of exhibition—one to three spoonsful daily, as an anti-syphilitic. *₊* This syrup is preferred by some practitioners to that of Bellet.

——— of Rhatany, Ferruginous (Ricord); syrup of tolu, containing two drachms of the sub-carbonate of iron, and as much extract of rhatany in the pound. Mode of exhibition—four to six spoonsful daily, in an appropriate menstruum, in blenorrhagia and mucous discharges.

——— of Gentian, Ioduretted (Ricord): one pound of syrup of gentian, one ounce of ioduret of iron; the ioduret is previously dissolved in a little water, and then added to the syrup. Mode of exhibition: two to four spoonsful daily in an appropriate menstruum, in lymphatic and scrophulous diseases.

——— of Gentianine (Magendie): simple syrup, containing one grain of gentianine to the ounce. Mode of exhibition—in the same cases as gentian.

——— of Tar (Peraire): four pounds of tar, one pound of boiling water, digested in a water-bath for two or three days, stirring from time to time; then poured off, and two pounds of sugar added. Mode of exhibition—three or four spoonsful daily, in chronic affections of the stomach.

——— of Hahnemann; eighteen grains of Hahnemann's soluble mercury, one drachm of powdered gum arabic, triturated together in a glass or porcelain mortar, with three ounces of marsh-mallow syrup gradually added. Mode of exhibition—one to two spoonsful daily as anti-syphilitic.

——— of the Hydrocyanate of Potash (Magendie): a syrup, containing eight grains of the hydrocyanate of potash in the pound. Mode of exhibition—half an ounce to an ounce in a potion, julep, mixture, &c. It possesses the same properties as hydrocyanic acid.

——— of Iodine: a syrup prepared with the lathyrus tuberosus, and containing two grammes of iodine in the pound. Mode of exhibition—one to two ounces daily, in hop-tea or infusion of fumitory, &c., for scrophulous children.

——— of White Hyoscyamus (Chevallier): simple syrup, containing one grain of extract of white hyoscyamus to the ounce. Mode of exhibition—half an ounce to an ounce in sedative potions or mixtures.

——— of Karabe or Succinum: syrup of opium of the codex, containing two grains of the volatile spirit of succinum to the ounce. Mode of exhibition—the same as the preceding.

No. 206 **SUMMARY.** May 24.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

Chorea, or *St. Vitus's Dance*, consists in involuntary contractions of the muscles; the power of the muscles ceases, and there are uncontrolable movements of the body. In the extreme degrees of this disease these movements take place spontaneously without voluntary motion, even during sleep; but in the slighter and more common forms the motions are excited only when the limbs are acted on by voluntary efforts, so that the motions so excited, instead of being exactly in obedience to the will, wander from it and become extravagant; the movements are of an irregular kind, and not precisely such as it is the desire of the patient to make. The efforts of the will are ineffectual in directing the movements, or of arresting them when they have once begun. This kind of affection is in some instances quite partial—only one set of muscles being influenced in this way. The parts most liable are the muscles of the hands and fingers, and the neck; and, though not to so great a degree, the features are often affected, so that the patient makes all sorts of grimaces. The involuntary motions are seen in the worst cases when the patient attempts to walk; in fact, the motions are generally such that he is unable to walk, and when he does, it is a tottering or dancing motion. The act of feeding, too, is very difficult; the motions coming on just as the patient attempts to raise his hand to his mouth, so that he makes a dozen trials before he can raise a cup to his lips. These motions may often be controlled by very strong efforts; they last for a time, and then seem to be overcome. On the other hand they are increased by agitation and excitement. This is a disease that affects children, and most nervous females. It is not at all dangerous in the general run of cases, although in a few extreme cases there have supervened convulsions and coma, arising from effusion into the cerebral or medullary centres, both of the brain and spinal marrow. The exciting causes which immediately bring about the attack in nervous children, and in children otherwise predisposed, are commonly the same,—irritation in the stomach or intestines, bad food, feculent accumulations, worms; but sometimes the cause is a mental one; moral excitement of any kind has been known in many cases to induce an attack of chorea when there has been a predisposition to it before. The precise nature of the disease appears to be an excessive irritability of the excito motory system, that part of the nervous system which is intermediate between the organ of volition and the muscles themselves, the voluntary nerves, or instruments by which they are moved. This remarkable excitability may be acted on either by irritation in the body, as in the alimentary canal, or mentally; where this excitability exists, then voluntary motion, when attempted, induces it in great excess—so that when the child attempts a motion of the mouth, the motion is too much [illegible] inability to keep it within bounds. The motions not only are not of the kind intended, but they are overdone. If the child attempts to raise the hand to the mouth it goes above it. It may be said to be an irregular exaggeration of the voluntary motion. When voluntary motions have to be performed, the muscles excited to action are obedient to the will, but they overdo their part. The excito-motory function may be brought into action by pressure on the incident nerves, as in irritation of the intestinal canal, and in the irritation of teething; and hence in bad cases there is not only excessive and irregular motion during involuntary acts, but altogether a continued motion at intervals, even when the cerebral system and all its connected parts are asleep. I believe this is the view Dr. Marshall Hall takes. There can be no doubt at all that it is essentially a disease of the true spinal system. Excitability is the term properly applied to this peculiar state of the excito-motory function. With regard to *paralysis agitans*, it is something more than mere excitability; there is a continued irritation; the motion is wholly independent of the will, and goes on whether the patient is sleeping or waking, and this is probably owing to the absence of the tonic power by which the motions are controlled. Now the subjects in whom this affection (chorea) occurs, illustrate the nature of the disease. It occurs in children in whom the excito-motory system is naturally very active; fidgetty, restless children, who will always have something of this kind. It is difficult to keep the child even in health perfectly still and steady. This may be said to be a nervous disease of children, which in older subjects would be called hysteria; and female children that have chorea when young, when they get older labour under various forms of hysteria. It is commonly preceded by more or less disorder of the digestive organs; constipation, acidity of the stomach, and with this, headache is often complained of. Sometimes it happens in children otherwise very healthy. Besides this, mental causes, fright, over-exertion, and other things, have been known to bring it on. Over-exertion consists in an undue excitement of the excito-motory system. Repelled eruptions have been known to induce it; injuries of the back, and rheumatism, have in many cases been followed by attacks of chorea. It sometimes occurs in females about the age of puberty from irritation, and in girls who have menstruated, but who have not lost the habit which as children they possessed. When the disease begins from irritation of the intestinal canal, it is not always removed by a removal of the irritation, but we must apply our treatment to the nervous system which seems to constitute a part of the disease where it has existed long. I have hitherto adverted to the disease as being altogether functional, not structural; but we find in some cases in children that sometimes the disease goes on to coma and convulsions. The disease occurring in adults is more generally connected with some inflammatory or structural disease, and very rarely as a general affection. In some remarkable cases of chorea, the patients are subject to violent fits of laughter which they cannot restrain, except by holding their breath, and there are other cases on record of hysterical affections that take on the character of chorea, and are called laughing chorea. I remember a very violent case, which was induced by the habit of carrying burthens on the side of the neck.

With regard to the treatment of chorea in children, it usually yields to purgatives and tonics; if the disease is very recent, purgatives will often succeed in curing the disease; but, subsequently, the addition of various tonics is required. Purgatives remove the irritation of the intestinal canal which I before adverted to, as tending to produce the disease. Derivants are useful, in preventing the local determination of blood, which is connected with most cases of excitement of the nervous centres, but the remedies that answer most effectually in most instances are tonics. I have seen cases cured by quinine, and by bark, but metallic tonics are most effectual. Sulphate of zinc, and sesquioxide of iron are the most useful, the former being adapted chiefly to the more plethoric subjects. In children who are active and who exhibit a tendency to inflammation, without any weakness of constitution, it may be given in doses of ten grains, three times a day, gradually increased. The salts of iron may be given in various forms; the sesquioxide is the favourite remedy; it does no harm, and may be put into the hands of any one. It may be given in doses of one scruple up to half an ounce, two or three times a day. The more effectual tonics are the more soluble ones: the sulphate of iron is a very good one, but the iodide of iron, in my own experience, answers best: it pervades the system more rapidly than any other, and keeps the secretions more free. It may be given in doses of one grain three times a-day, increased to four or five grains, taking care at the same time that the bowels are open. In obstinate cases, where there is functional disorder of the spine, and the membranes of the spinal chord, counter irritation by blisters along the costal spine, or tartar emetic ointment, or croton oil, or some other applications of that kind, are useful. In these cases nitrate of silver has been found of service. If there are any symptoms of fulness, or any local pain or tenderness in the region of the spine, local blood-letting should be practised; and if the disease has originated from rheumatism, it is proper to give colchicum, and iodide of potassium internally, at the same time that counter-irritants are used. There are some other affections closely allied to chorea, and diseases of the motor functions, that may be either functional or structural. To illustrate these, I may mention some experiments made by Magendie and others on animals; on removing the corpora striata of some animals, there was an irresistible tendency to move forward; on removing the cerebellum the tendency was to move backward and forward; and the removal of considerable portions of the crura cerebelli caused them to roll over and over. In the latter case the motion was very extraordinary, for it is recorded that the animal continued to roll over and over at the rate of sixty times in a minute, for eight days in succession. There is no doubt that injury done to certain parts of the nervous system produces an undue development of the motion of particular parts of the body. Structural diseases and func-

tional disorders may incapacitate various parts, and somewhat similar results may ensue. Irregularity of the circulation by pressure, or by congestion, may produce the same effects. This may explain many anomalous cases on record, in which persons in connexion with structural disease of the brain, sometimes without any structural disease, but apparently in connexion with functional disorder, have exhibited rotary motions; hanging and rolling the head about, and swinging the arms to and fro, and all sorts of absurd and fantastical motions. Hysteria presents a type of all these things, and of every other nervous disease. The subjects affected in those cases are nervous persons, and are observed to be subject to a sort of laughing ague, an infectious disease so to speak, which was prevalent in the north of Scotland for some time, causing people to shake and laugh in a most extraordinary manner. Again Tarantulism, supposed to be excited by a poisonous influence, seems to be very much of the same kind; it is an excited state of the excito-motory function, under some narcotic influence, in which the patients dance until they fall down perfectly exhausted.

The next disease to be adverted to is, *tetanus*, which is a more serious matter. It consists of a tonic continued spasm of many muscles, causing an unceasing or at least a continued rigidity of the limbs and trunk, the sensorium being unaffected, or not essentially so. This is a spinal disease unconnected with a mental cause. There are different kinds of this disease, and it is divided according to its origin or cause, into idiopathic, which arises from exposure to cold and wet, and perhaps, from intestinal irritation, and secondly, traumatic tetanus which follows an infliction of a wound, or a mechanical injury to a nerve. There are also varieties according to the part which is affected. Tetanus does not affect always the whole body. It may be general or partial. For instance, *opisthotonos*, where the muscles of the body are drawn backwards, *emprosthotonos* where a part of the muscles of the body are bent forwards; and, again, *pleuristhotonos*, the muscles of one side being affected; and another variety, affecting the jaw is called *trismus*, or lock-jaw. These different affections may differ, according to their direction and intensity, and hence they may be acute or chronic, and there are some that are called *sub-acute*. Now, the symptoms of general tetanus in bad forms, are, that it comes on very suddenly, with some previous general uneasiness of the whole body; restlessness, constipation, dry skin, and soreness at the back of the neck, and during sleep the limbs are straightened in a remarkable degree, the disease apparently beginning at the time the voluntary influence is least exercised, which is commonly the case with regard to diseases beginning in the spinal system. The voluntary motions exhaust their influence a good deal. There is felt more or less dryness and constriction in the throat, and symptoms of spasm referred to the sternum or the diaphragm, a stiffness, and sometimes a sudden closing of the jaws; there is difficulty in swallowing, a spasmodic dysphagia coming on from time to time; the spasms affect the muscles of the face, and cause most horrid contortions; the saliva becomes very viscid, and the patient complains of the throat being parched and dry or flabby; by the constriction of the muscles of the jaws, and by the muscles of respiration becoming more and more affected, dyspnœa comes on of the most severe kind, accompanied by a feeling as if a hot iron had been applied to the epigastrium restraining the motions of the breath. Sometimes in the midst of these horrible affections, the mind and the sensibility are quite free. The pulse is at first commonly hard, and full, but it soon becomes frequent, and at last irregular and feeble through exhaustion, and in the worst cases the beats are said to rise as high as 110. The spasm comes on at intervals, but there are general remissions, and spasms that never relax, and generally rigidity is continued in some of the parts. Death takes place generally in the severe cases on the second or third day. There are some extraordinary instances in warm climates of death taking place more rapidly. In the West Indies a negro having wounded his hand or foot, in the course of a quarter of an hour fell down dead with tonic spasms. If it goes beyond the fourth day there is a prospect of recovery; and, in fact, the greater number do recover, and then the disease may be said to be of the sub-acute kind. The most formidable kind of tetanus is the traumatic tetanus, which is of the acute kind, and is, with very few exceptions, fatal. The fatal result seems to depend, in some cases, on asphyxia: the muscles contract, and press the patient to death. In other cases, death seems to arise rather from exhaustion and syncope. The disease has nothing at all to do with the severity of the wound which may have caused it, as the slightest wounds have been followed by the most severe forms of tetanus. Tetanus has been caused by surgical operations; and it has been caused by the state of the weather, when cold or wet weather have supervened after heats. Idiopathic tetanus is most commonly brought on by sleeping on damp grass. Infants are affected with it from the irritation of improper food. A few cases resembling tetanus have been produced from tænia, or tape-worm. The morbid anatomy is altogether negative; nothing has been made out. In a few cases the meninges of the brain and spinal column have been affected, and sometimes ecchymosis has been found; but in the majority of cases, there is very little after death to account for the disease. In some few cases of traumatic tetanus the nerve at the wounded part has been found inflamed and thickened. In a few cases, some traces of gastritis have been found. Idiopathic tetanus, in some few instances, strongly resembles rheumatic neuralgia, affecting chiefly the sensitive parts of the nerve, and probably, under some circumstances, affecting the motor parts of the nerve. In some instances it has been known to follow rheumatism, and to occur during the progress of that disease, and it seems to be dependent on irritation of the spinal cord. And what is irritation? We hardly know; there is much yet to be made out about nervous irritation; but there are some facts to show that nervous irritation may occur independently of inflammation, or of any known condition of the vascular system. In tic doloureux, which is a neuralgic affection brought about by a sudden cold, or other circumstances, the spasm is too sudden and too transient to be connected with any alteration in the blood; it is something to be called, for want of a better term, irritation; we see the same thing exhibited in the action of certain poisons. Strychnia irritates the spinal system in a remarkable degree, so as to produce a kind of tetanus, but we cannot say how it does so, and must only take the fact as it is. Traumatic tetanus appears to be a violent exertion of the motory function of the cord connected with the tonicity of the muscles. In recent cases, where the disease has been caused by an injury of a particular nerve in a diseased limb, when that limb has been amputated the irritation has ceased; but this is not the case where the disease has gone on long; the irritation, then, has been transferred to the spinal cord, and the removal of the cause will not remove the disease.

Now with regard to the treatment,—opium has been given in nervous cases, as much as twenty grains every three hours. In other cases, stupor has ensued if the tetanic spasm had not relaxed. A case is recorded of a patient taking 110 bottles of port wine in forty-two days, and he was cured. Cold affusion has been said to have cured a few cases. Blood-letting is not curative, but it appears to be palliative in the acute cases. Hydrocyanic acid, mercury, digitalis, and ammonia have been tried without effect. Dr. Elliotson gave carbonate of iron in enormous quantities successfully. Hamilton and Abernethy have recommended purgatives, and each one recommends his own hobby. Turpentine has been considered one of the most effectual purgatives in this disease; but this, like others, cannot effect a cure. Indeed, very few of the remedies that have been tried have had any effect towards a cure. Looking rationally at the thing, I should attempt to cure idiopathic tetanus on the same principles as rheumatic inflammation, using the strongest counter-irritants, liquor ammonia, and calomel and opium in very large doses, with colchicum, my favourite anti-rheumatic remedy. In traumatic tetanus I cannot say much about the expectation of curing this form of the disease, but there are some cases recorded of cures having been effected by Indian hemp.

COURSE OF LECTURES ON SKIN DISEASES,

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine &c.

Of the class vesiculæ the last is scabies or itch. This, I am sure, is known to all of you, but not, I trust, from personal experience. (Laughter.) I shall not take up your time by entering upon it at any length. The vesicles in scabies cannot be confounded with those of any other disease but eczema, and from these they are readily distinguished by their greater size, by their appearing on an uninflamed surface, though in scabies the skin around the vesicles sometimes becomes inflamed; the figure of the vesicle in each will help materially to assist the diagnosis between them; *in scabies it is conical, in eczema round and flat towards the centre.* The conical character of the itch vesicle may not be readily seen at a casual glance; look at it in profile, and you will at once discern it. Itch appears on the inside of the wrists and between the fingers; eczema, as you see in this plate of eczema impetigenodes, appears on the back of the hand and along the back of the fore-arm. Itch is always a vesicular eruption, except in some very rare and aggravated cases, when it becomes pustular, but it never presents the mixture of scale and scab, which you see delineated here (handing round a drawing of eczema impetigenodes). With regard to its treatment I need say no more than that its specific is sulphur.

We now come to the third class, bullæ or blebs, comprising but two varieties, pemphigus and rupia. To these are sometimes added pompholyx, but, as I think, upon no very good grounds. When the disease is acute, it is called pemphigus, and when chronic, pompholyx. I see no reason why they should not be joined together just as well as lepra and psoriasis. And with this understanding we shall proceed to consider both as but one class of the order bullæ. The only difference between a vesicle and a bulla is size. This is the sole difference between them. Pemphigus, the first variety of the class, as I have already said, has been divided by some into pompholyx and pemphigus. Pompholyx they would call the disease when the skin around the bulla, or on which it is seated is inflamed; and pemphigus when otherwise. As I have remarked already, this is erroneous. In talking thus, they seem to forget the essentials of the disease. Redness of skin may or may not accompany it; the bleb itself is the only *essential* feature of the disease, the redness being merely an *incidental* complication quite unconnected with it. Pemphigus generally attacks children, and sometimes adults. It commences with some slight degree of fever. When this has lasted for a day or so, bullæ begin to appear on various parts of the body; over the chest, abdomen, nates, and along the lower extremities. These bullæ are of a size varying from that of a hazel nut to a pigeon's egg. If the child is of a good constitution, and if care be taken not to injure them, they soon dry up, and the skin peels off, leaving a new skin underneath, just as if the part had healed up after the application of a blister; but when the child's constitution has been shattered by bad nursing, long illness, or bad treatment of any kind, these vesications acquire the character of so many troublesome ulcers. When a child is brought to you, labouring under this disease, so like is the appearance of these vesications to the effects of a scald, that at first sight you would be tempted to suppose the child had met with an accident of that nature. Here is a specimen of the disease, which represents faithfully its appearance. (Exhibiting a cast of a child's leg attacked with pemphigus.) This cast was taken by me, many years since from a patient in the Whitworth Hospital, a child who had been admitted with symptoms of fever; shortly after its admission into the hospital, the eruption made its appearance. This cast shows you the affection at its height; and in this drawing (sending it round), taken from the same patient, you perceive the appearance which these bullæ assume when broken. Pemphigus when seated over a bone, or upon the lobe of the ear, is very apt to extend to the bone

rendering it carious. This affection is liable to appear in adults toward the close of fever of a gastro-enteritic type. The nurse, or whoever is in charge, will call your attention to it, by stating that while turning him in bed she has discovered these blisters, as she calls them. On making a closer examination you perceive these blebs in greater or less number, scattered over the body, and of a size varying from that of a split pea to a hazel nut or pigeon's egg. When it occurs in broken down constitutions the vesications are apt to take on a gangrenous character, and from the fact of this termination having been observed with so much greater frequency in children than in adults, it has been termed pemphigus gangrenosus, or infantilis. Some years ago this form of the disease was very prevalent among children of a particular class in the county of Wicklow, to such an extent as to fully warrant its being called an "endemic" disease. At the time I speak of, the County Wicklow contained a great number of foundling children, sent out there to nurse. There was no house, however poor, that had not two or three of them. The consequences may be easily guessed. The children were badly nursed, and ill-treated in every respect, stinted in food of a good and wholesome quality, and deprived of a sufficiency of warm clothing. Under these circumstances it was, that the present form of this disease appeared among them, and such havoc did it commit among them, that fully ninety-three per cent. were carried off by it. And among the whole number you could not reckon more than seven per cent. who were of an age from twelve to eighteen months. But we now-a-days see nothing of its virulence compared to that of the time I speak of.

TREATMENT.

When the bullæ have been broken, and the child is of a good constitution, the parts beneath present the same appearance as in so many blisters. These soon heal up. In such cases do not apply ointments to the parts, they will only irritate, and neither should you apply lead lotions; they will not hasten the formation of new skin one jot. The best application you can now use is goldbeater's skin, which you know is a fine animal membrane; this cut into slips, so as to cover each spot, will serve as the best substitute you can use for the loss of the cuticle. Underneath this the cutis vera will soon produce new skin. In France a very common application to excoriations of this sort, is the inner skin of an egg; that of a turkey egg is generally preferred. What their motive may be for using this instead of goldbeater's skin I do not know; perhaps it may depend upon the greater scarcity of the latter article with them than with us. In cases where these spots have taken on an ulcerative action, the best application to them is the ung. hyd. precip. rub., diluted with spermaceti ointment, conjoined with the internal administration of decoct. sarsæ, with acid. nitro-mur. dil., infus. cinchon., quinine, &c. When they assume a gangrenous character, they require the same treatment as gangrenous ulcers from other causes. Here you will prescribe for the patient bark, ammonia, wine, porter, &c. in moderate quantities, to support the patient's strength, joined with strong broths, soups, animal jellies, &c., suited in quantity and quality to the age of your patient. Of the applications to the ulcerations themselves, I have found the undiluted red precipitate ointment the best. Dr. Stokes, father to Dr. William Stokes, during the time that this form of pemphigus prevailed among the County Wicklow foundlings, turned his attention very much to its history and proper treatment. He composed an ointment, which was found extremely useful in treating the gangrenous ulcers; it has since obtained a place in the Pharmacopœia, under the title of "Unguentum scrophulariæ nodosæ." We seldom or ever now meet with this disease of pemphigus in a gangrenous form.

The last of the class bullæ, is rupia: a case of which some of my present class cannot fail to recollect as having occurred at the Whitworth some short time since. This disease most commonly arises from the conjoint effects of the poisons of mercury and syphilis; when secondary symptoms have harassed the patient for any considerable length of time, the consequence is that from both causes, the constitution is broken down, and this disease, rupia, makes its appearance. However, it sometimes comes on when no mercury has been taken, and I am led to think that this was the case in the instance of the disease lately cured at the Whitworth. The history of the disease is this—you enter the wards of a hospital (and there is no one which you can enter where you will not find one or more cases of it), you turn down the bed-clothes from off a patient, and you see scattered over the body, trunk, and extremities, patches of a dark red colour. These are so from a degree of venous congestion having taken place in these patches. In a very little time they are found elevated above the level of the skin, owing to the extravasation of some dirty serum beneath. This constitutes the bullæ, and unless you pay particular attention in watching the progress of this stage, you will not be able to distinguish this bulla at all. This, if not irritated, forms a soft dirty scab, which becomes flattened at top, constituting one variety. Underneath this soft scab what do we find going on? The skin and cellular tissue beneath have taken on ulcerative action, matter is secreted, and according as this dries, it adds to the structure on the top. In another variety of it, which has been styled from the figure of the incrustation, rupia prominens, the scab thrown up assumes a conical appearance, somewhat resembling the shell of a muscle; this is produced in the following manner:—The vesicle in the first instance is small, the inflammation causing this, travels to the skin and cellular tissues beneath, causes there ulceration, which assumes a circular form, or one analogous to that of the primary vesicle. These rings of ulceration gradually extend themselves as each portion of tissue becomes successively implicated; while this ulcerative action is going on at the base, fresh portions of scab must be thrown up, each succeeding layer larger than the previous one, the effect of which must be to give the whole the conical form so characteristic of it.* I think that as far as practical purposes are concerned, you need not trouble yourselves about these divisions of rupia—it is quite unnecessary. All that you need be anxious about, is to be able to detect the disease when you see it, as none of its forms require a plan of treatment differing from the other. This disease, I think, you could scarcely mistake for any other with which I am acquainted; you might, if you saw the vesicle of rupia, be led to confound it with pemphigus, but any one who has ever seen either could never make such a mistake. As I have said before, you very seldom see the vesicle in rupia; when you do, it is flattish and ill-defined: whereas in pemphigus this is always tense, and circumscribed; but the grand characteristic between both is the state of the parts underneath the bulla. In pemphigus the surface beneath is red, vascular, and of a healthy character, healing kindly under goldbeater's skin or emp. lythargyri, softened in oil, which you place over each vesication, as a substitute for the true skin. In rupia, when the scabs are removed, you find an irregular, jagged, irritable ulcer, discharging a fœtid sanies. The question is how are you to remove these scabs? And this brings us to the treatment.

You cannot apply poultices over the number of sores which you meet here all over the body. If you wish to remove them, get some litharge plaister, thickly spread on linen or leather, cut it into pieces large enough to cover each of these incrustations; apply one such to each, and in twenty-four hours it will come off, leaving the surface beneath exposed to your scrutiny, and fit for applying the proper dressings. This litharge plaister acts by confining the perspiration to the part, which when thus confined acts as a vapour-bath to the scab, so that it becomes softened, and disconnected from its attachments, and finally comes off in twenty-four hours, adhering to the piece of plaister. If the ulcerations beneath should be in an irritable state, the best application you can use to them is the ung. cerussæ albæ, with or without opium, as you may think necessary. After this state of irritability has been subdued, you may venture to employ stimulants and among this class of remedies there are but two articles on which I can place confidence in this disease. These are iodine and argenti nitras, the former used in the proportion of five grains, and the latter in the ratio of from five to ten grains to the ounce of ung. cetacei. With these local means of cure, you must in all instances take every care to support the constitution; for do not fail to bear it in mind, that this disease invariably sets in in broken down constitutions. For this purpose, you will place your patient on a nourishing diet of animal food, with broth, soups, &c.; with or without porter and wine, as the case may seem to require. In every instance your aim should be not to stimulate the patient, but to support him with nutritious, easily-digested food. Among the medicinals from which you will derive most advantage, are those of a tonic character—cinchona, quinine, ammonia, sarsaparilla, the mineral acids, &c. Under this treatment, and by discontinuing the use of mercury, in cases where this disease has come on while using the above mineral, you will often have the satisfaction of finding your patient's case progress favourably. These ulcerations will heal up, and no new bullæ will appear. In all the cases where the bullæ have healed, you will in every instance be able to point out their previous situation: a depression in the skin, accompanied with a permanently white cicatrix, tells where they had previously existed.

It does happen that the plan of treatment, just now recommended, fails in curing the disease; under these circumstances, I have seen the most marked benefit derived from the external employment of an ointment, composed of from five to ten grains of argenti nitras ad ℥j. ung. cetacei, coupled with the internal administration of the same mineral tonic in doses of one grain, thrice daily. Under the use of this most powerful tonic, I have repeatedly seen persons recover, who had been brought to the brink of the grave by the irritating fever set up by the disease. Some of the gentlemen who now hear me, will recollect at once, that it was under the use of the above salt, that the woman improved, and finally got well, whom we had lately under treatment at the Whitworth. But the remedy, though possessing such highly curative power, and deservedly laying claim to the character of a powerful tonic, unfortunately possesses a drawback, which, in the majority of instances, completely prevents its administration. I allude to the property which it possesses of leaving a dark colour on the rete mucosum, which can never be removed, nor obliterated. But even this is not the worst; you can never be certain that it may not appear, though the discolouration be not visible while the remedy is being administered. Thus, you may have a patient taking it in January; he lays it aside without the least change in his usual complexion having been induced by it, when, lo! in March or April, three or four months after its discontinuance, this dinginess of colour may suddenly set in, never to be removed. Unfortunately, we have no means of counteracting this most disagreeable consequence of a remedy, otherwise so highly valuable, nor can we either tell, whether it will produce this discolouration, or when it will take place. These circumstances necessarily limit its administration to a class of persons—a very narrow one indeed, gentlemen,—persons, such as the old lady at Whitworth, about any future change of colour in whose skin, we feel not the slightest uneasiness, they being coloured and dyed pretty deeply before (laughter).

The next division of skin diseases is the class PUSTULÆ; of this, there are seven varieties:—Variola, Varicella, Ecthyma, Acne, Mentagra, or Sycosis, Porrigo, and Impetigo.

In making an examination of any pustular disease, of which you are ignorant, it would be well for you to ask yourselves the following question:—Is the disease before me, chronic, or acute? This you can readily learn by making enquiries into the length of time it has existed, and you will find it a piece of information which will be of very great service to you.

If the disease be chronic, it cannot be either of he first two, for these run their course in a

certain determinate length of time, and if, on the other hand, it be acute, it cannot belong to any of the remaining five, perhaps I should have said the remaining four, for porrigo, one of these, possesses characters so peculiar, that I think it should be placed altogether out of the class, pustulæ, and be made a distinct class of, *per se*. However, as general usage has sanctioned its arrangement as above, I shall not remove it thence. That arrangement has been made for the purpose of considering each of the above diseases with regard to its acute or chronic character; and, for this reason, we shall take the different varieties as they succeed each other in the list, along with the light which a knowledge of the acute or chronic character of a skin disease, throws upon its history. You will derive an additional gleam, in understanding whether the pustule be a phlyzacious, or psydracious one. To the distinguishing marks between them, I have fully adverted already, in the Lecture Preparatory to Treatment, &c., of Skin Diseases; but shall not here take up your time by repeating them, I shall merely remark that the character of the psydracious pustule belongs to one disease, impetigo, and that, wherever you find pustules possessing the characters which I have described as peculiar to the psydracious pustule, you may make up your minds to the belief, that such pustular disease cannot be other than impetigo.

In speaking of small-pox I shall not enter into minute details of the disease; for information such as this I shall refer you to systematic works, contenting myself with laying before you some points of practical importance which, as far as I am aware, are unnoticed in such works. The latent stage of small-pox, as closely as we can calculate, is about twelve or fourteen days; that is, of about the same duration as in measles and scarlatina. On the third day after a person has sickened, of small-pox, numerous stigmata, of a bright red colour, appear. On the second or third day of the eruption, the fifth or sixth of the disease, these stigmata become elevated, and contain an opaque lymph in the centre. This lymph is contained within the vesicle in different cells; it gradually softens down to real pus, and in doing so, gives rise to that appearance which is familiar to all of you, under the name of the central depression of small-pox. In a few days more this vesicle becomes more tense, and elevated above the surface, while that portion of it which surrounded the central depression shares also in this elevation, and about the eighth or ninth day the genuine pustule of small-pox is fully formed. It is now nothing more than a phlyzacious pustule, with an inflamed margin, and hardened base.

I do not know that at this stage you could mistake it for any other disease with which I am acquainted, but at its onset, you might so confound it. Suppose scarlatina, measles, and smallpox are raging conjointly as epidemics, and you wish for some criterion to distinguish at its onset, one disease from the other; by attending to, and bearing in mind the following distinctions between the premonitory fevers of each, you will scarcely ever make a false diagnosis. Recollect, that measles sets in with symptoms of severe catarrhal fever. You have watering of the eyes, sneezing, and discharge from the nostrils, irritation along the conjunctivæ and Schneiderian membranes, travelling thence to the trachea, there giving rise to croupy breathing; and finally, reaching the bronchi, where it causes either bronchitis or bronchopneumonia. In scarlatina, you have catarrhal fever, an inflamed state of the fauces producing sore throat, and difficulty of swallowing, and in bad cases it is attended by purging and vomiting, in addition to the former signs. The characteristic symptoms of the premonitory fever of small-pox, are violent pain of the back, and vomiting, which continue until the eruption comes out. After tomorrow evening we shall resume this subject.

Mr. Tuson, Mr. North, and Dr. F. Hawkins, have resigned their respective lectureships at the Middlesex Hospital School of Medicine and Surgery, and it is currently reported that Mr. Erasmus Wilson and Dr. Fownes intend following their example.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY,

By Dr. Knox, F.R.S.E., F.R.C.S.E., Corresponding Member of the French Academy of Medicine, and Lecturer on Anatomy and Physiology, &c. &c.

Lecture VI.

On the Form and Proportions of the Human Cranium

In this lecture I propose, first, examining the views of Retzius, Von Tschudi, and Van der Hoeven, as I find them stated in a memoir in the *British and Foreign Quarterly Review*; secondly, detailing, with observations thereon, the result of a careful examination of about two hundred and sixty crania of many nations and races collected in the rooms of the Phrenological Society—to which valuable collection the members of the society afforded me the readiest access in the most handsome and liberal manner, and for which I beg leave to express to them my warmest thanks.

Anatomists are greatly indebted to the editor of the *British and Foreign Quarterly Medical Review* for the partial translation of some very valuable memoirs by Retzius, Von Tschudi, and Van der Hoeven; the first, on the Form of the skull in the Natives of Northern Europe; the second, on the Original Inhabitants of Peru; and the third, on the Natural History of the Negro Race. I shall here take the liberty of making some remarks on these very valuable memoirs.

The authors of the three remarkable memoirs, partly translated, or given in extract, in the *Quarterly British and Foreign Medical Review*, seem to me, in a great measure, to keep a distinction in view, which the reviewer does not: I mean the distinction between "race" and "nation."

1° Retzius examines the comparative length of the skull and prominence of the jaws—one object in this being to determine the size of the posterior cerebral lobes, and to what extent they do or do not overlap the cerebellum; it being a well-known fact, that generally in the lower animals these posterior cerebral lobes are very short, and thus leave the upper surface of the cerebellum more or less exposed, or, at least, visible when the whole mass is looked on from its upper surface. It is right, however, to observe, that in some of the cetacea this arrangement is by no means so remarkable as in some animals placed much higher in the scale, or at least presumed to be of superior intelligence.

Retzius divides the "nations of men," (these are the reviewer's words) into the "long-headed" and "short-headed;" these terms have a reference to the greater or less over-lapping of the cerebellum by "the posterior cerebral lobes;" in the former the lobes completely cover or conceal the cerebellum from above; in the latter they do not. Each of these divisions is again subdivided into the:

Orthognathæ—upright and little projecting jaws
Prognathæ—prolonged or more projecting jaws.

The whole arrangement is as follows:—

Class I.—Long Headed.

Order 1.—Orthognathæ: Gauls, Celts, Britons, Scots, Germans, Scandinavians.

Order 2.—Prognathæ: Greenlanders, various North and South American Indians races—such as the Caribs, Bolocados, &c.—Negroes, New Hollanders.

Class II.—Short Headed.

Order 1.—Orthognathæ: Sclavonians, Finns, and other Icelandish races, Affghans, Persians, Turks, Lappes, &c.

Order 2.—Prognathæ: Tartars, Kalmuks, Mongols, various North and South American races—such as the Incas, Carracas, &c., Papoos.

Conclusions arrived at by Retzius:—1° That the form of a Swedish skull is quite different from that of the three neighbouring nations, and that they also widely differ from each other.—2° The Swedish head does not seem to have altered in any way during the last six hundred years; the posterior lobes of the brain completely cover the cerebellum. Besides the measurements to which I shall presently advert, he remarks, that the surface on which the cerebellum rests lies altogether at the base of the skull. Two hundred Swedish skulls were examined, but only four Sclavonians, or slaves; in this race, M. Retzius includes the Tschukt Poles, Russians, and many other *nations*, and, as appears to me, *races*; these, as regards the face, resemble the Swedes somewhat, but the cranium is rounded and of a quite different sh[illegible]. The number examined, however, is evidently too scanty to admit of any sweeping conclusions being based on them. Six crania of Finns were examined; they differed from both the preceding, still they were rounded. In five of the six specimens, there is an elevation in the course of the sagittal suture, which is also mentioned in the only account of the skull of the Finns proper, hitherto published.

This "elevation in the course of the sagittal suture" is "a crest;" I have been in the habit of describing these crests on the human cranium here spoken of as appearances of accidental elevation, or at least of frequent occurrence. This elevation, as it is called here, is sometimes double, sometimes single; but single or double, it forms a part of a system of crests very largely developed in man, but not limited to any race, nor apparently more remarkable in any one race than in another. It is on the head of the Oran or Pongo that such crests may be seen in all their perfection.

That the Swedish skull should differ from the Finlander or Finn was, I think, to be anticipated, but no doubt it is vastly preferable to prove such opinions by a direct examination of facts. Six skulls were, on the whole, rather few. The few Finns I have met with were alive, and were most intelligent; Dr. Roussell was one of them. He told me he came from Finlandia; he was a highly polished, cultivated, and superiorly educated person, such as you seldom meet with amongst even my own countrymen. He was evidently not a Russian, nor a Pole; my own idea was, that the race is descended from the ancient Goths or Huns; that they are not a Sarmatian, nor Sclavonian, nor Teutonic race, but *Gothic*, or Hunnish, whose chief seat is *now*, where it always has been during all the historic period, namely, in *Austria*, (their present chief seat), Hungary, and the Banks of the Danube.

M. Retzius examined sixteen Lappes' skulls; they differ from the other races, but in all these races, as well as in the Lappes, the face is European. In twelve "the elevation" (superior parietal crest) was found extending only forward however into the frontal bone. The mastoid processes are small; this seems to me a character of eastern skulls, and both in this respect and in others they seem to me to belong to an eastern race.

Greenlanders.—Of these M. Retzius examined two. In these skulls he remarks that the nasal bones are extremely small. The malar bones are of great size and give to the whole head a singular pyramidal appearance. But the term Greenlander is too vague in expression, and it is not, I think, saying too much to assert that the Greenlanders, as they are called, form neither a nation nor a race; it is quite otherwise with the Esquimaux, who seem to form as distinct a race as now anywhere exists.

That the Lappes are the remains of the ancient Scythians—the "greatest of men"—is possible enough; but not of the "warlike Scythians;" these must have been of a different disposition. I just remember seeing one Lappe family—reputed so—they seemed to me to differ from all the other races I had ever seen. Comparative enquiries of this kind could only be instituted successfully upon "large numbers," and by observers who had "travelled far," and who had observed much.

Von Tschudi endeavours to prove that among the ancient skulls of the aborigines of Peru, there are three distinctly different forms in different localities, and that in the present Peruvians the general form of the skull presents a union of the features of all the three. To this proposition there are physiological objections; if the different

forms indicate races, these races would not so amalgamate: if they merely indicate varieties, then their distinctive characters are unimportant. The observations of M. Tschudi will no doubt interest many, and will be examined whenever a translation of his work appears. He shews that the irregularly formed skull, found amongst the ancient Peruvians, occurs in children unborn, and could not, therefore, have been in them the result of pressure. The most remarkable circumstance I find in the extract from M. Tschudi's work, is his evidence in respect to the peculiar formation, or rather mode of development of the upper angle of the occipital bone; it is called by him an inter-parietal bone, and is supposed to have been peculiar to the Peruvian race. This arrangement was found by him in a very great number of young crania, and he thus called the bone *os Incæ*. The observations of M. Van der Hoeven, also noticed in this review, have a reference chiefly to the skulls of Negroes and Chinese. Ten Negro skulls were examined, but the number of Chinese has been omitted. A tabular view has been given, which we here copy, with the reviewer's explanation of certain terms; these are: "height of the skull," which means the distance from the foramen magnum to the vertex; "*length*," from the globule to the farthest part of the occiput; "*length of the vault*," from the naso-frontal suture over the vertex to the margin of the *foramen magnum*.

No. I.*

	Europeans.	Negroes.	Chinese
Height of the skull	5,66	5,47	5,70
Length of the skull	7,04	6,96	7,00
Greatest breadth of ditto ..	5,47	5,11	5,48
Breadth behind the external angular process........	3,74	3,74	3,66
Length over the vertex ...	14,67	13,81	14,71
Circumference	20,51	19,75	20,38
Length of foramen magnum	1,41	1,37	1,37
Breadth of ditto	1,18	1, 1	1,15
Greatest distance between the zygomata.†........	5,15	5,03	5,23

No. II.

	Europeans.	Negroes.
Height of the forehead.........	4,92	4,83
Breadth of ditto	4,72	4,36
Length of ditto...............	4,92	4,72
Distance between the temporal bones....................	5,47	4, 9

These measurements were taken from the meatus auditorius externus to the highest part.

With respect to this tabular view it is to be regretted:—1° that the number of Chinese skulls has not been stated;—2° that the European skulls were of no particular race, embracin gnearly all the modern kingdoms of Europe.

M. Van der Hoeven examined carefully the crania of five Kaffir skulls, and concluded from this that they belong to the negro type. This is true only to a certain extent, as I explained in 1820 and 1821, when having sent three Kaffir crania to Paris through the French naturalist, Lalande, and brought three crania with me to Britain, of those who fell near Grahamstadt, the anatomical characters of the cranium of this interesting race were first made known to the scientific anatomists of Europe.

In the course of the observations read to the American Society, it was shewn that the Kaffir differed in many respects from the true negro, but that the jaws were large, and indicated the strict affiliation of the race with the other dark races of Africa, without the smallest admission of Jewish or Arabian blood, as Sir John Barrow had conjectured to be the case, drawing his conclusions from ceremonies they employ,—such, for example, as circumcision, the abstaining from the flesh of fowls, pigs, &c., and from fish.

The following gentlemen were admitted Members of the Apothecaries Hall on the 15th May, 1845.—Samuel Taylor, Henry Julian Hunter, John Webber, Henry Edward Nankivell, Charles Ede, William Lea.

A special meeting of the Royal Medical and Chirurgical Society is about to be held, to elect a vice-president in the lieu of Dr. Thomas Gordon, deceased. Dr. Babington is recommended by the council.

OBSERVATIONS ON VARIOUS DEBATABLE QUESTIONS ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.

By Dr. Clay, Piccadilly, Manchester.

No. IV. Second Series.

Subjects:—*Uterine action in irregular contractions of the Uterus considered, commonly styled hour-glass contractions—Erroneous views of Paralysis of the Uterine Fibres—Retardation of Delivery not advisable—Rupture of Uterus—Case—Dr. Alison's views of Uterine Action—Where wrong—Dr. Churchill on irregular contractions of the Uterus.*

Having in my last observations shewn, that irregular contractions something analogous to the hour-glass in form, do exist in the uterus, I shall now proceed to shew how far these actions are governed by the principles before laid down. It is well known that hour-glass contractions take place generally after many rapid deliveries, and most frequently perhaps, where the delivery is accomplished in the absence of the accoucheur; then, the question naturally arises, why is this? Presuming the double action of the uterus I have been contending for, it is evident that the process of labour in its first stages may be perfectly natural, that is, the transverse and dilatory pains may run their proper course, and the longitudinal expulsive efforts may follow in natural order, but the latter may be so powerful as to suddenly eject the child; the consequence will be, that by the too sudden removal of the child *the pelvic pressure, on which the presence of the longitudinal action entirely depended* is removed also with the child; in connection with this pressure as a cause of excitement, there is an immediate cessation of the longitudinal action, whilst the transverse fibres are continued in action; thus a stricture is formed across the uterine mass immediately below the contained body, (the placenta) which will be immediately above the os and cervix uteri, and not in the middle of a bag, with an equal capacity at either extremity, as in the strict hour-glass form. This immediate cessation of action of the longitudinal fibres, has been called a species of paralysis, but this is not a correct term; it is more strictly an atonic state of one series of fibres, whilst another series continue in an active state; it is a mere *want of* action, not a morbid action. If it were paralytic, the natural action would not be resumed so immediately, when the stricture is overcome, which is invariably the case. Some have argued that it is a partial paralysis; this term is equally inexpressive of the truth; though it is true, only a part of the uterine fibres are in the atonic state. Another writer states that the cause of hour-glass contraction "is a want of balance between the muscular power of the fundus, and that of the centre of the uterus, the former being in a state of paralysis, and the latter in a state of spasm:" to justify this opinion it is argued that opium overcomes the spasm of this species of contraction; this however is not a sufficiently satisfactory explanation, as opium will also often control the natural action of the uterus, which cannot be called justly spasm. This opinion however, as to the double action of the uterus, is exactly what I am contending for. To prevent hour-glass contraction, it has been recommended to retard the process of delivery, by checking the advancement of the child's head; now I contend that this species of contraction very seldom if ever, takes place in the hands of a prudent, and experienced practitioner, simply because he takes good care not to have his patient placed in any outrageous position or circumstances likely to favour its coming on. It usually happens in a practitioner's absence, the patient often self-delivered, whilst perhaps standing, or walking, or from some indiscreet efforts on the party assisting, and therefore is not an uncommon occurrence in the practice of midwives. Retardation of birth then, is inapplicable in almost all cases of this description, for if the practitioner is not present he cannot apply it, and if hour-glass contraction occur, *he having been present* in the earlier stages of the labour, it is probable his own practice is wanting in experience and capable of improvement. As to checking the advancement of the head, it is necessary this should be done *with great caution*, if the efforts of expulsion are very powerful, and a determined resistance be given against the quick advancement of the head, a much greater evil than hour-glass contraction may in all probability take place, which is neither more nor less, than *rupture of the uterus*. The frequency with which the head advances, and retires, in first labours, has been advanced as a natural process of retardation, admitting of a better dilatation of the parts; this, however, is no justification for a similar process, under different circumstances. I will not pretend to say but that retarding the advancement of the head may be unattended with irregular contractions of of the uterus, yet I have no hesitation in stating that such a practice (as a general application) is most pernicious, and its adoption will, in all probability, lead to a fearful responsibility; for if one case of rupture of the uterus could be traced to its application, it is enough to condemn it in practice. A circumstance of this nature occurred to a young friend of mine. some years ago, he was attending a case, and as the dilating pains were few, and far between, he went down stairs, and throwing himself on a sofa, soon fell into a sound sleep; two hours elapsed, when the pains suddenly changed to the expulsive character, violent, and rapid, so much so, that one of the females placed her hands externally, and forcibly prevented the advancement of the child's head, whilst another female went to rouse the medical attendant (which was not very easy, he being much fatigued); on going up stairs, he heard a most terrific scream, and soon became aware of the awful fact,—the uterus had ruptured, with the head on the perinæum, against which, the female was still forcibly exerting herself. On the whole, I question the propriety of retarding the advancement of the child's head, with the view of preventing irregular contractions of the uterus subsequently; indeed, I believe it altogether unnecessary, even with the idea of preventing lacerations of the perinæum; which, I think, is satisfactorily shewn in my essay on that particular question, in a former volume of the Medical Times. In cases of very rapid deliveries, I am strongly disposed to conceive, that if the uterus continues entire, there is a great difficulty in checking the advancement; the commencement of the pain is so instantaneous and unlooked for, and the result so immediately after, that the mischief is often accomplished before any pressure could be applied; it must also be considered, that most frequently in these cases, the patient is in some awkward position (standing or walking, &c.) and the person to assist, generally absent. It is better, therefore, to avoid retardation of the process of delivery. But to return to the question of uterine action; the views I have hitherto advanced, are, in a great measure, borne out by practical facts, and I have no doubt of their correctness. In the year 1841, Dr. Alison read a paper before the Medical Society, On the Immediate Causes of the Contraction of the Womb, &c., &c. Dr. Alison's views are, in respect to the supply of nerves, exactly those which I have given in the early part of this paper; but he seems altogether to have misunderstood the application of his doctrine; he denominates the whole action of the uterus, *expulsive*, and the stimulus to that action, *to be the uterine contents*; than which, nothing can be further from the truth. I have shewn that the first *natural* efforts of the uterus are dilatory, which are brought into action, not by *the uterine contents*, but by the arrival at, of a *certain degree of tensity* of the transverse fibres of the uterine structures. The second efforts of nature are expulsive, and the excitants to the latter action, are the contents of the uterus, producing pelvic pressure, and thereby exciting the longitudinal fibres; and that frequently, hardened fœces, tumours, and vaginal explorations, will produce the same result. It is evident that the contents of the uterus cannot be the exciting cause of expulsive action, since that action continues long after the contents are entirely expelled, and this is very satisfactorily shewn in cases of severe after-pains, which are of the *expulsive character*; it is true, the contents of the uterus no longer pro-

duce pelvic pressure, but the uterus has become entirely pelvic in its situation after labour, and is, for some time subsequent to labour, abnormal in its size; it, therefore, is *itself, as an organ, the excitor of its own contractile efforts*, which continue until its normal size and position are attained. *If*, in the first action of the uterus, we discard *the maturity of tenuity of the transverse muscular fibres*, and attribute the immediate cause to the *uterine contents alone*, to what absurdities and uncertainties it would ultimately lead us.

In Dr. Churchill's very able work on Practical Midwifery (a work which I have no hesitation in saying ought to be in every accoucheur's hands), the chapter on irregular contractions of the uterus, is not so fully drawn out, or so well illustrated, as the other parts of the work. In my next communication, I shall conclude this essay by pointing out where I respectfully differ from Dr. Churchill's opinions, and illustrate my own views by practical illustrations.

(To be continued.)

OBSERVATIONS ON HYDROPHOBIA; WITH A CASE OF SUCCESSFUL TREATMENT.

By John Hooper, M.D., M.R.C.S., &c.

At a very early period after the commencement of my professional studies, I had the good fortune to see a very interesting case of this disease, which occurred at Chatham. Never shall I forget my first entrance into the chamber of the afflicted little girl. All was silence until the door was opened, when her watchful and suspicious eyes were directed towards me with an expression of horror and a loud exclamation; the admission of a current of air produced her distress. She soon recovered and talked most coherently, complaining of pain in the stomach, excessive thirst, frequently putting her hands to her throat, and begging for drink, which her attendants feared to give her, on account of the distress it invariably produced on being presented. She had made numerous efforts to swallow fluid without avail; now, in consequence of her vehement entreaties, they gave her some water, the sight of which produced so severe an attack of spasm, that it required the combined efforts of her mother and friends to keep her in bed. I well remember the contorted countenance and foaming mouth; in a few minutes she appeared to recover her senses, and had much trouble in spitting out the cohesive saliva. She was very solicitous to be held fast when the fits occurred, lest she should bite, and communicate the disease to others, crying out in a peculiar croaking voice, "I am sure I shall bite you if you do not hold me." Everything was done that skill and the united experience of the most renowned medical gentlemen of the place could devise to alleviate the dreadful sufferings of the poor patient, without success. Opium, mercury, antispasmodics, and bleeding were tried; she died about fifty hours after the attack. The wound which had cicatrized, became painful a few hours after the seizure; before her death the wound discharged freely. This case made a strong impression on my mind, and was the cause of my selecting hydrophobia as the subject of the required inaugural thesis at my graduation. The whole subject of treatment does not appear less difficult and afflictive now than then. Long was the catalogue of medicines, many, in their day of great repute (some accounted specifics). With what confidence have the following been recommended by men standing high in the profession:—Radix mundo, eau de luce, cantharides, lichen terrestris cinereus Raii, in consequence of its supposed specific properties named by Linnæus Caninus; 1721, admitted into the London Pharmacopœia, combined with black pepper, under the title of pulv. antilyssus: musk, opium, belladonna, nux vomica, tobacco, stramonium, arsenical preparations, alysma plantago (madwort plantain), genista tinctoria (butcher's broom), and mercury. Of all these remedies, the latter *a priori*, appeared the most efficient antidote; it was first brought into repute by M. Dessault, a Frenchman, who, in the early part of the seventeenth century published four cases of persons who had been bitten on the same day by the same mad wolf; two had all the symptoms of hydrophobia. These were successfully treated by the free use of mercury, until salivation had taken place. Many years subsequently seventeen persons were bitten by a mad wolf: these cases were under the care of Dr. Wolf, of Warsaw; two only were treated with mercury; ung. hyd. ʒi was rubbed over the cicatrices daily, and they were purged with calomel; no antispasmodics given; ptyalism was not effected; they died. Dr. Wolf after such inefficacious treatment, ventured to discard mercury, and therefore again brought it most undeservedly into disrepute; in every case in which it has been tried since, wherein the patient was really labouring under entasia lyssa, or hydrophobia, the consequence of a bite from some rabid animal, the sufferer has been carried off by the nervous symptoms before ptyalism had taken place. I therefore resolved that if a case should ever come under my care, to give it a fair trial; removing the spasms by stronger antispasmodics than had heretofore been given. During the existence of this disease, there is every indication of an inflamed state of the mucous membranes of the trachea, bronchia, and of the stomach; and the like indication of meningitis. *Post-mortem* examinations evince an inflamed appearance of these membranes. For arresting inflammation of this kind we have not a more powerful remedy than mercury, assisted by topical and general blood-letting. Independent of its supposed specific properties, a virus is certainly introduced into the system. Infection is communicated through the medium of saliva, and the recipient has fresh virus again poured forth by the salivary glands; no medicine, certainly, has so powerful an effect upon the glandular system as mercury, therefore if it has the power of destroying the virus, it must here be brought into conjunction.

I had not been in practice many years ere an opportunity occurred for adopting my plan. One Friday, about eleven o'clock, P.M., in the month of September, 1825, I was requested to visit Reuben Piper, aged seventeen, groom to Mr. Holbrook, of Aspeden Hall; on my arrival the latter described the state of his servant, who, he informed me, had been bitten by a mad dog, about three weeks since. The said dog had bitten a man in the leg, who immediately went to a surgeon, and he extirpated the part: no ill consequences ensued—a cow, pig, and another dog had been bitten—all were killed as soon as rabies was manifest. The offending dog, immediately on its showing ferocity, was chained up in the stable. Reuben Piper, the groom, who with his arms bare had been rubbing down the horses, unfortunately approached too near the dog. It seized his arm and inflicted a severe wound. Mr. Holbrook and family were then at Tottenham. Reuben, without consulting his master, rode to Puckeridge to obtain some drink from an old veterinarian of that place, who long had the reputation of preventing ill consequences accruing from the bite of rabid animals; the wound shortly healed; and he continued to take most copious potations of the said drink until the day before I was summoned. I was now introduced to the poor fellow; for some days antecedently he had laboured under great nervous agitation, and considerable depression of spirits; he was now in a violent paroxysm, requiring four persons to hold him, struggling from side to side. The spasms were most severe, with the most horrid and terrific distortion of countenance. He foamed at the mouth, an abundance of viscid saliva flowing thence; he made a noise, which the attendants compared to the howling of a dog; he attempted to bite those who were holding him; the attack continued about six minutes, during which the pulse was so quick that it could not be counted; as soon as he ceased struggling and the spasm subsided, he was perfectly conscious and his ideas collected; was very watchful, urging us to be careful lest he should bite; he would be very sorry to do so, but had a great inclination when, to use his own expression, "he was very bad." Occasionally he complained of great thirst, and pain in the stomach, tightness across the chest; one of the servants poured some water into a vessel behind him; the sound of the fluid brought on a spasm; between the attacks, his nerves became exceedingly sensitive; the least noise in the room, walking by him, moving any article, the slightest current of air, the door being opened, increase or diminution of light, moving of a shadow on the wall, appeared to distress him. The sight of a glass tumbler brought on a paroxysm; the fits would cease for a quarter of an hour. He had pain in the pit of the stomach, which would be discontinued, then he had a pain in the bitten arm—these pains frequently alternated; on examination it was found red; there was no discontinuity of surface; a large cicatrix was evident. I was informed that at breakfast he drank two cups of tea; all the day he had complained of itching of the cicatrix in the arm which had been bitten; he had frequently rubbed it. At one o'clock he sat down to dinner with the servants, but could neither eat nor drink, yet complained of parching thirst; four o'clock, being excessively thirsty, he went to a public-house for some beer—attempted to drink, it produced a sensation of horror; he then asked for water—when produced he shuddered and turned away, leaving the house without attempting to drink. The jaws were separated by a piece of wood placed between the molares. I then with an iron spoon conveyed into the pharynx two drachms of tincture of opium and the same quantity of spirits of camphor; a few drops were forcibly ejected by the violence of the spasm; ten grains of calomel mixed with honey were placed under the tongue; three drachms of mercurial ointment were rubbed into each axilla, and the same quantity on the thighs; in half an hour the same dose of laudanum and camphor was repeated, the convulsions having returned with pain.

One o'clock a.m. Saturday.—Paroxysms not so severe.

> ℞ Tinct. opii
> Sp. camphoræ aa ʒj.
> fiat haust
> Quamprimum habeat
> Admoveantur hirudines xii scrobiculo cordis
> Mittatur sanguis ad ℥xx saltem

2 o'clock a.m.—More tranquil, free from pain; thirst; on being asked to drink some tea, with horror he shuddering exclaimed, "O no! O the tightness in my throat." The cicatrix in the arm has given way; he has a slight discharge from the wound.

4 o'clock a.m.—No sleep, perfectly sensible, restless; thinks he must die; free from pain; although he has taken within four hours 300 drops of laudanum and the same quantity of spirits of camphor, there is not the slightest tendency to delirium; he has had no paroxysm for an hour.

10 o'clock a.m.—He did not sleep until 5 o'clock; he continued in a sound sleep until 9, when he asked for drink; they gave him some water, which he drank without inconvenience.

> ℞ Pil aloes, ℈i
> Pil hydrarg. gr. x, fiant pil vi
> Statim sumendæ.
> ℞ Magnesiæ calcinat, ʒi
> Mannæ, ʒiv
> Tinct. hyoscyami ʒij
> Mist. camphoræ, ℥v; fiat mist.
> Capiat quartam partem omni quadrihora.

Six o'clock p.m.—Ptyalism has commenced; he has been sleeping nearly the whole day, and perspired most profusely; has taken gruel occasionally.

Sunday morning.—Mouth very sore; copious flow of saliva; bowels have been well opened; dejections very dark.

Repetantur mist et pilulæ sine hydrarg. pil.

7 p.m.—Bowels have been well evacuated; less thirst; pulse 95, small; only complains of weakness; has eaten some pudding; no unpleasant sensation when he drinks.

On Monday he returned to Tottenham convalescent; mouth sore.

I saw him about a year after his recovery; he was then suffering from some aberration of the digestive functions—continued under my care a few days.

Case III.

September 7th, 1829, I was requested to see Sarah Knights, ætat. 13, at Standon.—11 o'clock, p.m. This poor child had been under the care of Mr. Packman, of Puckeridge, whom I met in consultation; she was labouring under all the

symptoms of hydrophobia, the consequence of a severe bite she had received in the face about four weeks prior to my visit, from a mad-dog belonging to the Rev. H. Law, rector. It is scarcely necessary to record the symptoms, which corresponded in every feature with this most terrific and appalling disease.

The bitten parts were somewhat inflamed and painful; pulse 160, intermitted considerably, very small. The sight of glass produced the same distress as water,—the slightest agitation of the air; some persons present happened suddenly and carelessly to withdraw his handkerchief from his pocket, even this produced a severe attack of spasm, with horror; she frequently attempted to spit out the accumulation of viscid saliva. It was quite evident there was little prospect of success; the poor sufferer had been struggling with this direful disease twenty-eight hours; she was nearly worn out. I administered the following draught, taking the same precautions as in Reuben Piper's case:—

℞ Sp. camphoræ
Tinct. opii aa ʒj.
Aquæ font ℥ij.—fiat haust.

The whole was swallowed; five grs. of calomel, with honey, were placed under the tongue. A drachm of blue ointment was rubbed into each axilla.

I remained with the little sufferer an hour; before leaving, gave the same dose of laudanum and camphor; and requested that it should be repeated during the night, if the same consecution of distressing symptoms continued; also, that the mercurial friction be repeated in four hours. I called the next morning; the poor mother reported that she passed a more tranquil night: there had been no delirium; she slept for a short space; paroxysms less frequent and violent; yet it was evident to them she became weaker, and was sinking; she drank fluid two or three times, with little difficulty; frequently during the night had repeated her persuasion, that if the same treatment had been tried before, she would have recovered; that now she must die:—she resigned her spirit about 4 o'clock, A.M., five hours after my first visit; no symptoms of ptyalism had taken place.

It is quite clear, large doses of opium or laudanum only, are of service, and can be given in this disease without danger.

If administered in the form and proportion recommended, or combined with ether, on the supervention of the disease, simultaneously with plentiful mercurial inunction, that is to say, for an adult, not less than ℥j. within a few hours, and in such parts of the body, where it will be with most facility absorbed; with general and topical depletion, I am sanguine that the treatment will be successful, and shall be amply rewarded, if by my professional brethren it is found so.

Buntingford,
May 12th, 1845.

PROGRESS OF FRENCH SCIENCE

FROM OUR OWN CORRESPONDENT.

Paris, May 8, 1845

Acute Phthisis.—R—, ætat. 5 months, for the first six weeks of his life, was not suckled, the mother having no milk; after this, however, he took the breast, and though there was a plentiful supply of milk, he still remained weak, and puny. On his admission into the wards of Professor Trousseau, at Necker Hospital, the 31st January, 1845, the little patient presented the following symptoms:—cough, which was not by fits, and had none of the characters of pertussis; no diarrhœa; mucous râle; here and there, sub-crepitant rhonchus. A blister was applied on the chest. 21st Feb.—The sub-crepitant râle had disappeared; the mucous râle alone existed; in other respects, the child was much the same, the cough being paroxysmal. 22nd.—Appearance of several aphthæ, which yielded to an application of the sub-boras sodæ. 23rd.—Fever intense; dyspnœa. 24th.—Sub-crepitant rhonchus in both lungs; blister on the back of the thorax. 25th.—Face pale; body cold; dyspnœa extreme; alæ narium considerably agitated; pneumonic furrow highly marked; pulse frequent; sub-crepitant rhonchus not so minute; no bronchial respiration; patient cannot take the breast, and swallows with difficulty. Draught, with syrup. ether. ʒj. No change; died at 7 P.M. *Autopsy*, fifteen hours after death. *Thorax.* The lungs were crowded with an innumerable quantity of small tubercles, not yet softened; in one of the lobes there existed a tubercular mass, in its nascent state, about the size of a bean; both the inferior lobes, almost all the middle lobe, and the posterior and inferior portion of the upper lobes, were of a red colour, were easily torn, and seemed to be affected with red hepatization. All the lymphatic glands of the bronchi were tubercular, but not tumefied. *Abdomen.*—Spleen full of tubercles; mesenteric glands not swollen, but containing tubercles; tubercular granulations in Peyer's glands; liver, kidneys, and stomach, healthy. *Cranium.*—Nothing abnormal; no granulations in the pia mater.

On Resection of Portions of Bones.—In a memoir read by Dr. Chassaignac, before the *Societie de Chirurgie*, the author examined the differences presented in the length of the coronoid process of the lower maxilla; for instance, sometimes when the lower jaw is placed on a flat surface, the condyle is higher than the coronoid process, whilst in others, the contrary is observed, the latter being as much as an inch longer than the former. This last circumstance led Dr. Chassaignac to divide the coronoid process ere he disarticulated the condyle, and he founded this opinion on the following reasons:—That when it is not done, the point of the bistoury being hid from the operator, it acts with considerable difficulty, and inconvenience. That the direction in which the instrument must necessarily be placed, is more and more parallel with the process, according to the length of the latter, and it acts most unfavourably in dividing the aponeurosis, and strong tendons, which cover the process to a certain extent. Finally, the condyle, being still fixed in its cavity, prevents the operator performing the movements requisite to facilitate division of the temporalis. These difficulties may be avoided, by operating as follows:—1°. Divide the coronoid process with Liston's pincers. 2°. Disarticulate the condyle. 3°. Remove the remaining portion of the coronoid process. The author next gives the rules which ought to guide the operator in resections in general, and which consist in making, as much as possible, but one incision, generally rectilinear, sometimes curvilinear; in sawing through the bone before disarticulating it; in removing separately the bones, when two or three compose the articulation; describes a modification he has adopted in the needle invented by A. Cooper, by which the application of the chain-saw is made much easier, and the way in which each operation (clavicle, acromion, head of the humerus, elbow, wrist, metacarpal bones, femur, knee, instep, metatarsal bones, lower maxilla) ought to be done, and finally concludes, that the methods he proposes are more advantageous than those hitherto employed. 1°. Because there is less tearing of the soft parts when a single incision is made. 2°. Because the deformity resulting from the multiplicity of incisions is avoided. 3°. Because the most difficult part of the operation, viz., disarticulation, is performed with greater rapidity and facility, for when the bone is divided, the mobility of the parts renders enucleation easier. 4°. Because the operation is not so long, there being fewer parts to be dissected. 5°. Because coaptation is easier, the chances therefore of union by first intention, if not being greater of the whole wound, at least in the greater part of its extent; the cure therefore is much more rapid. 6°. Because the division of a great many nerves, tendons, and vessels, is thus avoided, for the incision being generally longitudinal, *i. e.*, parallel to the axis of the limb, the bistoury cuts the skin, and subjacent parts, in the same direction. Now, in the ordinary methods, by a transverse incision, the operator runs the risk of wounding these important parts. 7°. Because sometimes before commencing the operation, it is impossible to say how much bone it may be necessary to remove; if there be but little, fewer parts are wounded when a single incision is made, and it is for this reason that, in applying the trephine, a curvilinear incision, or one in V, ought to be preferred to a crucial; besides which, in commencing with a single incision, the operator can always make others when he finds them absolutely necessary.—(*Annales de Chirurgie.*)

On Aphtha Infantum.—In a series of articles published in the *Journal de Medicine*, Professor Trousseau and M. Delpech give an elaborate and practically useful description of this disease. After stating that the characteristic eruption is formed of a fibrinous pseudo-membrane, situated on the mucous membrane of the digestive organs; the authors study the affection under the following heads—I. SEAT—in the various portions of the digestive canal from the mouth to the rectum; as to the opinion of its existing simultaneously throughout its whole extent, the facts are not sufficiently evident to authorize attaching such importance to it as is generally done. II. CAUSES—are divided into—1° *Local causes:* uncleanliness of the mouth; acidity of the saliva; normal desquamation of the epithelium; use of teats; friction of the cheeks on the alveolar edge while sucking. 2° *Those which produce only a local action, though acting on the whole system* (*a*) *age;* most authors consider this disease as peculiar to children; Dr. Valleix never witnessed it in children upwards of two months old; others deny its existence in adults, but the authors observed it in nine children from two and a half to twenty two months old, and in the mouth and vulva of adults affected with phthisis. (*b*) *Confined air in hospitals:* Dr Lebat states that it exists but at the Foundling and Venereal Hospitals, but cases are recorded which prove that it may exist in other localities. (*c*) *Climate and temperature;* further researches are requisite ere a positive conclusion can be drawn. (*d*) *Contagion;* though it may be propagated by contagion, yet in the generality of cases it is produced by an epidemic influence. 3°. *Those which act primitively on the whole system, and secondarily on the mouth.*—(*a*) *Puerperal diathesis.* In the mother it shows itself by the development of metritis, metro-peritonitis, uterine phlebitis, phlegmasia alba doleus, &c., and in the child by phlebitis ombilicalis, erysipelatous peritonitis, ophthalmia purulenta, aphthæ. (*b*) *Enteritis.* According to Dr. Valleix aphthæ form part of this affection, and increase the danger; the author considers that in general the simultaneous appearance is merely a coincidence, and that the danger is augmented from their complicating each other. Sometimes, however, enteritis may precede aphthæ, when the patient is weakened by the long continuation of the diarrhœa and vomiting; this is principally observed in somewhat older children, and it then produces the eruption in two ways—in irritating sympathetically the buccal mucous membrane, and in predisposing, by the modification of the blood, the organism to the formation of pseudo-membranes. It is in this latter mode that this affection is produced in phthisical patients, from the intensity of the febrile symptoms, the sympathetic action of the intestinal phlegmasia on the buccal mucous membrane, and the action of the saliva, which is always more or less acid on this surface. If aphthæ are more frequently observed in children, it is probably owing to the peculiar circumstances in which the patient is placed, the fragility of the integuments, and the greater plasticity of the blood.—(*c*) *Certain cachexiæ*—III. SYMPTOMS. 1°. *Of the idiopathic form.*—A few days before the eruption takes place the mucous membrane becomes dry and shining; conical eminences are perceived, giving to the parts a granular aspect; colour varies, sometimes of a dark red, at others pale; the membrane appears thicker and velvet-like, is infiltrated with a greater quantity of serosity, and is affected with inflammatory œdema; after the precursory symptoms, some whitish semi-transparent spots make their appearance retaining the form of the eminences on which they are developed; sometimes in the course of three or four days they run through their different periods; in the last stage their colour may be of a brilliant milky white, or a dirty yellow or brown; the two last however, are owing to the remedies employed; the pseudo-membrane is very adherent at the commencement

of the disease, so much so, that it cannot be removed without producing a slight hæmorrhage; at a later period it can be detached with facility. This takes place more or less rapidly according as the spots increase in size or remain stationary, because, in the former case, the spots which develop themselves around the old ones prevent their being removed; the adherence is also different according to the age, being greater as the child grows older; the pseudo-membrane separates sooner when the salivary glands secrete abundantly, or when the child drinks freely; the parts it affects are principally the lips, the tongue, and the cheeks, seldom, if ever, the fauces and œsophagus. The danger is not always greater when the eruption is confluent than when it is discrete, for the latter may sometimes be productive of serious consequences, whilst the former may go through its various stages without giving rise to any accident; the heat of the mouth did not seem to be notably augmented; pain, evident from the cries of the child whenever it took the breast; no general symptoms. A curious phenomenon took place when the disease disappeared; it consisted in an eruption of small red spots, some of them above the level of the skin and terminated by a small vesicle; this eruption does not appear on any particular spot, and soon disappears. The duration is, on an average, from eight to twelve days; its termination is never fatal. 2°. *Of the symptomatic or dangerous form.*—In addition to the symptoms just enumerated, others here exist. (*a*) Diarrhœa may appear at the same time as the thrush, or be consecutive to it; in the former there may be a solidarity of causes, but in the latter this is no longer the case. (*b*) *Erythema* is peculiar to infancy, though it may sometimes be observed in exanthemata; it presents two stages:—in the first the skin is of a dark violet red colour, which disappears partly on pressure and becomes dull brown; it sometimes covers the buttocks and part of the thighs; as to the secondary eruption, the authors, with Ketelair and Arneman, consider it to be vesicular; in some few, however, it was difficult to assert that they were not papular; be this as it may, it is but transitory, the epidermis soon disappears and leaves superficial, round, and dark red excoriations. The cause of this eruption is the irritation produced by the urine. (*c*) *Ulcerations of the malleoli* or, rather, *ulcerous diathesis*, never manifest themselves except in very young children, in whom the change which takes place in the skin after birth is not yet finished; the redness becomes transparent, is excoriated at an early period without being preceded by a vesicle; these ulcers are produced by the pressure of one ancle against the other. According to Dr. Valleix, of these three symptoms, erythema shews itself first, for, in seventeen cases out of twenty-three, it preceded the aphthæ six days on an average; in five cases, the diarrhœa appeared first, in four both together; the researches of the author led to an opinion diametrically opposite, since the diarrhœa was, in the generality of cases, the first symptom that appeared. (*d*) *Ulcerations of the buccal mucous membrane* are situated generally on the roof of the mouth or the gums; more or less deep and numerous; edges irregular, soft, red, or whitish; in their intervals the mucous membrane is of a dark red, sometimes violet-colour, and very painful. (*e*) Enteritis and its concomitant symptoms, such as swollen abdomen, and painful diarrhœa, vomiting, and fever. When the disease terminates fatally, the pulse gradually loses its force, the emaciation is very great, skin as if stuck on the bones, that on the forehead full of wrinkles, Hippocratic facies, torpidity, with convulsive movements from time to time, and finally, death. IV. TREATMENT.—The different measures may be comprised under the following heads:—1°. *Preservation* may be classed thus—(*a*) *birth-place:* children born in the wards of hospitals are more frequently and dangerously affected; this may be avoided by diminishing the number of beds in each ward, by isolating persons suffering from contagious or epidemic diseases; and even if the contagious principle be not admitted, still may not the penetrating odour emitted by a woman recently delivered, if not neutralized by appropriate measures, become the cause of this disease in individuals who are pre-disposed? (*b*) *Abode:* The unanimous opinion of the various authors who have written on this subject, proves how necessary it is to make a good choice. (*c*) *Alimentation:* lactation has an immense influence on the termination of this disease; thus, out of fifty-one children, twenty-nine were suckled by their mothers, and twenty-two not · the deaths were—of the former, seven; of the latter, seventeen. Lactation may, therefore, be considered as beneficial, whilst other modes of alimentation are more or less injurious; and it may not only render the termination favourable, but is likewise an excellent remedy, and in this respect it acts in two ways—in improving the general health, and in furnishing an aliment appropriate to the physiological condition of the digestive organs. (*d*) *Temperature:* the child must be clothed so as to avoid all sudden changes from hot to cold. 2°. *Local Curative.*—On the appearance of the eruption, to the hygienic means, the following must be added—℞. Sodæ borac. mell. optim. aa. p.e., the parts to be rubbed with this mixture; if this be insufficient, alum may replace the borax, or what is still more efficacious, hydrochloric acid when the patient has no teeth, or the azotate of silver in substance or solution—℞. Nitr. argent. ʒss. Aquæ distill. ℥ss.—in the intervals of the cauterisations, the mixture of borax must be employed. Dr. Bretonneau covers the parts with calomel mixed with a mucilage of gum arabic. 3°. *Treatment of the constitutional condition and complications.*—When enteritis exists, the most appropriate remedies are ipecacuanha in doses so as to cause vomiting—℞. Bismuth. subnitrat. gr. ij. gr. iv. sacchar. alb. gr. xviii. pulvis. Pulvis calculi cancrorum.—℞. Calomel gr. j. sacchar. alb. grs. xviij, M. ft. pulvis, in doses equales ij. vel. iij. dividendi:—or, ℞. Calomel gr. ij. carb. calc. ℈ij. tinct. opii. gtt. j. M. ft. divide in doses pulv. vj.—Decoctum album.;* rice water, starch, enemata. When the symptoms are still more intense, we must have recourse to monesia, bistort, ratanhia, catechu, and tannin in enemata, and azotate of silver, as follows:—℞. Argent. nitr. gr. 1-5th., syrup, simpl. ʒ v., aq. distill ℥j., M. ft. haustus—vel. ℞. Argent. nitr. g. j. aquæ distill ℥vjss. M. ft. enema. Against the erythema frequent lotions with ℞. sulph. zinc. ℈j., aquæ distill ℥iiss. M. ft. lotio., or with a weak solution of acetas plumbi. Finally, to prevent the ulceration of the malleoli, the limbs must be kept carefully separated by soft linen; and should this not suffice, the feet and insteps must be carefully covered with strips of sticking-plaster. V.—STATISTICAL TABLE. Of the fifty-eight cases related, there were thirty-one boys, and twenty seven girls—the termination, cures 23, deaths, 25: of the remaining ten, eight left still ailing, and in two the result is omitted. The age varied from four days to twenty-three months.

							43
1st month	from 1 to 7 days.	5	28	5th month	2
	„ 8 „ 14 „	12		6th „	4
	„ 15 „ 21 „	4		7th „	2
	„ 22 „ 28 „	7		8th „	0
2nd month	.. ..		8	14th „	1
3rd month	.. ..		5	17th „	2
4th month	.. ..		2	24th „	2
			43		56

In two, the precise epoque of the commencement of the disease was unknown. In fourteen cases there was no complication; thirteen recovered, one died (the mother was affected with icterus). As to the complications, in twenty-one the diarrhœa appeared first; in nine others as a sequela; in eight the first symptom was the erythema (five of these patients presented no diarrhœa); in seven others it was a sequela; in seventeen cases intense vomiting took place. Two cures—two left the hospital after the disappearance of the thrush, but still dangerously ill; one was affected with tubercles; one, when apparently well, was seized with pleuritis, which proved fatal; eleven died. In fourteen cases ophthalmia existed. The duration varied; it was in the fatal cases—in eleven, from two to five days; in two, from five to ten days; in seven, from ten to twenty days; in three, from twenty to forty days; and in two, for three months. In the patients who recovered: in three, from four to five days; in six, from five to ten days; in five, from ten to twenty days; in five, from twenty to thirty days; and in one, two months and a half. Finally, as to the month, in which it was the most prevalent, the result was:—

	Cases	Cures		Cases	Cures		Cases	Cures
January	4	1	May	9	5	September	7	3
February	2	1	June	1	0	October	7	3
March	3	0	July	8	2	November	2	2
April	3	1	August	8	5	December	1	0

Hygiene des Femmes.—Dr. Desbruères has, under the auspices of Dr. Tanchon, (who, as physician to the Dispensaire St. Genevieve, has frequent opportunities of studying the diseases to which the sex is subject,) just published a little volume, in which he indicates, in a clear and simple style, the precautions a female ought to take in order to preserve good health. This work, preceded by some remarks by Dr. Tanchon, is divided into three parts: in the first are comprised the diseases which may be caused by disturbances of the catemenial flux, by pregnancy, by accouchement, by the cessation of the menses, and the means by which they may be cured:—in the second, the diseases of the breast are described:—finally, the third includes all the hygienic means especially useful to women. In conclusion I will add, that it may be usefully and safely placed in the hands of every married female.

Academy of Sciences.—Sitting of the 5th May. M. E. de Beaumont in the chair.—Received. "On the Physiology of the Human Voice," by Mr. F. Romer. "Proceedings of the Academy of Natural Sciences of Philadelphia," Jan. and Feb., 1845. "Athenæum" Jan. and Feb., 1845.

Dr. Jobert de Lamballe writes to request, that his two memoirs, read before the Academy, and entitled "On the Electric Apparatus of the Torpedo," and "On the Establishment of Nervous Action in Autoplastic Flaps," be submitted to the Committee, for the prize of Experimental Physiology.

On the Utility of the Diapason in Diseases of the Chest and Head. By A. Latour, M.D. M. Desprez, at the close of his memoir, read at the last sitting, expressed the hope that his communication would cause researches to be made, so as to prove the utility of the diapason in pathology. The wishes of this learned Academician have been forestalled, for in two articles, published in 1843* I drew the attention of practitioners to the application of the diapason to the diagnosis of diseases of the chest. There are numerous cases in which percussion cannot be performed, for instance, when issues or blisters have been applied, and when an eruption, caused by friction with the unguentum tartari emetici, has been produced on the thoracic parietes, the diapason may be employed advantageously, instead of this previous mode of diagnosis. The vibrations of the instrument are more or less intense, according to the permeability of the pulmonary tissue, and effusion in the cavity of the pleura may be recognized, and perfectly limited by its application. Since I indicated this method, I have had numerous opportunities of verifying its utility, nay, more, a few trials, although not in sufficient numbers to authorize a positive conclusion, lead me to hope that the application of the diapason may be useful in diagnosticating fractures of the cranium, and that its importance will not be overlooked by surgeons. Finally, M. Desprez states, that the diapason may be useful in diagnosticating the degree of deafness, but this method has long since been advantageously employed by Dr. Vidal de Cassis.

On Abrasion of the Cornea. By Dr. Malgaigne,

* *Decoctum album* is thus prepared in the Parisian hospitals—℞. Cornuum. ust. ʒij. mic. pan. alb. ʒ vj. acaciæ gumm, aquæ cinnam. aa. ʒij. syrup. simpl. ℥ij. aquæ lb. ij. Triturate the hartshorn and the bread crumb in a marble mortar, add the gum and water, boil for half an hour, strain, and finally add the syrup and cinnamon water. This preparation may advantageously replace the mistura cornu ust. of the London Pharmacopoeia.

* Vide *Gazette des Hopitaux*, No. 49, April 1843, and *Bulletin de Therapeutique*, May, 1843.

surgeon to the Hospital de St. Antoine.—Two years ago, the author addressed the details of an operation, which proved to be useful in cases of opacity of the cornea, which had resisted all other remedial measures. In this operation, one half of the cornea having been dissected, was removed, and immediately after the patient was capable of distinguishing surrounding objects. Numerous objections were made as to the final success of the operation; for instance, it was said,—that the cornea, though transparent immediately after the operation soon become opaque again; that the cornea, being much thinner, would form a staphyloma; that this membrane would never be as smooth as in its normal condition; that the rays of light broken by the numerous inequalities of its surface would produce imperfect and confused images on the retina; that even in admitting that the cornea would remain transparent, still sight would never be restored. The immediate results of the operation refuted some of these objections victoriously, but time alone could decide as to the real value of the remainder. Two years have now elapsed, and the author in the present communication shews how groundless all those objections were, and indicates this case as a physiological fact hitherto unknown, viz., the regeneration at least apparently, of the cornea. The examination of the eye reveals the existence of curious phenomena; first, the projection of the iris has completely disappeared, and evidently by its movements, the adhesions it had contracted with the cornea, no longer exist; secondly, the elevation formed around the cornea and which existed seven months after the operation, is no longer present, and the membrane is as smooth as its fellow, with the exception of a small cicatrix, situated at its upper and inner edge, and which was produced by an ulceration of the cornea caused by subsequent ophthalmia. But it may be asked, was the cornea really regenerated? Or was it, on the contrary, the elevation which was separated, so that the cornea, instead of growing thicker, had become thinner at its circumference? The former opinion, according to the author, is the more probable, but experiments on animals are necessary to remove all doubts. *En resume*, it is evident—that the cornea has not become opaque again; that it has not been distended so as to form staphyloma; that the sight is so good that the young woman can do needle-work with facility; and that, though the cornea is affected with a slight opaline tint, still she can read small print with the greatest ease.

On the Presence of Sulphur in the Bile.—Professor Liebig wrote to request M. Pelouze to inform the Academy of a very important fact in the history of secretions and principally of bile. One of his older pupils, M. Redtenbacher, now professor at Vienna, having analysed anew the *taurine* (*asparagine biliane*) of M. Gmelin, found that there was twenty-six per cent. of sulphur in this compound, one of the most remarkable in organic chemistry for the regularity of its crystals.

On the Mode in which pure Saliva acts on Fecula at the Normal Temperature of Mammiferæ, and at 167° F. by M. Lassaigne.—In this memoir the author does not purpose examining the peculiar principle which M. Mialhe states having extracted from human saliva (*diastase salivaire*), but to ascertain if pure saliva obtained by dividing the Stenonian duct acts like diastase on fecula at the normal temperature, or at 167° F, and from experiments detailed, concludes:—1° That the saliva of man and the horse at the normal temperature (100½° F) does not dissolve fecula, and that this substance is changed either in its shape or in its other physical or chemical properties;—2° That exposed to a heat of from 158° to 167° F, and kept thus for about three hours and a half, the saliva of the horse acts like water on fecula—that is to say, the grains distend and swell, but are neither transformed into *dextrine* nor *glucose*;—3° That human saliva converts fecula rapidly into *dextrine* at a temperature of from 158° to 167° F, and finally into *glucose*;—4° That during the digestion of uncooked amylaceous matter, saliva, at the normal temperature, does not possess the influence attributed to it by M. Mialhe, it contributes only—as almost all ancient and modern physiologists have announced—to moisten the food, and dissolve some of the principles soluble in the water it contains.

On the Action of the Pancreatic Juice of the Horse on Fecula. By the Same.—The experiments of the author prove that the pancreas placed in boiling water for five or six minutes, so as to be par-boiled, has no action whatever on starch at the normal temperature of the body, whereas before it was placed in the water the *pancreatic tissue dissolves* the starch at the same temperature, and changes it into dextrine. This result is obtained in one or two minutes at 100½° F. if to the par-boiled, a small quantity of raw pancreas is added.

On the Sesqui-chloruret of Chrome. Memoir read by M. Pelouze, M.A.S.—Contrary to the opinion of M. Peligot, the author states that pure sesqui-chloruret of chrome is dissolved in boiling water very slowly, it is true; the solution is obtained with greater rapidity according as the temperature is raised. He performed likewise several experiments; thus, a few grains of sesqui-chloruret previously washed in boiling water, were placed in a closed vessel, with five or six times their weight of water, and exposed for an hour in oil to a temperature of from about 302° F. to 392° F. The liquid obtained at the close of the operation was of a beautiful dark green colour, and contained a considerable proportion of chrome. With concentrated sulphuric acid, the sesqui-chloruret disengages hydrochloric acid, and a green compound is obtained, in which there is a good deal of chrome, and which is soluble in water; but, considering the length of time requisite to obtain this solution, it is probable that it is not simply dissolved but decomposed, and that the hydrochlorate of the sesqui-oxide of chrome is formed. The solution of the sesqui-chloruret of chrome by the proto-chloruret of the same metal, is not a chemical combination, but a physical phenomenon produced by a change in the disposition of their molecules. Neither the sesqui, nor any other chloruret can dissolve the violet chloruret, this being the exclusive property of the proto-chloruret. M. Loewel states, that this is because the proto-chloruret combines with a part of the chlorine; to ascertain if this were correct, the author took other compounds, which were as readily combined with chlorine, and the result was the same. The substances employed were—the proto-chloruret of tin, prepared by dissolving gr. ss. of that metal in hydrochloric acid, and the solution was sufficient to dissolve ℈j. of sesqui-chloruret—proto-chloruret of iron and copper, and the hydrosulphate of soda; in these, however, the result was not so rapid. The alcaline chlorurets, sal ammoniac, and perchloruret of tin were without any action.

On the Insolubility of the Sesqui-chloruret of Chrome, and the Sulphate of the Sesqui-oxide of Iron. By M. Ch. Barreswill, communicated by M. Pelouze, M.A.S.—According to the author, the violet sesqui-chloruret of chrome combines with the proto-chloruret to form a double salt (violet solution), which is decomposed by the water into a sesqui-chloruret (green solution), which is incapable of producing the double salt, and into a proto-chloruret, which acts anew on the violet sesqui-chloruret. In like manner, the sulphate of calcined peroxyde of iron, when dissolved in a corresponding salt of protoxyde, produces a double salt, easily decomposed by water into sulphate of peroxyde, not susceptible of forming the double salt, and into sulphate of protoxyde, which combines with a new quantity of peroxyde of iron.

On some Salts of Chrome, by M. H. Loewel, chemist, at Munster, Upper Rhine. The experiments performed by the author were—1°. In precipitating the violet-blue solution of the neutral sulphate of chrome ($Cr^2 O^3, 3SO^3$) by a solution of an excess of chloruret of barium, and filtering; sulphate of barium remains on the filter, and the blue liquid which passes through contains the hydro-chlorate of chrome $Cr^2 O^3$, 3 Cl H and the excess of chloruret of barium. This solution, when boiled, becomes green: but remains limpid, and no precipitate takes place, all the sulphuric acid contained in the salt of chrome having been previously precipitated by the chloruret of barium. 1° If the violet blue solution be boiled for a few minutes, so as to change its colour to green, and allowed to cool, a very different result is obtained: the liquid precipitated by an excess of solution of chloruret of barium and filtered, sulphate of barium remains on the filter, and the green liquid which passes through is at first limpid, but soon becomes turbid, and that even before the whole quantity is filtered; on boiling it, sulphate of barium is precipitated, and easily separated. 3° The hydro-chlorate of the neutral sesqui-oxyde of chrome is procured with difficulty from the violet-blue solution, but it is easily obtained by decomposing the violet-blue sulphate by a slight excess of chloruret of barium. If the violet-blue hydro-chlorate is decomposed by a solution of azotate of silver, and filtered, so as to separate the chloruret of silver, the violet-blue liquid which passes through contains the azotate of chrome $Cr^3 O^3$, 3Az O^5, and the excess of azotate of silver: when boiled, it remains limpid. 4°. If, on the contrary, the violet blue hydro-chlorate of chrome is boiled until it becomes green, and when cool is precipitated by an excess of azotate of silver, and the chloruret of silver separated by filtration, a green liquid is obtained, which, when boiled anew, precipitates a considerable quantity of chloruret of silver.

Academy of Medicine, Sitting of the 6th May.—M. Caventou in the chair.—The assembly was far more numerous than usual, on account of the election of a titular member in the section of anatomy and physiology, several persons who seldom, if ever, make their appearance but on similar occasions being present. The chairman read the speech he had the honour of addressing His Majesty, and the reply he received.

Election.—The list of candidates presented by the committee comprized, Drs. Longet, Manec, Baillarger, Denonvilliers, Chassaignac, and Belhomme, number of votes 110, majority 56. Dr. Longet obtained 79 suffrages; Dr. Manec 19; Dr. Baillarger 11; Drs. Chassaignac and Belhomme, each 1. Consequently Dr Longet is proclaimed a member of the academy, when his nomination is ratified by the approbation of His Majesty.

M. Henry read a report on some mineral waters, of which it was impossible to hear a syllable; the conclusions were adopted nem. con.

On the treatment of Involuntary loss of Semen by Compression, by Dr. Brachet of Lyons, corresponding member. The author after mentioning the useful work of Professor Lallemand, of Montpellier, who by his researches has rendered this disorder one of the most familiar to practitioners, proceeds to state that it is not his intention to discuss the numerous important questions raised by the learned Professor, but merely to make known the result of compression performed on the prostate gland in spermatorrhœa. The author quotes four cases produced by different causes, which were cured in the space of two or three months by pressure, and though they cannot authorize him to establish it as a general rule, still he considers them of sufficient importance to be worthy the attention of the academy, and to induce other practitioners to give it a trial. He admits however, that pressure cannot be employed indiscriminately in every case, and that often in removing the cause we cure the disease, but he thinks that it will succeed in all cases of atony, produced by venereal excesses, onanism, or blenorrhagia, if they last long and are frequently repeated. He seeks to demonstrate that the injurious effects of spermatorrhœa are owing to the loss of the seminal fluid, and that in consequence it ought to be prevented by every possible means, to the augmentation of the secretion of the prostatic fluid, which he considers similar to that secreted by the follicles of the vagina during coitus, and in some cases of leucorrhœa. As to the effects produced by compression, in his opinion they are of two kinds; in the first place it keeps the seminal fluid in its reservoirs, which are thus accustomed to its contact and enabled to retain it longer; secondly, it modifies the physiological condition of the urethra, the prostate, and excretory organs of the semen. It is thus that a cure is obtained, that is to say, by modifying the pathological state of the diseased organs, and causing them to return to their normal condition. Finally the author gives a

description of the bandage by which he exercises pressure; it is composed of a waistband in leather, the extremities of which unite on the abdomen from its centre posteriorly descends a strap which on reaching the genitals organ bifurcates, and finally is buckled in front to the preceding: it is on the latter that a small cushion is placed opposite the part on which pressure ought to be made; and he concludes by stating the advantages it presents over the other methods recommended.

On the state of Veterinary Medicine in France, by M. Hamont. In this memoir the author criticises the mode in which veterinary medicine is taught, and proposes a plan which he thinks would be productive of very beneficial results. The chairman proposed inserting the memoir in the Bulletin, which after some remarks from M.M. Barthelémy and Renault was adopted.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c. *Honorary Physician to the Spanish Embassy.*

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

Cure of Phthisis Pulmonalis by Sugar of Lead combined with Opium and Cold Water.—The author was called upon to treat a young female, the wife of a locksmith, who was labouring under all the symptoms of advanced pulmonary consumption. The patient, who had married very young, and was pregnant soon after, had had repeated attacks of cough, pain in the chest and hæmoptysis, the consequence of great exertion in dancing. The cessation of lactation was followed by a renewal of the pain in the chest, hæmoptysis and fever, and was also attended by rapid emaciation. The respiratory murmur was weak, and accompanied with rhonchus mucosa; there were also hoarseness, expectoration, a frequent, small and rather hard pulse, the face livid, lips red, and dry; circumscribed redness of the cheeks, eyes large, skin pale, urine turbid, fæces fetid and acrid; tongue clean, appetite good. The author diagnosticated the disease as *phthisis pulmon. subflorida* near its third stage, caused by neglected chronic pneumonia. Rest both of body and mind was prescribed, besides the utmost cleanliness of the room and air, and a cool couch; cold sponging was allowed during the height of the fever. The beverage consisted of linseed tea, with lemon-juice. Her diet was six raw eggs daily, and cow's milk with stale bread. The remedies were, ℞. nitr. depur. gr. xi.. opii. gr. j. gumm. arab. gr. vj. gumm. myrrh. gr. iij. sacch. lactis. drachm. ij. Divide in part. æq. viij. one to be taken every three hours. After these medicines had been persisted in for a week, the perspiration and diarrhœa were diminished, but all the other symptoms remained unabated. The author ordered according to Wolf's recommendation: ℞. plumb. acet. gr. ½. aq. meliss. unc iv. tinct. opii. simpl. gutt. vj, syrup. unc. ½; a tablespoonful every two hours; the dose of the sugar of lead to be gradually raised to three grains. Instead of bread and milk, flour-soup was allowed. Under this treatment she soon improved. The fever and perspiration became less, respiration more quiet, expectoration free from blood, more frothy and floating on water; diarrhœa ceased; all the symptoms in fact gradually improved. Water-cresses with sour, thick cream and poppy-oil, lentils with fresh black-pudding, and raw ham agreed very well with the patient. Towards the fourth month, the patient was completely recovered, with the exception of the voice which never became perfectly clear. During that time 22 grains of sugar of lead, and 4 scruples of tinct opii. were used.—Though this plan of treatment does not cure in every case, it always affords relief. It is particularly indicated in the period of colliquation in purulent, florid consumption, and in chronic pneumonia tending to suppuration.—(*Dr. Ruppius in Hufeland's Journal.*)

The Leaves of Belladonna as a Palliative in Hæmoptysis.—About a drachm of the cut and dried leaves of belladonna is thrown on glowing coals, and the vapours inspired by the patient, when the bleeding is immediately arrested. Having seen this remedy used by a layman, the author employed it in seventeen cases of hæmoptysis, and each time with success, the vapours not being productive of any inconvenience. They rarely occasioned even a slight cough, and in two cases a feeling of peculiar ease in the chest was experienced. The inspired vapours of the saturated decoction of belladonna leaves were inefficacious, as was also the internal use of extr. belladonnæ. The smoking of belladonna leaves mixed with tobacco has been long recommended in spasmodic cough and asthma, and *Schonlein* advises the use of the leaves in hæmatemesis to diminish the great irritability of the stomach. The above experiments should be repeated, as it would be a great advantage to be able to do without venesection in such cases, as the additional loss of blood tends to favour the development of tuberculosis.—*Dr. Schröder in Osterr. Medic. Wochenschrift.*

On the Efficacy of Crystallised Nitrate of Silver in the Diarrhœa of Children.—According to Trousseau's proposal, nitrate of silver was employed in the policlinic of Berlin, by Romberg in cases of obstinate diarrhœa of children. The usual formula was: ℞. argent. nitr. crystall. gr. ½-j. solve in aq. destill. q. s. mucilag. rad. salep unc. 2½, syr. diacod. unc. ½. A teaspoonful to be taken four times a day. The author details twelve cases of acute and chronic diarrhœa in children from nine months to twelve years of age, which were treated generally with complete success; and without any subsequent injurious consequences. Even when the symptoms indicated the presence of tuberculosis intestinalis, the nitrate of silver displayed an equally good effect. The remedy does not seem to have been used at all in the form of enema.—(*Dr. Henoch in Journal fur Kinder krankheiten.*)

Intermittens Tertiana Regularis, complicated with Morbus Maculosus Werlhofii.—Amongst the many complications of intermittent fever, the morbus maculosus of Werlhoff seems to be the most rare. The patient was a strong woman of thirty-two years of age, existing in needy circumstances for some years. The regular tertian was combined with gastric irritation, when the author saw her on the 10th of June, after the fifth paroxysm. She afterwards perceived red spots on the legs, abdomen and chest, and in the night of the 18th of June some blood was discharged from the mouth, and towards the morning a greater quantity was lost by hæmoptysis. The patient became much dejected, although the febrile symptoms were lessened by means of bitters. The whole body, particularly the lower extremities, was covered with pale red, round spots. The mucous membrane of the mouth was of a pale red colour, and lax, and near the lower lip, on the right side, there was a small ulcer, whence thin dark blood oozed out; the gums were red, spongy, and inclined to bleed. Quinine, bark, acids, and ultimately, cortex salicis in decoction, with sulphuric acid, effected a cure, both of the fever and the complication, so that the patient was perfectly recovered by the middle of July.—(*Dr. Grosskopf of Waidhofen, in Osterr. medic. Wochenschrift.*)

Cyanosis.—A weakly, irritable girl, nineteen years of age, in whom the catamenia occurred early, lost them suddenly in consequence of a violent fright, and was affected with palpitations of the heart, vertigo, fainting, and convulsions. The application of a blister, and the use of anti-phlogistic treatment gave momentary relief, but the palpitation and the other symptoms soon returned; lips, nose, and cheeks became blue, the conjunctiva beset with dark blue veins, the nails of hands and feet livid. Powerful antiphlogistic remedies did not afford any relief. The author, who was afterwards consulted, found, besides the above symptoms, strong pulsation of the abdominal vessels, hysterical spasms, offensive perspiration, and great fear of death, as also violent pulsations of the heart and large vessels, the chief veins much engorged, and the pulse quick and frequent. The author considered the arrest of the catamenia as the primary cause of her complaint, and ordered her to be cupped on the inside of the thighs, and over the sacrum; poultices on the abdomen, baths, with nitric acid, and large doses of aloes dissolved in aq. laurocerasi, internally, besides castor and crocus. The spasmodic symptoms were soon removed, but the menstruation not being restored, tinct. chenopod., valerian, aloes, and saffron, were ordered internally, besides baths, and friction of the upper part of the thighs, by which means the menstruation returned, and the cyanotic symptoms were removed. The hysterical affection was also cured. In conclusion, the author observes that the functions of the heart may be disturbed without any organic changes, every derangement of a distant organ occasioning sympathetic morbid symptoms. The natural tone of the blood-vessels being weakened at one place, they are over, charged at another, and thus the equilibrium between the pressure of the blood and resistance of the vessels is disturbed.—(*Dr. Teitteles, of Prague; Ibidem.*)

Eneuresis Paralytica.—With two women the pressure of the child's head on the bladder was the decided cause of a paralytic state of the muscular sphincter vesicæ. Acting on this opinion, the author cured the eneuresis in a few days, by administering pulv. secal. cornut. (gr. iv.) with pulv. canthar. (gr. 1-6th), one powder to be taken every three hours, besides external frictions with tinct. canthar. and mist. oleos. balsam. In the case of an old man, who had been formerly affected with hemorrhoids, and in whom the eneuresis was produced by sudden cold, abstraction of blood, and the anti-hemorrhoidal treatment was of no use, so that the author ordered—℞. Decoct. secal. cornut. (ex drachm ½), unc. iv. inf. herb. bellad. (ex scrup. i.) unc. ii. acid. phosphor. drachm. ii. extr. nuc. vomic. gr. v. syr. mann. unc. i.:—a tablespoonful to be taken every two hours. In all these cases the disease rapidly improved, so that, after a few days, the following was ordered—℞. Extr. bellad. gr. iv. extr. nuc. vom. gr. vi. acid. phosphor. drachm. fifteen drops to be taken three times a day. A tonic, with aromatics, completed the cure. —(*Dr. Steinbeck in Casper's Wochenschrift.*)

Cure of Diabetes.—S., at B., a labourer, ætat. forty six, formerly strong and healthy, has complained, since the summer of 1838, of fatigue, and constant perspiration during work. Digestion disordered; acid retching; disagreeable sensation at the pit of the stomach; great quantities of urine passed, particularly during the night, and great thirst. Appearance of the patient cachectic. The urine, which was of a greyish yellow colour, and sweetish taste, was evaporated one half; the abundant honey-like sediment was further treated according to Frank's method, till it assumed the colour, taste, and purity of sugar. The author thus obtained six drachms of sugar from about six ounces of urine. The other half of the urine was preserved, together with healthy urine, and became acid, depositing a white flaky substance, whilst the healthy urine became putrid. The diagnosis was thus made clear. The author therefore ordered animal diet, and the use of Peruvian balsam, in the dose of from forty to fifty drops, to be taken from three to four times a day. The patient soon improved, and the medicine was given, in gradually increasing doses. After three weeks the thirst was removed, urine was only discharged once a night, and in another fortnight he completely recovered. His complexion is now as healthy as it was previously cachectic, and the urine presents the usual normal properties.—(*Dr. Van Nesin Mingn, Hannover. Annalen.*)

Helminthiasis.—The following observation shows how many worms the human body may contain without considerable reaction. A girl, ætat. fourteen, who neither felt ill, nor displayed any objective signs of ill health, was seized, on the 22nd of August, 1839, with violent vomiting, discharging several ascarides lumbricoides. On the 23rd she discharged twenty-five worms by vomiting. Whatever she took occasioned sickness. Purgatives afforded no relief. The abdomen was hard and tense in parts, and she complained of occasional violent lancinating pains. On the 30th, in consequence of powerful enemata and internal remedies, she had several stools, containing thirteen worms. After taking inf. senn. and cinn. cum extr. cin. æther. the next day, a great quantity of worms were passed, per anum, without fæces, altogether about 184. Worms being discharged daily, the infusion of senna and cinnamon was continued for a fortnight, and by that means great quantities

of worms were got rid of, amounting, within seventeen days, to the number of 808. Generous diet, and preparations of steel, soon restored the patient to her former health, and she has not had a relapse since.—(*Dr. Volz, in Heidelberg. Annalen.*)

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

CHARACTERS OF THE HAND-WRITING.—In an anonymous communication, published in the *Northern Journal of Medicine*, under the title of—"Account of the Alleged Art of Reading the Characters of Individuals in their Hand-writing;" it is stated that the physiology of handwriting lies in its connexion with Temperament.—When the hand is small, close, without freedom or fluency, the hair and eyes are almost always black, or very dark, the complexion pale or cream-coloured, or if the hair be lighter, the person is spare and dry, the complexion brown or sallow, free from colour. Not unfrequently very black-haired persons write a different kind of hand, in which case they are commonly florid, or at least of fuller habit. Sir Walter Scott's autograph is almost an exception, for, notwithstanding his fair complexion, it approaches closely to the hand of the dark-haired. In this case, the small and confined turn of the hand may have been the result of that delicacy of health under which he suffered in early life. This is a kind of case in which an error cannot be avoided without precaution. But the adept is ever on his guard, and strives to shun such errors by making cautious approaches by means of indirect questions, and his wariness is commonly rewarded by the timely disclosure of the hazard to which his art would have been exposed by a too rash application of its rules.—When the hand is large, free, and flowing, or large, straggling, and irregular, it may be generally pronounced that of a fair-haired person.—The two opposite kinds of handwriting belong to different kinds of temperament, for these opposite complexions mark different temperaments. And as certain mental characteristics, not indeed of a particular but of a general kind, on physiological grounds, can be assigned to the several temperaments, a foundation is thus obtained for the discovery of some points in the mental habits of the individuals under examination, which, with a little skill, may be dressed up into a plausible account of their prevailing modes of thought and action.

THE UTERUS OF THE MARSUPIATA.—The uterus of the marsupiata is very peculiar, and exhibits in the several genera varieties which, however, are not very remarkable, so that its structure in the kangaroo may serve as an example. The oviducts are at their abdominal extremity surrounded with a folded crown of fimbriæ, and each, very delicate at its commencement, expands into an elongated uterus, in which the small embryos are developed, and attached by a short umbilical cord. Both uteri open into the vagina, which is likewise double, and very peculiarly formed, as it frequently forms a cæcal sac, which is often divided by a septum, into the commencement of which the uteri open. From this arise superiorly the vaginal canals, two handle-shaped and intestiniform membranous tubes, frequently contorted, which coalesce in front of the external sexual opening, or kind of cloaca. Through these the small and still imperfectly developed fœtus unquestionably reaches the exterior, and is conveyed by a process not yet known into the pouch.

COLON STRANGULATED BY THE MESO-COLON.—Dr. Gilman Davis, of Portland, Maine, relates, in the *Boston Medical and Surgical Journal*, an interesting case in which fatal strangulation of the colon occurred in an aperture in the meso-colon. The patient was a gentleman, twenty-six years of age, who was attacked on the 18th October 1843 with paroxysms of pain in the epigastric region, without tenderness; but with remarkable tonic rigidity of the abdominal muscles, and constipation. By the use of cathartics, enemata, and opiates, after three days' suffering, evacuations were produced from the bowels, and the other symptoms then yielded. He then enjoyed moderate health after this until the 5th May 1844, when he experienced another attack similar to the first. There was superadded to the previous symptoms constant vomiting; every thing swallowed was instantly rejected. There was no thirst; the firmest pressure on the abdomen caused no pain; there were extreme restlessness and nervous agitation, and he complained that there was a stoppage in the epigastric region, and said he should feel better if he could only have an evacuation from his bowels. Various remedies were employed, but he got worse and worse, and died at midday, May 9th. On the *post-mortem* examination a large knuckle of intestine, of a deep port wine colour, composed of thirteen inches of the colon, was found strangulated in an aperture about the size of a shilling in the meso-colon. From the strangulated intestine to its termination in the anus measured four feet. It was in a complete state of mortification. The aperture was rounded with even edges. No reasonable conjecture could be formed as to the cause of its formation.

EVULSION OF THE LEFT ARM AND SCAPULA.—Dr. King narrated the particulars of the following case at a meeting of the Medico-Chirurgical Society of Edinburgh. The patient was a stout boy aged fifteen, whose left arm got entangled between the wheels of a grain mill, and was torn completely off. He fainted immediately after the accident, but soon recovered sufficiently to be carried home, a distance of half a mile. No blood flowed from the wound at the time, and the whole quantity lost did not exceed two tea-cupsful. The wound left by the accident extended from an inch from the sternal extremity of the clavicle to the right side of the upper portion of the dorsal vertebræ posteriorly. The axillary artery projected two inches and a half from the wound, and pulsated strongly to within an inch of the orifice, but gave exit to no blood. Its external coat was divided into three irregular pieces, which encircled each other, and held a small coagulum in their embrace. The artery was secured by a ligature, and the ragged edges of the wound approximated by adhesive plaster. Very trifling reaction followed, the wound granulated kindly, except a portion of the skin, and the mass of the end of the nerves, which sloughed. Touching the latter caused great terror to the patient. The recovery was complete in about six weeks.

EXTERNAL RUPTURE OF THE STOMACH.—Dr. Watson informed the Medico-Chirurgical Society of Edinburgh, of the case of a young woman, a patient of a friend of his in the country, who had an aperture from the stomach externally. After having severe dyspeptic symptoms for two years, this opening burst externally four months ago, and continued to give exit to fluid and solid food after eating. It was gradually contracting, and the patient was apparently getting well.

FRICTION VIBRATIONS IN PERITONITIS.—Dr. Spittal at a meeting of the Medico-Chirurgical Society of Edinburgh read some observations on the mechanism and diagnostic value of the friction vibrations perceived by the ear and by the touch in peritonitis. The following were the principal conclusions at which he arrived:—That the mechanism by which the fricton vibrations are produced are of three kinds, viz. *1st.* By the respiratory movements of the diaphragm chiefly; but also by the action of the abdominal muscles; the vibrations being synchronous with these movements, though sometimes only perceived during inspiration. *2nd.* By artifical movement of the parts by pressure with the hand or otherwise; the vibrations corresponding to the movements produced. *3rd.* By the peristaltic motion of the intestinal tube; the friction having a peculiar continuing, rustling, creeping character to the ear and the hand, corresponding to the vermicular motion of the intestines. That the immediate cause of the vibration is the rubbing together of two peritoneal surfaces physically altered by inflammation, and although the effusion of lymph has been considered necessary for their production, it appears highly probable that at a prior stage of the disease, when the peritoneum is merely drier than usual, friction vibration may take place. That the amount of motion between the inflamed surfaces, necessary for the production of the friction vibration, is very limited; and that the different modes of friction as to *rapidity* and degrees of *pressure*, may not only modify the intensity, but also the tone and quality of the vibrations. That the present state of our knowledge does not permit us to connect any particular species of vibration with a certain physical condition of the serous surfaces, although reasonable grounds exist for this expectation. That although the friction vibration cannot be required as evidence of the existence of adhesion between the peritoneal surfaces, it has not been proved that, in the case of partial adhesion, and even when the adhesions are general, provided the effused lymph be recent, soft, and extensible, an amount of motion sufficient to produce friction vibrations may not occur. That the respiratory abdominal friction vibrations are chiefly manifested at the upper part of the abdominal cavity, where the more solid contents are situated, and in the case of a large organic tumour, and may be regarded as indicative of the inflammation having its site over a solid organ or tumour. That the indications from artificial movements of the parts have been perceived, both over solid organs or tumours, and over the intestines. That the *peristaltic* friction vibrations indicate with *certainty* that the peritoneum investing the corresponding portion of the intestinal tube is the part effected; and that wherever these peculiar vibrations are very distinctly perceived, they may be regarded as indicative of a lively and free motion of the folds of intestine upon one another and upon the parietes, or that no adhesions exist between them; at all events, that they are not generally adherent, nor matted together into an adherent mass, nor to any great extent adherent to the abdominal parietes.

ENLARGED HEART.—Dr. Shearman at a meeting of the Sheffield Medical Society presented an enlarged heart, which weighed fifteen ounces and a half. The auricles were greatly dilated; the right auriculo-ventricular opening was larger than natural, and the left was so contracted as only to admit the tip of the little finger. The pericardium was partially adherent to the heart, and contained a considerable quantity of fluid. The patient was a female, aged fifty-two, of remarkably small stature, and was first seen by Dr. Shearman, in the year 1838, when she was suffering from a severe attack of pleuritis, which terminated by fluid effusion. He did not see her again till two months before her death, when she was suffering from severe dyspnœa. The whole of the right side of the chest, which was the seat of the former pleurisy, was solid, and immovable, and measured three inches and a half less in circumference than the left. There was great jugular pulsation; a murmur was heard with both sounds of the heart at the third rib, over the sternum, and also at the bottom of the sternum, and about an inch and a half to the axillary side of the left nipple, in which situation the apex of the heart was observed to pulsate. The right lung was found, on the *post-mortem* examination, to be condensed and compressed into a small space at the top of the chest, and the pleura closely adherent.

DISEASE OF THE BLADDER; GRANDULAR KIDNEYS.—Mr. Law at a meeting of the Sheffield Medical Society, exhibited the bladder and urethra of a man, aged 64, who died in a state of coma, three days after admission into the Infirmary, on account of urinary disease. Great hypertrophy of the bladder existed, and it was partially sacculated; a tumour of about the size and shape of a hazel nut, was found over the verumontanum, having a broad base, and being of a fibrous structure; the kidneys exhibited granular disease, and the ureters were considerably dilated; emphysema at the edges of the lungs, and there was slight opacity of the arachnoid. For seven years he had laboured under some urinary obstruction, presenting some of the symptoms of stone, but there was nothing of the kind detected on passing the sound. No anasarca, nor any circumstance which led to the suspicion of the existence of Bright's disease, during life; but the urine removed from the bladder after death readily coagulated. Coma came on about eight hours previously to death.

SYPHILITIC ULCERATIONS OF THE CERVIX UTERI.—Dr. Henry Bennett says that the real classical chancre, presenting its ordinary physical characters, is excessively rare on the cervix uteri. Ulcerations presenting the characters of the inflammatory ulceration are, on the contrary, exceedingly common in patients labouring under blenorrhagia, or primary, secondary, or tertiary

syphilis. Some few of these ulcerations may be primary or secondary, but the very great majority are merely inflammatory.

PUERPERAL FEVER.—Mr. Storrs, of Doncaster, read a paper at a meeting of the Sheffield Medical Society, "on the contagious effects of puerperal fever on the male subject, or on persons not child-bearing;" in the course of which he laid down the following proposition:—That puerperal fever is capable of imparting to any person not in the puerperal state, by actual contact, or close approximation, the following diseases. I. Inflammation of the peritoneum or other serous membranes, accompanied by low fever, both in the male and female subject. II. Erysipelas, either local, as in the hand or arm from *post-mortem* inspections; or general, as in the face or person. III. Typhus fever, with its various accompaniments, and in a variety of forms.

EXTRACTS OF CANNABIS INDICA.—Dr. Inglis has examined two extracts of this plant, one pure, and the other much adulterated. He thus describes their essential properties. In spring water:—pure extract wholly insoluble and immiscible. Spurious extract partially soluble and quite miscible; a dirty green sediment separates on standing; supernatant fluid, amber coloured.—In a solution of caustic ammonia: pure extract almost insoluble; the ammonia acquires a light yellowish green tinge, which, when neutralized with acetic acid, deposits a brownish green precipitate; the extract left is imperceptibly altered in weight, becomes softer, and assumes a paler green colour than before. Spurious extract almost wholly soluble; solution of a dark, dirty brown colour; a small green insoluble residuum is left on the filter, which is the portion of pure extract present in the specimen.—In a solution of caustic potass: pure extract almost insoluble; tinges the liquor potassæ of a light brown amber colour, which, when filtered and neutralized with acetic acid, deposits the colouring matter in light green flakes; the insoluble extract remains unaltered, retaining its fresh bright green colour. Spurious extract almost wholly soluble; solution of a dark reddish brown colour, a brighter brown than with the ammonia; the potassa brings out a strong decided flavour of green tea, which completely overcomes that of the small quantity of gunjah present.—In alcohol: pure extract entirely soluble; solution—bright grass green, which deposits on standing, a precipitate of light green colouring matter; when dropped into water, the tincture deposits its extract, and gives to the water a milky opacity, having also the green tinge of the gunjah; this is again rendered transparent by liquor potassæ, and re-rendered opaque by excess of acetic acid. Spurious extract partly soluble; solution—dirty green, precipitates on standing, a large granular deposit of brown and green matter; this tincture when dropped into water, gives it a brownish green tint, not milky, which, on addition of liquor potassæ, becomes amber-coloured.—In dilute spirit: pure extract insoluble. Spurious extract almost wholly soluble; solution—deep, dirty brown, which deposits a large brownish green sediment; liquor potassæ added, brings out the strong flavour of tea.—In strong acetic acid: pure extract insoluble; the extract becomes of a lighter green colour; the acetic acid remains colourless. Spurious extract almost wholly soluble; solution—dirty green; precipitates a green deposit, which seems to be the small portion of gunjah present in the spurious extract.—In wood naphtha: pure extract entirely soluble; solution—fresh, bright, emerald green; very little deposition of green colouring matter. Spurious extract almost wholly soluble; solution—olive brown, throwing down, on standing, a mixture of brown and green precipitates.

GANGRENOUS INFLAMMATION OF THE MUSCLES.—Dr. Blackmore in the *Provincial Medical Journal*, describes several cases of gangrenous inflammation of the muscles, some of which terminated fatally. The first was that of a man of industrious and sober habits, aged forty-five, of a robust and muscular frame, who had been hard at work plastering the ceiling of a room, which made his arms ache severely; after which he was attacked in the afternoon of August 12th, 1831, with severe rigor, sickness, and pain in the middle of his arms and calves of the legs. The pain continued unmitigated, and in the evening of the next day, as he manifested a tendency to stupor, he was bled. On the third day he complained of headache, the pain in the limbs was less severe, but he had much pain in the belly, and vomited. On the evening of the fourth he was still suffering in the belly and limbs, without much fever. On losing a pound of blood he fainted; the blood buffed, not cupped. Twelve leeches were then applied to the abdomen, ten grains of calomel, with some Dover's powder, a saline purgative, and colchicum. The morning after, his manner expressed alarm and restlessness; breathing hurried; tongue loaded; urine high coloured; the bowels had been purged; the abdomen bore pressure well; each arm at the middle of the biceps was tumid, livid, and very tender; gangrene had manifestly begun: the pulse had ceased at the wrist. He died in an hour. Inspection twenty hours after death. The body presented externally the appearance of health, except at the arms, which were black and vesicated; an extravasation of bloody serum, in the subcutaneous cellular texture around the bicipites muscles; sanious matter flowed from the orifice in the vein, the exterior of which was livid, but did not appear diseased. The substance of the bicipites was gangrenous; the legs were similar to the arms. On opening the chest fœtid air escaped; the right lung was a little turgid with dark blood; the heart pallid and collapsed; the peritoneal coat of the small intestines showed a diffuse livid vascularity; they contained fœtid air; the other viscera were sound. The second case was that of a labourer, aged sixty, who was attacked with rigors and severe pain in his limbs and body generally, followed by headache. On the third day he had the most agonising pain in the middle of the anterior part of the right thigh, which quickly became tumid and tender. At five p.m. he was bled to eight ounces, and twenty leeches were applied on the thigh; after which ten grains of calomel with opium were given; the pain was rather mitigated. The next morning the pain at the thigh was so severe, in paroxysms as to induce syncope; in the remissions the pulse was natural; the tongue whitish; thirst intense; no pyrexia; headache gone; the thigh was scarified to relieve tension; the usual quantity of blood did not flow on the incision; a poultice was then applied, and purgatives given. The next day, at one p.m., he was pulseless; the respiration hurried; the mind collected; the sartorius, which the incision had exposed, was gangrenous. Cordials and opium were given; but he died in a few hours. The third case was that of a poor woman residing near the last patient, in whom gangrenous inflammation of the pectoral muscle was followed by extensive, unhealthy suppuration, and ultimate, but slow recovery. The fourth case was that of a labourer in the lime-stone quarries, who died from gangrenous inflammation of the muscles, about the right shoulder, neck, and also about the sacrum. The following were the *post-mortem* appearances:—Among the muscles around the shoulder joint, an infiltration of two pounds of unhealthy pus; an abscess among the pectoral muscles; in the pleura much turbid bloody serum; the lungs hepatised and tuberculated at the upper part; the tubercles hard; in the pericardium a large quantity of serum; the heart small and flaccid; the liver hepatised and tuberculated, of a nutmeg appearance; the small intestines, externally, much inflamed; their interior not examined, as the body was very fœtid. Other cases of this peculiar inflammation were met with at this time by other practitioners. A case, similar to case one occurred at the same time to a medical friend at Plymouth; and in the same month an experienced surgeon in the neighbourhood met with a fatal case, which caused great consternation. The patient had had the influenza shortly before, and after it complained of severe pain in the legs; in a day or two, when thought to be recovering, he died unexpectedly. The legs had become gangrenous in twenty-four hours. In the middle of the autumn, similar cases occurred at Launceston, in Cornwall, thirty miles north-west of Plymouth, and excited great alarm by their novel and extraordinary character. The wife of a respectable tradesman was attacked in the evening with severe pain in the wrists; the next morning the parts were gangrenous; and she died. Dr. Blackmore adds scarlet fever and influenza also prevailed in the same season, and were fatal in some cases from malignant inflammation in various parts of the alimentary canal. He remarks that it is obvious that this singular affection was not a pure inflammation; its primary element was constitutional; its origin atmospheric. He conceives it to be analogous to the plague, and to erysipelas, which Sauvages rightly placed among the exanthemata, and Cullen after him, although doubtingly.

PUERPERAL FEVER.—Dr. Blackmore, in the *Provincial Medical Journal*, mentions the case of a woman subject to dyspepsia, who was attacked by puerperal fever, of which she died. On examining the body two pounds of puriform serum, containing albuminous flakes, were found in the abdomen. The parietal peritoneum at the iliac region (the chief seat of pain), and at the hypogastrium, was very vascular; the uterus healthy; the stomach distended with air and fluids, its texture very lacerable, and at the cardiac end very livid, from extreme vascularity in the peritoneal and muscular coats; the mucous coat healthy. Of the small intestines also, the peritoneal coat was vascular; the mucous natural. Here the stomach was the seat of the more intense inflammation, the foundation of which had been laid in the previous dyspepsia.

POISONING BY PRUSSIC ACID.—An interesting case of poisoning by prussic acid, which occurred at Warkworth, is noticed in the *Gateshead Observer*. The deceased, Jane Hume, aged 17, was servant to Mr. Turner, of Warkworth, Northumberland, chemist and druggist. Early on Tuesday morning, the 29th ult., (only a few minutes, indeed, past midnight,) Mrs. Turner, while passing to her bed-room, heard a *moan* from the room of her maid, and, pushing open the door, saw her *struggling, apparently in great agony, and insensible*. A candle was burning by her bedside, and she was fully dressed, except that her shoes were off. Mrs. Turner alarmed her husband, who quickly brought Mr. Leithead, a surgeon, to the house, who found her still breathing, but pulseless. She breathed thrice after his arrival. Mr. Leithead thought he perceived the odour of prussic acid. On the following day an inquest was held. The jury proceeded from the Sun inn to view the body; and Messrs. Leithead and Gibson, surgeons, immediately on entering the room, were struck by the peculiar smell of prussic acid. A quantity of liquid had exuded from the mouth and nostrils, which smelt strongly of the poison. The search for a phial was therefore resumed, and more narrowly prosecuted. The body was removed from the bed, and the bed from the mattress, on which, about the centre, was lying an ounce bottle, labelled "Hydrocyanic Acid, Scheele's, Spec. Grav. 995," &c., only eight drops remaining in the phial. It appeared, from the evidence given before the coroner, that the girl had great opportunities for obtaining the poison, it being kept in an easily accessible cork-drawer. The jury did *not* reprimand her master for his carelessness. The girl's motive appears to have been a disappointment in love. She was not pregnant. The medical men were of opinion, on examination, that her death was occasioned by prussic acid. It was also their belief that she had herself placed the phial between the bed and the mattress. No scream or shriek was heard by Mr. or Mrs. Turner, or by any other person, at the time of the suicide. The verdict of the jury was, that "the deceased took a quantity of prussic acid, a violent poison, being at the time in a state of temporary derangement." The editor of the *Gateshead Observer*, in commenting on this case, observes that, "Recent cases of poisoning—and especially that of Mrs. Belaney—had no doubt familiarized the girl's mind with the name and nature of prussic acid; and that tempting fiend, opportunity, placing the deadly drug, day after day, at her command, she fell a victim to our fatally-defective laws. One of our most powerful poisons is kept in a cork drawer! under the

guardianship of a lad not yet in his teens ! ! and accessible to a lovesick girl of seventeen summers ! ! ! What wonder that suicide was the consummation? and how many further sacrifices must we have before our lawmakers will regulate the sale of poisonous preparations?"

FUNGOID TUMOUR OF THE CEREBELLUM: AMAUROSIS.—Mr. Simmons, at a meeting of the Birmingham Pathological Society, exhibited the optic tract of a man, who had suffered for two years from amaurosis. He died suddenly, and there was found a large fungoid mass in the cerebellum. He was a man forty-five years old, a porter on the London and Birmingham Railway, of rather full habit of body. About two years back, when on duty, he was taken with pain and giddiness; this was repeated two or three times, for which he was bled, purged, &c.; amaurosis afterwards ensued; after which, he principally complained of pain in the back of his head; the eyes were bright, quite insensible to light; he was very morose and dull in his disposition, but was easily excited, and became very passionate. There was slight imperfection in walking. He went on thus without any material alteration until about four months before his death; when one morning Mr. Simmons observed the right eye very much inflamed, and the cornea ulcerated; there was no discharge; no sensibility to light; and so little pain, that neither he nor his friends were aware of it. This was removed by appropriate treatment; but the pain in the head became more and more severe, and scarcely any position seemed to relieve it. He died shortly after. On examining the body after death, the membranes of the brain were healthy, the substance quite firm; the left ventricle contained fully half a pint of clear colourless fluid, the right about four ounces; the substance of the brain was so firm that the finger was moved about in the ventricles freely, without injuring the septum lucidum; corpora striata and optic thalami, healthy; most of the base presented a degree of softening, the more decided by comparison with the consistency of the remainder of the brain; this condition affected more particularly the surface of the crura. The pons and medulla oblongata had quite lost their consistency. The cerebellum was very large. It contained a fungus as large as an orange, which occupied the left and a part of the right lobe. It grew from the back part of the organ, where it was attached by an extensive base, and projected into a cavity within the cerebellum, occupying the place of the natural nervous tissue. The remaining substance of the organ, which enclosed this cavity in front and on the left side, was about half-an-inch thick, and quite healthy. The inner surface of the cavity, and the surface of the fungus, were thickly coated with a matter, which had much the appearance of inspissated mucus, though rather less tenacious. The texture of the fungus was somewhat softer than the natural condition of brain; it seemed to be composed of altered cerebral substance.

CARCINOMA OF THE RECTUM.—Dr. Fletcher at a meeting of the Birmingham Pathological Society, exhibited a specimen of carcinoma of the rectum, which was ulcerated to a great extent, accompanied with an enlarged prostate, the bladder much thickened in its coats, and containing thick turbid urine of a very ammoniacal smell, as also about two hundred of very small round calculi, most of them about the size of mustard seeds, and some about three times as large, composed principally of lithate of ammonia.—It was taken from the body of Richard Fouch, who was admitted a patient at the General Dispensary, under the care of Dr. Fletcher, December 7th, 1843, with a hard scirrhous tumour at the posterior and right side of the rectum, pressing upon the bowel, and very much diminishing its calibre. Laxatives and opiates afforded transient relief, but in the course of three months he began to pass blood and pus with his motions, and suffered severe scalding pains on passing them. An examination was then made, by which ulceration of the tumour was detected, which in the course of two months more was so far advanced as to have produced a cavity capable of containing the fist. Amussat's operation for making an artificial anus in the descending colon was now recommended; but to this the patient would not consent.—The enlargement of the prostate next produced mischief, arresting the excretion of urine, and on two occasions coma supervened. On examination of the body after death the organs of the chest and abdomen were found in a very healthy state; the whole of the morbid changes lay in the rectum, prostate, and bladder, which have already been described, and in the ureters and pelvis of the kidneys, which were considerably dilated.

REVIEWS.

A Treatise on Corns, Bunions, the Diseases of the Nails, and the General Management of the Feet, by LEWIS DURLACHER, Surgeon Chiropodist to the Queen. London: Simpkin, Marshall, & Co. 1845.

WITH the exception of a few scattered and brief notices in works on general surgery, and diseases of the skin, the subjects treated of by Mr. Durlacher have been left so many *tabulæ rasæ*. There is indeed the work of Lyon, entitled "On Spinæ Pedum," but it is not only out of date, but totally unsuited to the present state of knowledge; and we should not overlook a book published in 1818, "On the Management of the Feet," which certainly contained a large amount of information, conveyed in a clear and intelligible manner, but a great part thereof was transcribed, with a few alterations, from Lyon's work.

The commencing chapter of the work is dedicated to the consideration of the cause and growth of corns; the former being referred entirely to the effects of undue pressure and friction, by which irritation is set up in the part, an increased quantity of the epidermis is secreted by the irritated papillæ, and bulbs or projections are formed, generally of a conical shape, and are protected by effused lymph, which forms a sheath or sac around them. The rapid reproduction of the corn after its extraction in chronic cases, is owing to the existence of this sac, which is soon refilled with epidermic secretion, and this becomes a corn, from the continuance of the exciting cause. Corns are classed under the following heads: hard, callosities, soft, festered, and neuro-vascular. These may be situated on all the prominent parts of the toes or feet, and admit of different kinds of treatment, according to their position, and the degree of attendant inflammation. Separate chapters are devoted to the consideration of each of these different kinds of corns, in their respective situations, and their appropriate treatment is clearly and distinctly pointed out, and illustrated by the detail of cases.

The neuro-vascular corn, which it appears was first described by Mr. Durlacher, is met with in persons of fair complexion, with very fine and moist skins.

> When fully developed, the epidermis covering the affected part is slightly thickened and transparent, having villi or nervous fibrillæ clearly visible, running in zigzag whitish lines within the induration, and small corns appearing between them like white specks, corresponding in form to the cells or follicles they occupy.
>
> Although these corns are as insensible as any other cuticular thickening, the intermingled nervous filaments are so exceedingly sensitive to pressure, that the softest leather of any shoe can scarcely be borne, and the least touch in attempting to remove any part by an operation, gives the most excruciating pain.

This is the variety of corn, according to Mr. Durlacher, which, when unskilfully or improperly treated, particularly in aged persons, has been productive of very serious consequences, and even, in some instances, of death, from the resulting mortification.

> The first treatment should be by palliative remedies, particularly during the inflammatory state; the application of lint dipped in cold water, covered with oiled silk, will generally be found sufficient for the purpose, together with rest, directions being given to avoid all pressure.
>
> When the irritation has ceased, the thickened cuticle may be carefully removed without giving much pain, if the nervous fibrillæ are not touched by the instrument, after which soap plaster may be applied, at the same time guarding the projecting joint from the pressure of the shoe by mechanical means.
>
> In the chronic form, which is always unattended with inflammation, but where the epidermis is much thickened, it should be scraped off, until the while lines and intermediate specks are visible. The corns should then be very carefully picked out from between the filaments, great care being taken in the operation to avoid pricking them or producing hæmorrhage, as it would be attended with excruciating pain, and might cause great irritation and inflammation; the wetted lint should be afterwards applied for a few days, or until the soreness and pain cease, and then a small piece of cerate plaster should be placed over the corn, and worn continually.
>
> With the usual caution against pressure, perfect relief will thus be obtained.
>
> When the corn has existed for any length of time, and pain is only produced by pressure, the same treatment must be followed, and nitrate of silver lightly rubbed on the part after the small corns have been extracted. The application should be repeated from time to time, as much of the cauterised skin being first scraped off as possible, previously to its being reapplied.

The vascular excrescence which is treated of in the seventh chapter, appears to be of the nature of aneurism by anastomosis. It is thus described:—

> This disease is a deep-seated spongy or vascular substance, forming a circumscribed tumour, not projecting much beyond the level of the thickened cuticle; when fully developed, the whole of the surface is studded with red and black specks, and the surrounding integuments are inflamed and swollen.
>
> In some cases the minute extravasations are not distinctly defined; the excrescence then appears as a softened tuft, the vascular fibres composing which seem to be of unequal length. When an attempt at extirpation is made with the knife, hæmorrhage to a considerable extent immediately follows, all the minute vessels pouring forth their contents very profusely.

The treatment consists in superficial incision of the diseased surface, and cauterizing it with nitrate of silver, repeating the operation until a cure is effected. As long as any oozing of blood follows the removal of the part which has been acted on by caustic, even if it occur only in isolated points, those parts must be re-subjected to the action of the caustic. The chapter on bunions is of great importance, but from its exceeding length, we must refer our readers to the work itself, which they will find well worth their perusal.

The succeeding chapter is devoted to the consideration of the nails, and their diseases, and is illustrated by two lithographs, the latter of which appears to us to be too highly coloured. The various diseases to which the nails are subject, are very carefully considered, their symptoms described, and the treatment well pointed out.

> The most formidable disease connected with the toe nail is that which is called "the nail growing into the flesh." It is met with most frequently in the great toe, but all the other toes are liable to the same complaint, but less severely. It is caused by an improper manner of cutting the nails, or by the flap of flesh being forced up against the edge of the nail, from wearing shoes too narrow, or from the edge of the nail being curved, or taking some other vicious direction.
>
> Persons, when they first feel pain in the sides of the toe, are apt to regard it as caused by th

nail having been allowed to grow to too great a length, and accordingly commence cutting it, thence deriving temporary relief. In consequence of the pressure of the shoe, which is still continued, the flap is forced more against the remaining rough edge in walking than before, and there is consequently more pain and uneasiness experienced, but lower down, nearer the matrix. The flap thickens, is pushed upwards still further, and partially covers the nail, which, as the pain continues, is again and again cut, until the scissors can no longer reach the part which is supposed to cause the suffering. The consequence is that a point is left which penetrates the flesh, keeps up and increases the previously-existing irritation, produces severe pain and ulceration, and, if neglected, fungus sprouts from the part most affected.

In other cases the nail forms such a decided curve under the flap, that its edge, along the whole length of the toe, is imbedded in the soft parts, which become inflamed and so much swollen, that not above one half of the nail can be seen. Walking will increase the inflammation, and ulceration will take place in the whole length of the furrow. Under improper treatment or neglect, this state will continue with many persons for months, until the whole is covered with fungus, or what is denominated proud flesh. The pain will then be so severe, that the weight of the body cannot be sustained upon the toe, and the patient is compelled to rest the limb.

In the more severe cases, those, for instance, which are known by the name of Onychia Maligna, the ulceration extends round to the soft parts at the root of the nail, which become swollen and inflamed, of a deep red or purple colour; and a thin ichorous discharge, possessing an offensive odour, is secreted. The ulceration presents a very unhealthy appearance, and after a time the secreting glands become involved; the nail is consequently loosened, and even partially detached.

Mr. Durlacher has described a very important operation for the cure of this disease, in the following terms:—

The operation which I have practised for many years consists in the dissection of the horny structure of the nail from the epidermis to which it adheres. I commence by firmly laying hold of the lateral and under parts of the ball of the toe with the thumb and fore finger of the left hand, so as to draw the flap away from the nail; I then pass a steel probe, made for the purpose, between them, and round the epidermis at the root, so as to loosen the skin from its adhesion to the nail; then, with an instrument made similar to a cataract knife, but much thicker and shorter, I dissect the piece of nail from the skin by small incisions following each other. This part of the operation must be done very carefully and slowly, beginning at the top of the nail beyond the point that is imbedded in the ulceration, the edge of the instrument being inclined outwards. As soon as the part can be laid hold of with a pair of sliding forceps, it should be enclosed, held firmly with the thumb and finger, and then turned gently outwards, in order that the dissection may be carried on to the semilunar fold; the piece may then be pulled out, but if it should adhere to the skin, the knife must again be used to detach it. If the skin is loose and rises with the nail, it may be cut off. In many cases this operation can be performed without inducing hæmorrhage, and if the disease has existed for any length of time, the nail will be more easily removed, as the ulceration will have destroyed the soft parts to which it adheres, and the nail is much sooner separated

The after treatment consists simply in the application of caustic until the fungus is destroyed, and of lint, wetted with cold water, round the parts. The relief is so instantaneous, that the patient can always walk about immediately after the operation.

Other operative proceedings have been adopted, especially those by Dupuytren, Sir A. Cooper, Desault, and others, but the operation performed by our author appears to be decidedly the best.

In the remaining chapters are considered, the management of the finger-nails, and their diseases, warts, chilblains, and the general management of the feet, but for these we must refer to the work itself, which is a valuable production, and deserves commendation for its utility.

Extracts from the First Report of the Institution on the Abendberg, near Interlachen, Switzerland, for the cure of cretins. By Dr. Guggenbuhl. Translated by W. Twining, M.D., late of Balliol College, Oxford.

This Institution, according to several accounts that have reached us, has been instrumental in effecting much good in a district where its services are particularly called for. Dr. Twining's object is to interest British benevolence in support of Dr. Guggenbühl's efforts, and the gracefully recorded cases in the pages before us, offer, we must own, strong encouragement for a generous response to his appeal.

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society, May 13, 1845. Dr. Watson, Vice-President, in the chair.

On the use of Creosote Injections in Camp Dysentery. By John Branston Wilmot, M.D., Cantab. &c. Communicated by Dr. Watson.

By the term "Camp Dysentery," the author means that epidemic form of the disease which has so often proved a deadly scourge in communities, and not those occasional cases which seldom prove fatal under proper treatment.

On the 3rd October, 1844, the author was requested by Mr. Dakins, surgeon of the Tonbridge Union House, at Bembury, to visit the house with him, as a fatal dysentery was raging there. The building is well situated, high and dry, and well drained. Dysentery was prevailing in the neighbourhood, but not in the same severe form as in the Union House. Four cases had proved fatal, and two were in a dying state. Those suffering from the disease in a less advanced stage, had constant discharge from the bowels of blood and shreds of mucous membrane, without fœcal matter. The stench of the dejections was that of putrid animal matter; vomiting was present in some cases; loss of appetite in all. Tongue not unusually dry until the last stage; pulse feeble; skin harsh and dry, but not hot. Abdomen not tense nor painful, but the tormina and tenesmus very distressing. There was from the first extreme prostration of strength, and as the disease advanced, low muttering delirium.

The remedies used had been chiefly calomel and opium, opiate injections, astringent mixture, with catechu, &c. It was agreed to give opium freely, especially in injection, nutritious diet, and brandy when required; bleeding was out of the question, and calomel was neither indicated by present symptoms nor past experience. The first care was to introduce a more generous diet among the inmates, the regulation of which was left to the discretion of the medical officers.

On the 10th (a week after) the author visited the house again, and assisted at the *post mortem* examination of two fatal cases. In the first, that of a man, aged forty-five, there were injection and ecchymosis on the inner part of the ilium; of the mucous membrane, only a tracery work like lace was left. On the cæcum were ulcerations, partially cicatrised. The ulcers did not extend to the colon; liver and gall bladder healthy. In the second case, a girl, aged six, there was considerable ulceration of the rectum and last three inches of the colon. Several cases had occurred since the third. The most pressing was that of a man, aged fifty-one, who was attacked on the 1st, and in whom the remedies up to this day (the 11th) had been of little or no avail. He was greatly exhausted, had constant evacuations of blood, with shreddy matter; no fœces, the smell was putrid and gangrenous. Hot turpentine fomentations were ordered to the belly, and in addition, the author was led to try an injection composed of ʒi. of creosote, in ℥xij of starch. He did not, he observes, use it empirically, but looking at the character of the fever, of the low nervous kind, the inertness of the remedies introduced by the stomach—the little control exercised by the medicines locally applied to allay spasm of the gut—the local nature of the disease, as shown by inspection of the bodies—the disposition to gangrene, as well as ulceration, and the antiseptic and stimulant powers of creosote—these considerations induced him to try the remedy. On the 12th the patient was rather better; the injection had caused a tingling sensation, but no pain. On the following days he gradually improved, and on the 18th the evacuations were copious, highly offensive, containing a quantity of hard scybala; no blood nor shreds were passed. The turpentine had been applied four times, and the creosote injection used every night since the 11th. After this he soon became convalescent. In several other cases, either under the observation of the author, or his friends, this remedy was used, and with evident advantage. The number of cases that occurred in the Union House was thirty-four, the deaths eight.

It may be objected, the author remarks, that my field of observation was too limited to arrive at any satisfactory conclusion; but so marked and undeniable was the success of the measures adopted in the few cases brought under my notice, and so confident do I feel that they would have been equally efficacious had the disease continued to spread, that I will venture to expose myself to such an objection, rather than withhold the publication of results, which may at a future time assist in arresting so fearful a disorder.

Dr. Webster was anxious to learn from Dr. Wilmot whether he had exhibited the creosote in these cases of dysentery prior to the change that had been made in the diet, as it appeared to him that the improvement was principally owing to that change. The diet at the union-house was very poor indeed, and his attention had been particularly attracted by the large quantity of cheese which was allowed.

Dr. Wilmot said, that the diet of the sick was unlimited; the improvement in the dietary was consequently directed solely for the benefit of the healthy, and the cases that occurred after it had been generally adopted in the union-house, were much less severe, and dwindled down to mere diarrhœa. The creosote was used in severe cases only, when the sufferers could not take food, and consequently for them the improvement in the dietary was absolutely nugatory.

Dr. Dickson enquired of Dr. Wilmot, as the dose of creosote which had been exhibited was very large, whether any indications of its action on the nervous system, such as intoxication, had been observed, and also whether the urine had presented any peculiar appearance, as in Dr. Macleod's cases, in which that secretion somewhat resembled Indian ink.

Dr. Wilmot observed, in reply, that he was not able to answer the question, as he was not residing on the spot, but Mr. Dakins had told him that it had produced great excitement, and that it seemed to cause quite a revolution in the system.

Dr. Baly had heard with great surprise a statement in the paper, to the effect that calomel had been perfectly useless in the treatment of the disease, and he referred to the existing evidence of its efficacy, and more particularly to Dr. Latham's work, descriptive of the epidemic of dysentery in the Penitentiary in 1823, when the use of calomel and opium soon cut short the disease. He felt surprise, if the disease were at all severe, that calomel and opium should not prove of service, and that such a remedy as creosote should arrest its progress. He could conceive, that it might be of use as an adjunct, but not as the principal remedy. He (Dr. Baly) had found sedative injections sometimes of service; that which he employed consisted of two drachms of tincture of opium, combined with starch, and he had also found a combination of starch and black-wash sometimes succeed, when other applications had failed. He was, therefore, ready to admit, that creosote may sometimes be of use, but still he

could not understand how so local a remedy could be successful in the treatment of inflammatory dysentery. He agreed, however, with Dr. Wilmot that the disease, when appearing as an epidemic, might present a difference of character. The number of cases which had been treated by Dr. Wilmot was very small, and not sufficient to found an opinion on, with respect to the efficacy of creosote.

Mr. Lloyd enquired of Dr. Baly what quantity of black-wash was used in the injection?

Dr. Baly, in answer, stated, that three ounces of the lotio nigra, added to warm water, were employed, and were repeated three or four times in some of the cases. It was not a new remedy, but was mentioned in the works of more than one writer, and was much used in India.

Mr. Lloyd then enquired whether ptyalism had been produced by its use?

Dr. Baly replied, that ptyalism had certainly been produced, but not from the use of the black-wash. It was caused by the calomel, which he had given in ten or fifteen grain doses, so that from twenty to thirty grains were exhibited in the course of the day. When ptyalism was produced, the patients generally recovered. Although many cases had occurred, the deaths in the course of the year from dysentery, when the complaint was unconnected with any other malady, were only nine.

Dr. Burrows concurred in the opinion expressed by Dr. Baly.

Dr. Wilmot observed, that calomel had been used in several cases before he was called in, and in every instance without effect. The patients were all either dead or dying. Laudanum and starch were also freely employed, but were without any efficacy. The creosote was not used as a sedative, but as a stimulant to rouse the failing powers, in which it proved successful. He then apologised for the paucity of cases, and said that it was not his fault that there were not more.—(laughter.)

Dr. Cursham enquired of Dr. Baly if there had been any change of diet in his patients, previously to the employment of the plan of treatment he had described?

Dr. Baly replied, that no change had been made in the diet, which was much more abundant than is the case in most union-houses. The prisoners had twenty-five ounces of meat a-week, besides other articles.

Dr. Watson enquired whether out of the large number of cases seen by Dr. Baly in the Penitentiary, there were any evidences of contagion? Whether, in fact, the disease appeared to spread from one person to another?

Dr. Baly had not observed any circumstances which would lead him to believe in its contagious character. When the disease was in the wards, patients admitted labouring under other maladies, were certainly seized with it, and so far it may be said to have been contagious, but he believed that it depended on atmospheric causes. When epidemic, it broke out in different parts of the prison at once, between which there was not any immediate communication.

Dr. Julian Evans enquired if there were any intermittent or remittent fever prevalent in the prison at the time?

Dr. Baly replied, that there was no fever at the time, and very little febrile excitement attended the attack.

Dr. James Johnson had seen a great deal of the disease, and had never had any reason to look upon it as a contagious malady. He considered the exhibition of calomel and opium, and perfect quietude in the horizontal position, as the most likely means of saving the patient; in fact, this plan was quite the sheet-anchor in tropical climates. When ptyalism had been induced, very few die, unless such a degree of ulceration had occurred as to place the patient beyond all aid. He had lately derived much benefit from the use of tannin; it was not so irritating as creosote, and could be readily injected into the bowels. It was a most powerful astringent.

Dr. King referred to the epidemic of dysentery, which occurred in the Deptford union about two years ago, and which was referred to bad drainage. The mortality was very great, principally among the females, who also suffered from a great discharge of blood from the vagina. The medical attendants told him that they derived most benefit from the application of leeches, and the exhibition of croton oil.

Dr. Baly was glad to find that Dr. Johnson's experience with respect to calomel coincided with his own. He wished to ask him, in what doses tannin was administered?

Dr. James Johnson replied, that he gave it in very small doses, from one to three grains internally. With regard to the quantity of calomel, he had himself taken it in twenty grain doses for several days, and had given it in hundreds of cases besides.

Dr. Wilmot enquired whether, in such cases, the liver was not affected?

Dr. James Johnson answered, that the liver was generally affected in hot climates; it was the primum mobile of the complaint.

Constitutional Syphilis in the Father a Cause of Repeated Abortions and Subsequent Infection of the Fœtus born at the Full Period, the Mother remaining wholly Free from Disease, with Observations, by William Acton, Esq., Surgeon to the Islington Dispensary.

The author remarks that the Medico-Chirurgical Transactions, as well as Treatises on Venereal Disease, furnish numerous instances of syphilis in infants, dependent on previous contamination of the mother alone, or of both parents; but surgeons and accoucheurs have hesitated in believing that the male can infect the embryo without infecting the female. Three cases are brought forward in order to elucidate the point in question.

M. H, nine weeks old, was brought to the author by its mother on account of an eruption, chiefly papular, over the whole body. The voice was hoarse, and there was a slight discharge from the nose; the palms of the hand presented a scaly, copper coloured eruption. Emaciation was less than is usually observed in children labouring under syphilis, but the peculiar earthy hue of the skin generally is very evident. The mother states, she married four years ago, became soon after pregnant, and at the full time produced a dead child, the skin of which was dark coloured and peeled off on the slightest touch. During the following year she miscarried. On the occurrence of the third pregnancy, the child, the present patient, was born at the full period, perfectly healthy. During the third week, spots were observed on the genital organs, and they have been increasing up to the present time. No symptoms, either of the primary or secondary disease, could be discovered in the mother. The father, about four years ago, contracted chancres, was salivated, and secondary symptoms followed. He again took mercury, and believing himself cured, married, and denies having had any primary symptoms since, but has occasionally seen white spots on his mouth and tongue; has not remarked any spots on his body. There is nothing at present in his appearance to bespeak syphilis, nor can any recent marks of infection be discovered. The author directed an ointment, composed of unguent hydrarg. nitrat. and spermaceti, to be applied to the affected skin, and a powder, containing two grains of hyd. c. creta, to be given at night. Within a month the child was free from disease, and had regained its healthy appearance. The author gives an abridged account of two other cases of secondary syphilis in men whose wives were free from all disease, but had miscarried. He remarks that these cases furnish three instances of males affected with constitutional syphilis, who marry, and yet fail to communicate any disease to their wives, thus far corroborating our experiments, that secondary symptoms are not inoculable, or capable of transmission from an infected adult to a healthy female. They, moreover, make it probable that a man thus infected may so far exercise a morbid influence on the embryo, the result of cohabitation between him and a healthy female, as to cause its premature expulsion or disease, insomuch that soon after birth secondary symptoms will appear. The first case further induces the belief that though syphilis may produce miscarriage, a healthy child can be subsequently born, although no mercury be given to either parent. If it be true that the father can infect the fœtus, without contaminating the mother, it justifies the surgeon in sparing her a course of mercury, and may induce him to treat the child with some mild mercurial, without fear of it being reinfected by the milk of the mother, thus offering additional evidence that the mother does not participate in the disease which the child inherits from the father.

Dr. King remarked, that Hamilton, of Edinburgh, was of opinion, that, in all these cases, both parents should be placed under the influence of mercury. He then mentioned two cases, illustrative of secondary symptoms of syphilis in the infant, the mother remaining untainted, and added, that Sir Benjamin Brodie recommends the children thus affected, a mercurial belt, composed of a roll of flannel, anointed with the ung. hydrarg. dilut., covered externally, with oiled silk. He (Dr. King,) thought this a very desirable plan of treatment.

Dr. James Johnson observed, that the male child inherited the peculiarities and diseases of the father, and he did not think that the mother could be affected by constitutional syphilis in her husband.

Mr. Simon quoted several cases from Schmidt's Jahrbucher, and Casenave's works, in support of an opinion emitted by him, that in every case where the infant laboured under syphilis, it was the result of infection in the father, received after marriage, and further, that the primary disease must have manifested itself in the mother, but in a milder form, so as to have been passed over without notice.

Mr. Arnott had no doubt that the infant might be infected with syphilis from a taint in the father, the mother being perfectly free from the disease, and he related a case, which had occurred in his practice at the Middlesex Hospital, in support of his opinion. He had had but little experience in the treatment, but a very competent authority, Mr. Colles, of Dublin, had said, that if mercury were properly exhibited to the parents, healthy children would afterwards be born.

Dr. W. Merriman mentioned some cases in point, from his grandfather's practice.

Mr. Wade had commenced practice in the belief, that children could not be born syphilitic without the mother being infected, but he had been led to change his opinion, from having met with several instances, in which children had been so affected, the mother being free from disease, and the father labouring under scaly eruption, nodes, &c. There was no fact in medicine of which he was more thoroughly convinced than this.

Sir George Lefevre then rose to address the society, but the confusion was so great from gentlemen leaving, that we were unable to catch a single word he uttered.

Mr. Acton regretted that his paper had been read at this late hour of the evening; it prevented him answering any objections made to his views. He begged, however, to assure the society that he would not have introduced the subject, did he not believe that the cases detailed differed from nearly all on record, in possessing an accurate description of the disease in the child, the symptoms in the father, as well as the negative evidence in the mother, furnished by examination. His object in the present paper, was to show the real influence of syphilis in inducing abortion, not, as some supposed, an indefinite time after its cure, but to point out the possibility that a man can contaminate the fœtus, during the period he himself is labouring under secondary symptoms. If any member was desirous of loose statements of wonderful cases, founded on insufficient evidence, he, (Mr. Acton,) could furnish him with abundance from books. His object, however, was to take the opinion of practical surgeons of the present day, on this interesting point in the paper. Another no less practical indication, he believed he had pointed out in this communication; he alluded to the treatment based upon it. It had been laid down as a dogma, that if healthy children were desired, both parents must undergo a course of mercury. Now if his (the author's) views were correct, the mother may be spared the inconvenience of a

course of the mineral, which in private practice was often of great importance, when the previous indiscretion of the father had better be concealed from the family. Moreover, giving mercury to the mother or nurse was the most objectionable plan conceivable. Mercury, by disordering the nurse, changes the character of the milk, and the child suffers most severely. The great mortality among syphilitic children, Mr. Acton attributed to giving mercury to the mother whilst nursing; he preferred always administering it to the infant, however young, when, as in the instance in question, it produced the very best effects, particularly when the mild preparations were used.

NOTICES TO CORRESPONDENTS.

Samuel Hadwin, Esq. Surgeon to the Lincoln County Hospital, *addresses through us to the National Association of General Practitioners a forcible and extremely well-written letter, which, except by a delay that would give its apposites, we cannot do more than shortly abstract. Mr. H. commences with a hope, that the same efforts of the profession and the press which have converted Sir James Graham from very erroneous to much-improved views of Medical Reform, may lead to further enlightenment. He then shews, that the public have the deepest interest in sound Medical Reform, though from finding they had for their time a sufficient supply of good Practitioners, they do not much interest themselves in it; that General Practitioners should be competent for "ordinary" and extraordinary "exigencies" since they are called to both, and the more so to the latter, since the poor they principally attend are the more liable to the graver accidents which need immediate treatment; that physicians and "pure" surgeons are in fact called in principally not to extraordinary emergencies, but to chronic cases, and that therefore General Practitioners should have at least as prolonged an education; that the character of their extended and varied practice is favourable to their acquiring comprehensive and just opinions on disease, and that therefore on the Board of Health, they should sit in greater numbers than two; that the emanating practice of druggists who begin to visit, should in common sense be repressed, and that the preliminary Board should be destroyed, or an equal number of General Practitioners placed on it. He finally warns the Association against the blandishments of Sir James Graham, and against accepting the Bill if not further improved, and enforces the duty of at all times and places resisting the late innovation in the College of Surgeons.*

Samuel Wood, Esq. House-surgeon to the Salop Infirmary, *proposes, that a county meeting of medical men should be held in every county town, (absent members sending a written statement of their opinions) that one or two delegates should be appointed; that the aggregate London conference so formed, should wait on Sir James Graham, should lay before him their views, in writing, and if necessary, call on their different Members of Parliament, to support their views. He suggests a subscription of ten shillings or a pound for each member to pay expenses.*

Iota *writes, that the Association should urge the expunging of that portion of clause 13, which requires the source of a diploma to be registered. He thinks its retention would injure the harmony of the profession; he insists likewise that six general practitioners should be on the preliminary Board.*

Several quack notices have been sent to us. The hand-bill by Mr. Henley, surgeon, Croydon, is not decorous nor gentlemanly. That by Mr. Rigget is insufferably quackish. Cannot the public be so well taught by the legitimate *profession of the unprincipled character of those who take low and illicit means of getting practice, that empiricism may become profitless. A proper combination might do much. We should like to see an ante-empirical society formed and well supported, whose object would be by tracts and appeals through the Journals to unmask quackery, and enlighten its dupes. It would deal destruction on many patent medicines now in same repute.*

Mr. H.—*We are tired of repeating that our Pharmaceutical Number is wholly distinct from the subscription of one guinea; gentlemen who receive it under that impression and do not wish its continuance have only to [illegible] us on the same cover, and we shall remove their names from the "Pharmaceutical Roll." The subscription for the Pharmaceutical Numbers is 6s. per annum stamped. A volume will extend through two years.*

Mr. Bree *announces to us that the annual meeting of the Suffolk branch of the Provincial Medical and Surgical Association, will be held at Ipswich on Friday the 30th instant.*

A Subscriber.—*We are not acquainted with any such party. Our advertising page contains some information on the point.*

Mr. Lambe.—*The mistake has been rectified.*

Sir W. Hamilton, Bart.—*We have received from this distinguished* savant *a very important communication containing more researches on the Frontal Sinuses which we shall publish in a very early number.*

Mr. Brooks *sends us a copy of a letter published by him in the* Shrewsbury Chronicle. *It appears to us inaccurative in its views, and not to be applauded in its policy.*

Alpha *has our best thanks.*

Mr. Hillier *brings under our notice a new Institution, called the London Dental Hospital, which makes a strong appeal to public support. Since 1840 it has relieved more than 8000 sufferers. The medical officers are* Dr. Sayer *and Messrs. Mac Murdo, Harrison, and Saunders.*

G. D. B.—*Our foreign numbers are expedited with the greatest regularity. The fault must be with the post. The circulars have been properly disposed of.*

T. W., Liverpool.—*We never prescribe through the* Medical Times. T. W. *should consult a discreet practitioner, to whom the case will not appear at all marvellous.*

Mr. Black *has exercised a sound discretion. He does not receive his numbers from our office.*

"A Member of the National Association" *proposes an appeal by the Society, to know what title would be preferred for the new College, and suggests "The College of Medicine and Surgery," with or without the addition of Midwifery.*

A Two Years' Subscriber.—*The case is rather an exceptional one—but we imagine he may become a Fellow of the Royal College of General Practitioners. The supplemental register will allow our subscriber to register by his precise qualifications.*

The House Surgeon's *case of Coroner's law is hopeless, we fear. The Coroner had the power to order proper remuneration, but he cannot, in this instance, be compelled to exercise it.*

We have to thank Mr. Spencer Hall for his courtesy: but the claims on our space just now are too numerous and pressing to allow of our profiting by it.

M. R. C. S. and L. A. C. *has overlooked the Supplemental Register—in which all existing Practitioners can register themselves under* all *their present* legal *titles. They can, consequently, recover as General Practitioners though registered as Surgeons, and will be allowed to call themselves both Surgeons and General Practitioners.*

A Subscriber *writes in energetic terms against the source of diplomas being registered. He thinks such a scheme pregnant with dissension and jealousy.*

Verisopht.—*We must decline lending our aid to* Verisopht *in the loose habits it seems his pleasure to indulge in. The only sure "escape" is to become a good member of society.*

The Poetic Effusion from Ashton-under-Lyne is too pungent for our columns. We decline the responsibility of so worthy a citizen's suicide.

Graduatus.—*A Physician so registered under the new Bill, cannot under any circumstances, save special contract, recover for attendance. We do not know that the new Bill will introduce any change as to the mode of addressing* General Practitioners.

Amicus Paupertatis *might go to Paris, or Montpelier, or Strasburgh, or Edinburgh.*

E. M. P. *was right in his opinion: no change has been introduced. Letters meant for the Editor when addressed to Mr. Carfrae cause much extra trouble. Business letters alone should be sent to Mr. Carfrae.*

Mr. M'Intosh's *letter is full of interesting matter—we are certain—but we cannot read it.*

X. Y. Z.—*Any physician in legal practice can become a Fellow of the* New College *of* General Practitioners *and may register we apprehend from the present wording of the Bill, as he may please either as* General Practitioner *or* Physician.

Twelve months after the passing of the Bill, a physician would have we presume to undergo an examination if he insisted to be a Fellow of the New College.

A very old Subscriber, *will register as a General Practitioner, and retain all his former privileges.*

Discipulus.—*We think the preliminary examinations will be like the matriculation examination of the University of London. Every student should seek to undergo it, but our correspondent, if no change be made in the Bill will not be subjected to it.*

A Reader.—*Lupuline may be obtained at Mr. Bullock's in Conduit Street.*

H. B. *writes*:—"A worthy chemist who has some "speculation in his eye" has just issued to the world three new patent medicines, heralding them forth as made from prescriptions of the late Sir Henry Halford; they have already become "celebrated" at last so they are declared, and the proprietor has a certificate from himself, or some friend signing—A Member of the Pharmaceutical Society, speaking in extacies of their success. Are the public to be cheated by impostures so transparent? Will they never understand that a medicine, good in one case of gout for example, may be murderous in another?"

A notice of the modifications made in committee on the Bill for granting new charters to the College of Physicians of London, *the* College of Surgeons of Edinburgh, *and the* King's and Queen's College of Physicians in Ireland, *will be given in our next.*

X. Y.—*The dinner to Mr. Wakley is abandoned.*

THE MEDICAL TIMES.

SATURDAY, MAY 24TH, 1845.

Antefero
Iniquis tutam pacem justissimo bello.
CICERO.

ARRIVED at a moment of indescribable importance to the future fortunes of medicine, we are not only in a crisis national in its magnitude, but at its climax. Generations of medical men have passed by, and will again, without witnessing an epoch so pregnant with influence; and to enhance to us its gravity, on *our* deportment during these few days will depend the whole result. The Government Bill, and with it the Profession's fortunes for an age, awaits its doom at *our* judgment-seat. *Our* decision will determine—*and we speak on undoubted authority*—whether the Amended Bill shall become law forthwith, or be relinquished by the minister in disgust for ever. The privilege if high and important, is not less responsible, and at the shrine of the mighty interests involved, we earnestly entreat that, before passing judgment, we may depose every thought and every feeling misleading to the mind, or discreditable to the heart.

Calmly, dispassionately, and impartially examining the Bill, *that we have now to choose or reject*, the first conviction that forces itself on the mind is that, on the whole, it is a vast improvement. It does not settle *all* our grievances, and therein we blame it; but it *does* settle many. In its last improved stage, it is a mighty reformer of those family heritages—our snug and insolent corporations. It puts them under thorough control. In the Council of Health, it gives them a master, that must do both them and us right. They get a ruler—we a court of appeal. The Council will play the overseer to *them*—Parliament and our medical press will do the same for *it*. This is responsibility—a double, tangible, practically available responsibility.

True—as we have mentioned—the Council might be made more responsible by selecting more of its members on the principle of election. But it is much to have this great, all-potent, national board of supervision even partly constituted by election. It is something to *gain* the power of nominating on it two of our own men, who, the

worthy recipients of a high honour we never could confer on desert before, will enlighten Government on our wants, watch over our interests, apprise us of danger, and guide us, if need be, to defence. This is a feature in the Council of direct and immediate responsibility to, at least, the General Practitioners.

Besides, the Council is so diversely constituted that on any given question the majority will be without a personal interest to warp their judgment. The Colleges of the three *kingdoms*—six in number—have no common bond of unity. They never can form a business partnership, for they have antagonist interests. There is no more bustling agitator for reform than a displaced or maltreated corporator. The surgical college of Edinburgh does not thrive by the superior attraction of that of Dublin and neither feel very desirous to prop up the declining fortunes of that of London. The Colleges of Physicians, not much better agreed mutually, are in no greater amity with the Surgeons. The Professors of the Universities again—London having its representative, we are glad to say—have another set of aims to look to, and the four Government nominees seem promised altogether no small field for their services as arbitrators. Amid all these opposing views and policies, the two delegates selected by the General Practitioners for their superior ability, will need no extraordinary powers of diplomacy to defend the interests of their order. Whatever objections, therefore, we may allege against the Council's construction theoretically, we see no improbability of its acting very well practically; but in any case, we have always the check offered by the presence of two gentlemen really chosen by the Profession, and by the appeal ever open to the press and Parliament. This latter consideration is so strong on some minds, that we have met not a few who, seeking a Council of Health as a necessary instrument of great practical reform, would prefer that all its members, like the judges, should be appointed by the Crown.

We pass by the question, to what extent, or in what way the Council of Health, even if ill disposed, can injure the standing or progress of the General Practitioners. The responsibility of any such attempt would not be small, and the chance of success anything but considerable. But while we are far from seeing the mischief that can arise to the numerous class of the Profession we refer to, we see infinite good that must arise. The disgraceful competition of the Colleges and Universities which shall make Medical Men on the easiest terms will be annihilated. The highest standing of Education that now *any* where prevails will be made to prevail every where. For the future, the Council will guarantee us, that no new man shall enter our body, under five years study, instead of the two and three years, which in many Institutions sufficed. The age of twenty-two will replace that of twenty-one, which, in most of the Scotch, and some of the Irish Colleges, was sufficient to constitute a Surgeon or M.D. The fees again, which, often at great inconvenience, sent an Englishman to Edinburgh, or a Scotchman to Paris or Dublin, in the cause of economy, will be so equalized, that the only incentive to prefer the examination and diploma of one College to another, will be its superior repute—a fact, that must lead to mutual emulation, and scientific progress.

So far then, we are entitled to claim for the Council the credit of prospective utility, for, as we have seen, it forms the supervising general body we have all along asked for as necessary, and is a considerable improvement on the constitution of the Council first proposed by the Minister.

Our own opinion is, that the Council of Health is by far the most important feature of the Bill, and that on the question, whether it can be made useful in raising the dignity and efficiency of the Profession, depends greatly the policy of giving a general support to the Bill. If our readers share our opinions on the subject, they will hesitate much, before they sanction any course of opposition which, postponing the Bill for this Session, will inevitably postpone it for ever.

Another vital innovation in the Bill is the concession to nine-tenths of the Profession, of a Government managed by themselves. We have depreciated the pure Surgeons—we have disclaimed connection with the Physicians—we have repudiated the Apothecaries. The last disgrace us by their bad name, and low offices; and the former would attempt to degrade us, to raise themselves. We have further claimed for ourselves, responsible government—to have submitted to scrutiny our accounts—spend our own money—appoint our own officers, and have asserted highly, that if we could promote our men to our own offices, a competition of worth would be established, which would vastly aid science. The new Bill gives us all we asked, while leaving us every privilege we before possessed—a new Institution—a Royal College of the Kingdom—managed precisely on the principles we have recommended, and thrown entirely under our own guidance. Whatever we can do for science, and ourselves, in a fair competition, is now conceded us. If we, the General Practitioners, can establish a National College of Medicine in honour, and sustain it with glory—and who will deny it—the opportunity is in our hands.

These constitute the two great features of the Bill, but there are others that deserve serious consideration.

1. Quackery, though not suppressed, is far more stringently dealt with than before the New Bill. The wolf can no longer prowl in sheep's clothing; and the old laws for abating the nuisance in all its forms, are left exactly as they were.

2. Education is equalized, and considerably raised.

3. A preliminary examination is established, to show whether Candidates can commence or not the study of medicine, with those aids which alone reasonably promise success.

The Board *at present* constituted for this examination is ill-composed, but the examination will be most useful.

4. The power of the Council of Health to fix certain classes of medical men for certain medical offices is abandoned, as is also every tendency of the bill as originally drawn to reduce the standing, education and competency of the body of General Practitioners.

5. General Practitioners are authorized to demand legally full remuneration for their services in a Court of Law, and will meet no further technical difficulties in the establishment of their claim.

6. The whole Profession will be registered, and both we and the public will know authoritatively who are of us and who are not.

Now, taking all these actual improvements into account, our readers will see how immense are those changes on the former drafts of the Bill—nothing actually lost to us, and much gained—it does strike us that at a moment when the Minister comes forward with the declaration, "I have done all I can: if you will not accept this, I will give it up in despair"—and this, we know, is his actual declaration;—it does strike us, we say, that in mere common prudence and self-interest we are bound to close the contentious bargain, and come at once to an understanding.

There are, doubtless, some points of detail which further thought will show to both sides should be changed; but on the general question of rejection or acceptance—aye or no?—we cannot but think that the Profession will exercise a wise discretion in saying with the National Association—"We accept." In taking the boon offered we compromise no right, and as our differences with the Surgical Council are hearty and fresh enough to keep, we lose nothing by postponing their consideration for a more fitting hour. In the meanwhile let the new Corporation flourish as it should, and it may be, that even without Parliamentary aid we may have the Surgical Council at our feet much more early than we yet, perhaps, anticipate. *It counts for something in the siege to cut off the supplies.*

THE PROVISIONS OF THE NEW BILL.

The amendments in the Bill are so fully given in the abstract we published last week that we may content ourselves with publishing *verbatim* only the clauses which call for special attention to their wording. From clause 1 to 14 we have a mere reprint of what we published in No. 285, except, as we have before shewn, that the clause repealing former statutes is considerably more perfect; that two Members of the Council of Health are given to the New College of General Practitioners; and that the registration of the FUTURE profession will be in the three divisions of Physicians, Surgeons, and General Practitioners. The following is clause 14; the important points placed in italics:

QUALIFICATIONS OF GENERAL PRACTITIONERS.

"And be it Enacted, That every person shall be entitled to be registered by the Council as a General Practitioner, who, *at the time of the passing of this Act*, shall be legally practising, or entitled to practise, as a *Physician*, *Surgeon*, or *Apothecary*, in some part of her Majesty's dominions, *and* who, within Twelve calendar Months after the passing of this Act, shall be qualified to be enrolled, and shall enrol himself as a *Fellow of the Royal College of General Practitioners* in Medicine, Surgery, and Midwifery of England, *or* who shall have attained the age of Twenty-two Years, and shall have been examined by the Colleges hereinafter named; (that is to say) if in England, examined by the Royal College of General Practitioners in Medicine, Surgery, and Midwifery of England; or if in Scotland, examined by the Royal Colleges of Physicians and Surgeons of Scotland; or if in Ireland, examined by the Royal Colleges of Physicians and Surgeons in Ireland, after such proof as shall be satisfactory to the Examining College or Colleges, that *he has applied himself to medical and surgical studies during at least five years*; and in every case shall have received Letters Testimonial from each of the bodies by which he shall have been examined, of his being duly qualified to practise as such General Practitioner,

Our readers will observe, that Physicians and Surgeons (Fellows or not) may become Fellows of the New College and register as General Practitioners. That many will do so is extremely probable; for the Bill (clauses 32 and 34) empowers General Practitioners *alone* to recover for medical and surgical attendance, as well as for the supply of medicines. Physicians also, and Surgeons who supply their own medicines, can be prosecuted (clause 36) if not Fellows of the College of General Practitioners.

The Surgeons, by clause 31, must shew one of two kinds of qualifications. 1. Age twenty-six (instead of twenty-five); examination by one of

three surgical colleges; and five years study (the same as the General Practitioners); or else he must have undergone a General Practitionership of twelve years standing, or a Membership or Licentiateship of one of the surgical colleges of the same duration, and a further surgical examination. Thus the *age* of the Surgeon will be greater than that of a General Practitioner—the study the same. The result will be, that all these *future* Surgeons or Physicians, desirous of getting into practice before reaching twenty-six, will become Fellows of the Royal College of General Practitioners. Once there, it will depend on the repute the Colleges of Surgeons or Physicians can make for themselves, whether they will ever feel it worth while to go further.

The Physicians are thus to be formed:—

"And be it enacted, That every person shall be entitled to be registered by the Council as a Physician who shall have attained the age of Twenty-six Years, *and* shall have graduated as a *Bachelor or Doctor of Medicine* in some University of the United Kingdom of Great Britain and Ireland, *or* (subject to the restriction hereinafter contained) in some *foreign* University, *or* shall have graduated as a Master of Arts in the University of Oxford or Cambridge, *and* shall afterwards have received *a license to practise* Medicine, *after due examination*, from the same University, and shall *also*, in *each* of the foregoing cases, have been *examined* by one of the Royal Colleges of Physicians of England, Scotland, or Ireland, after such proof as shall be satisfactory to the Examining College that he has applied himself to medical studies during at least *Five Years* (or who shall have attained the age of *Forty Years*) *and* shall have been registered as a *General Practitioner or Surgeon* under this Act, or was at the time of the passing of this Act legally practising or entitled to practise as a Physician, Surgeon or Apothecary in some part of the said United Kingdom, and shall have practised Medicine for *at least Twelve Years*, and shall have been examined by the Royal College of Physicians of England; and in each case shall have received Letters Testimonial from the Examining College of his being duly qualified to practise as a Physician; *and no person shall be entitled* to be received for examination for the purpose of being so registered as a Physician *upon a foreign Degree* in Medicine, *unless* the Royal College of Physicians of England, Scotland or Ireland shall give him a *special certificate*, to be laid before and *approved* by the Council of Health, that they have enquired into the manner in which such degree was conferred, and have ascertained that it has been granted after *due examination* and upon satisfactory certificates of previous study, *including residence and study at the seat* of one or more Universities, *during at least Three Years*, one of them at least being at the University by which the degree is granted."

The General Practitioner can thus enter the body of Physicians at forty—or, after twelve years medical practice, if he stand the test of the examination by the College of Physicians.

Clause 23 enforces on all Universities two years' matriculation before they can grant any *degree*, and as that degree will not entitle to registration, or consequently to practice, if a further step is sought by the candidate, he must prove before some College that he has at least given five years to study. Hence, in the next clause, by which the Universities are privileged to grant the right of practice to a select class called Licentiates of Medicine (Inceptors of Medicine in the former Bill), provision is made that five years' previous study should be first shewn.

The only other clause necessary to be reprinted is that on the Supplemental Register:—

"Provided always, and be it Enacted, that during Twelve calendar Months after the passing of this Act, every person legally practising or entitled to practise on the day before the passing of this Act as a Physician, Surgeon, or Apothecary in any part of the United Kingdom of Great Britain and Ireland, and during the period of Two Years after the passing of this Act, every person legally practising or entitled to practise on the day before the passing of this Act as a Physician, Surgeon, or Apothecary in any of Her Majesty's Colonies and Foreign Possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this Act had not been passed, and no further or otherwise, unless registered under this Act; and the said Council, on the application at any time of any person legally practising or entitled to practise, on the day before the passing of this Act, as a Physician, Surgeon or Apothecary in any part of the said United Kingdom, shall cause the name of such person to be registered in a supplemental register, as a Physician, Surgeon or Apothecary, as the case may be, specifying the nature of his qualification, and whence derived, on production to the said Council of his diploma, license or certificate, or such other proof as shall be satisfactory to the said Council, that on the day before the passing of this Act he was so practising or legally entitled to practise, and on payment of a fee of Five Shillings, which fees shall be applied toward the expenses of this Act; and every such person, upon being so registered shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this Act had not been passed, and no further or otherwise."

This is sufficiently clear to require no further notice.

There are no other parts which have not been noticed, or are not familiar to our readers. They already know that Sir James Graham proposes to restrict public offices to registered practitioners; that with that exception the public may choose for public offices when they please; that false intruders are to be severely punished; that General Practitioners alone will recover for medical attendance; that neither the registered nor the unregistered shall assume medical titles that do not belong to them, under the penalties of a misdemeanour; that felons, or those who have got into the Colleges, or on the Register by fraud, shall be struck off; that to prevent traffic in degrees and licenses, examinations shall be uniform in the lowest as in the highest Colleges; that the fees of admission shall be the same, *cæteris paribus*, in all, and finally, that on paying, not examination, but *admission* fees, the practitioners of one part of the empire shall be admitted to the privilege of collegiate fraternity, and unrestricted practice in another.

When the Medical Bill shall have passed through Committee again, we shall endeavour to give our readers a *verbatim* reprint of its contents.

A vast number of the patients of Lisfranc at La Pitié are said to be suffering under erysipelas. In six cases of excision of the mammæ, erysipelas followed, and the slightest wound or contusion is said inevitably to produce it.

The following is the opinion of a consistent and very respectable contemporary on the New Incorporation, expressed Dec. 14.—"It would be pusillanimous not to acknowledge, that if the attempt which is now in progress for forming the General Practitioners of the kingdom into one voluntary Corporation for their own protection fail, such a disaster would at once decide the fortunes of the profession, and render certain the success of the Bill."

Gentlemen admitted Members of the Royal College of Surgeons on Friday, May 16th, 1845:—J. Strinfield, T. F. Grimsdale, J. W. Abell, J. Woods, T. C. Richardson, W. R. Hawks, T. C. Morison, H. F. A. Goodridge, J. Berry, C. Sproull, R. Allen.

THE MYSTERIOUS LADY.

To the Editor of the "Medical Times."

SIR,—The attention of the medical world, which is engaged in discussing the merits of the higher phenomena of animal magnetism, should be directed to the exhibition now attracting numerous and fashionable audiences in London—the *mysterious lady*, whose performances rival, if not surpass, the most renowned feats of clairvoyance. The mysterious lady requires no passes to get into her prophetic trance; but seating herself in a chair or on a couch *at one extremity* of a long hall, is prepared to describe with extraordinary accuracy whatever article may be deposited in a small open basket in the hand of her exhibitor, who goes round the assembled company to receive it, and to put the question to her, her back being turned towards the spectator's, and his back to her's. She then retires into a recess at the end of the hall, behind a curtain, and the exhibitor having requested any of the company to whisper into his ear the particular meat, fish, or fowl, for example, they would wish for dinner, calls out to her to name it, which she never fails to do. There is in this exhibition no apparent acoustic apparatus by means of which, as in the case of the invisible girl, the sound could be conveyed to her; and from the distance at which she is placed, with a thick curtain intervening, it can scarcely be possible she should hear a whisper. There can be no preconcerted system of words or letters, for the question also is always put in the same, or nearly the same words, and in the most direct manner,—such as "tell the gentleman what fish he has asked for;" and if I mistake not, he has in the same words, and at one bidding, desired her to tell more than one gentleman at a time the several fish they had each named to him in the lowest whisper, when she gave the names in succession—such as "trout," "salmon," "mackarel," they had respectively selected. It was immaterial, too, at which end of the room she sat, for when the company was too numerous to sit at one end, and some of them had to sit facing her at the other, she first satisfied the curiosity of those towards whom her back was turned, and then removed her chair to the other end and turned her back towards those she had previously faced. This is a sufficient proof that the sound was not conveyed to her through any concealed acoustic tube. When close to her, and watching her countenance as she answered the questions of the party at the further end of the hall, I observed that she answered more readily at some times than others, and occasionally betrayed a fretfulness of manner, as if she were a little puzzled to make out what the article was. When it came to my turn to name a fish, she being then with her back to me at the other end of the hall, where she could neither watch the motions of my lips, nor those of the exhibitor, nor possibly catch the sound, I called for a *grampus*, in the expectation that no sign had been preconcerted for so uncommon a dish. The exhibitor did not seem to relish my taste, but did not object to putting the question, when, after a little hesitation, as if she were uncertain whether there was such a word or not, she asked if it was *krampus* (grampus). I also tried to puzzle her by putting a farthing in the basket, and then placing my hat over it. Here, also, she appeared to hesitate, on which I remarked to the exhibitor, I think we have posed her at last; but I reckoned without my host, for in a few seconds she replied—"a cent." He had previously told me she was an American. In this instance it was curious, that, probably not knowing the word farthing, she named the coin equivalent to it with which she was familiar.

In several numbers of your journal of last year you published communications from correspondents regarding similar feats by other parties, such as the Highland Youth with the second sight, at Edinburgh and elsewhere, the report of whose performances at Bow-street in the presence of the Police Magistrate led the learned author of "Isis Revelata" to surmise that he might be under the influence of mesmerism, (vide page 339, vol. 2.) I would fain hope that the subject of this pre-vision, or fore-seeing, and *post-vision*, or *seeing*

behind one's back, as performed with such dexterity by the talented lady, will receive a suitable and satisfactory solution.*

I remain, Sir,
Your obedient servant,
AN ENQUIRER.

Edinburgh, 10th May, 1845.

[This lady, according to our correspondent, performs two feats—tells what may be placed in *her own* basket, and names a fish, named previously by some one else to *her* friend. Is our correspondent serious in comparing this *easy* jugglery with the facts *attributed* to mesmerism? All this, and a thousand things more, might be done if the lady were at Southampton and the audience with her friend at Vauxhall. Is there no such thing as an electric telegraph?—ED.]

* Perhaps, in the fulness of time, the *Quarterly Review* may favour us with a laboured article showing how the mysterious lady employs a scientific apparatus of acoustic tubes, as fine as a hair, and quite invisible to the eyes of the spectators, as were the magical mirrors which it placed at the command of the magician of Cairo, celebrated by Lord Prudhoe and Mr. Lane. Yet, mark how a plain story has put down the learned Theban of that magniloquent periodical. It turns out, as related by a recent traveller, that the interpreter was a Scotchman who had turned Turk, and played into the magician's hands. The interpreter was gathered to his fathers, and the oracle was struck dumb. See also an amusing account of the magician's blunders by the talented author of "Eothen"—page 203.

CHLOROSIS IN THE MALE.—Two cases of this disease, which it has hitherto been supposed was confined to the female, are reported in the *Dublin Hospital Gazette*, from the practice of Dr. Evans at the Jervis Street Hospital. The first case is that of a lad, 19 years of age, who on admission into the hospital, presented the following symptoms:—a loud *bruit de diable* in the cervical vessels especially of the left side, less perceptible on the right side; the sounds of heart distinct and natural, but accompanied through both sounds, and even during the interval of rest, by a hum like the whirr of a wheel rapidly revolving; over the middle and superior part of sternum a whip sound accompanied the first sound of the heart, the second being normal; the impulse and extent of dulness in the precordial region was natural. He complained of nothing else but some giddiness in the head, and occasional noises in his ears. His lips were not pale; he had no headache; his tongue was clean; appetite good; no epigastric tenderness; no thirst; bowels regular; he had no cough nor dyspnea. This lad acknowledged to have been in the constant practise of onanism for some years. The second case, occurring in a younger boy, from this cause, was more marked. The patient, 16 years of age, had been ill three years when admitted. His lips appeared red when contrasted with the extremely pale condition of his cheeks; his tongue red, narrow, with elevated papillæ, and channelled down the centre; there was some epigastric tenderness, but his appetite was tolerably good; he had no thirst, and his bowels were tolerably regular; he had slight cough, and had at different times spit blood after making unusual exertions; however, no physical signs could be detected in his lungs either upon auscultation or percussion; he had no headache, but occasionally lightness or dizziness, with sometimes noises in his ears; he complained that his sight was not so good as formerly. What chiefly distressed him was violent and constant palpitations of the heart, increased by exertion; the hand placed on the precordial region recognized a most remarkable fremissement. The boy's chest was somewhat deformed, with a lateral curvature in the spine, and the heart beat midway between the sternum and a line falling vertically from the nipple; but as far as could be collected from his account, he never had pleurisy or rheumatism. When examined with the stethoscope a bruit was heard accompanying both sounds of the heart, or, more correctly speaking, a bruit was heard with the first sound which continued along with the second sound, and during the interval, so that there was actually no period of silence, although there might be of repose. This bruit was of a curious rumbling character, that gave the sensation of a continued fremissement to the ear. The heart beat in perfect time; there was no irregularity in its action; percussion did not detect more than a natural amount of dulness; the impulse of the heart scarcely anticipated the pulse at the wrist; this pulse was not frequent, but jerking and thrilling; the peculiar sounds in the heart gradually diminished as the stethoscope was carried up the course of the aorta. There was a loud *bruit de diable* in the vessels of the neck. The urine was habitually high colored and scanty. There was no œdema in any part of the surface. Upon being questioned he acknowledged a habit of continual onanism. The saccharated carbonate of iron, with scruple doses of the bicarbonate of soda was employed, and after it had been used for twelve days, the boy manifested great improvement. The thrill in his pulse was much diminished, but was still perceptible; the musical murmur had almost ceased in the cervical vessels; the fremissement still remained in the region of the heart; the humming whirr in the same situation was gone, but a loud bellows sound was distinctly audible; loudest about an inch below and to the right side of left nipple, whence it gradually faded in ascending to the upper parts of the chest. This sound resembled closely the bruit of mitral regurgitation, but upon feeling the impulse of the heart, when listening to the rhythm, it became evident that the soufflet alternated with the impulse, and must therefore be in the second sound. The sound of the heart synchronous with the impulse was like a healthy first sound. The ear was sensible of a short interval of silence between the termination of the bruit and the commencement of the sound that was synchronous with the impulse. The motions of the heart were very quiet, and the force of the impulse not beyond the limits of health. In some interesting and important remarks addressed to his pupils on this case, Dr. Evans observed, that this was a case of extreme interest; first, on account of the existence in it of a bruit in the second sound below the nipple; and secondly, on account of this bruit having been to a certain extent complicated and disguised by chlorotic murmurs. When he first examined this case he had the assistance of his friend, Dr. Aldridge who remarked upon feeling the patient's pulse, "this boy has either chlorosis or permanent patency of the aortic valves." The next step was to examine the vessels of the neck, where they found no visible pulsation, but heard a loud *bruit de diable*. So far it seemed the case was one of chlorosis. They then placed the stethoscope about the middle of the sternum, and detected a double bruit; this again was calculated to puzzle, because they must all know that a double bruit behind the sternum is usually indicative of aortic regurgitation. However, upon pursuing the investigation they found that this double bruit increased in intensity as they approached the apex of the heart, where it became a continuous murmur. Now this is very different from what occurs in aortic valve disease; and, moreover, there was no proof of hypertrophy of the heart; and the pulse at the wrist and the impulse were nearly synchronous. They therefore decided that there could be no regurgitation; and the vascular signs could, therefore, be only accounted for on the supposition of chlorosis, the cause of which, on further enquiry, was found to be onanism. There was a great difference between the physical signs in this case and the previous one. In the latter there was merely audible a humming noise, accompanying the rhythm of the heart, although the musical bruit in the neck was just as loud as in this, in which, on the contrary, there was a distinct rumbling bruit accompanied by marked fremissement, alternating with the impulse, and, therefore following the first sound. This gradually subsided into a hum, and then immediately came the first sound also accompanied by a hum. These signs led to the belief, notwithstanding the absence of increased dulness, that there was some organic disease of the heart, which could be better examined when abstracted from the signs produced by the chlorosis. As there was some evidence of slight gastritis, Dr. Evans thought it better to begin by removing this complication; alcalies largely diluted were therefore exhibited for a couple of days, and the epigastrium was blistered. The boy was then put under the influence of chalybeates and ordered full diet. The chalybeates were combined with alcalies—a mode of administration which he borrowed from the practice of Dr. O'Ferrall, who discovered that in this way iron may be exhibited at an earlier stage after gastric irritation. His strength rapidly returned; the colour came back to his cheeks; the *bruit de diable* ceased in the vessels of the neck, and the chlorosis was removed by a multiplication of the blood corpuscles; the cardiac phenomena were now changed; the humming noise that previously accompanied the first sound was no longer audible; an integral was capable of being detected between the first and second sounds; but the strong fremissement continues up to the present, and the usual sharp defined character of the second sound is replaced by a bellows murmur. What is the nature of the cardiac disease which persists in this case? Dr. Hope supposed that a bruit chiefly audible below the nipple, and replacing the second sound, was indicative of contraction and obstruction of the auriculo-ventricular openings; but Dr. O'Ferrall has shewn that very great contraction of the mitral valves may exist without any bruit; and, indeed, the commonest valvular disease of the heart is the crescentic contraction of the mitral, described by Mr. Adams, in which there is both obstruction and regurgitation, yet whenever a bruit is present in this disease it always accompanies the first sound. Dr. Evans therefore does not believe that obstructive disease of the mitral valve ever produces a bruit. Dr. Graves has described a case of permanent patency of the aortic valves, where the signs exactly simulated those produced by regurgitation through the left auriculo-ventricular opening, but the aortic valves could scarcely be patent without producing hypertrophy of the left ventricle; while in this case there is no morbid dulness on percussion in the region of the heart. Again, there is a sign of regurgitation through either opening on the left side of the heart, first pointed out to Dr. Evans by Dr. Aldridge, namely, an alternation between the pulse at the wrist and the impulse of the heart; this sign is also absent, both pulse and impulse being synchronous. Dr. Evans does not, therefore, think that in this case the aortic valves can be inadequate. Dr. O'Ferrall has given the history of a case where bruit in the second sound proceeded from regurgitation through the pulmonary valves. In his case, however, the bruit was most audible at the base of the heart, over the seat of the pulmonary valves. Here it can be most distinctly heard at the apex. Under all circumstances Dr. Evans considered this case to be one of great importance, and although they might not at present be able to explain the cause, it would be well for the students around him to bear in mind that a bruit might replace the second sound at the apex of the heart, accompanied by fremissement, without any evidence of enlargement of the organ. Dr. Evans thought it as well to remark that there were in this case none of the ordinary phenomena of cyanosis.

EXTRACTION OF THE PLACENTA IN CASES OF PLACENTA PRÆVIA PRIOR TO THE BIRTH OF THE CHILD.—With reference to the controversy now existing on this subject, Mr. Blenkinsop quotes a statement from a work entitled observations in midwifery, by Percivall Willughby, Gentleman, who practised in Derby and Stafford, and afterwards in London from 1640 to 1670. Willughby says, if the flux of blood bee caused by the afterbirth, coming afore the birth of the child, or in the time of travaile,—before you attempt anything, these two points must be observed. First, whether the after-burden bee come forth but a little, or else very much. If it be but a little, (when the mother is well placed,) it must be thrust and put back again with as much care as possible bee; and, if the head of ye child come first, let it be placed right in the passage, thereby to help the naturall deliverey. But, if you find any difficulty, or, if you perceive that the

child's head cannot easily bee brought forward; then, without doubt, the best and surest way is, to search for the feet, (as we have said,) and to pluck him forth gently by them. The other point to be observed, is, that if the said after-birth bee much come forth, and that it cannot be put back again, (as well by reason of the bigness of it, as also of the flux of blood that commonly companies it,) and likewise, if the child follow it close, staying onely to come into the world, then must the after-burden bee pulled away quite; and, when it is come forth, it must bee laid aside, without cutting the string that cleaves unto it. For, by the guiding of the same string, you may easily find the child; who, whether he bee alive or dead, must be drawn forth by the legs with as much dexterity as may bee." —Dr. Willughby relates many strange cases and anecdotes, among others, "A strang, yet true accident, which happened at Ashburne, in Darbyshire." Emma, the wife of Thomas Toplace, having been five days in labour, "had a medicine given to her by a Doctor, of Divinity, (Dr. Kettleby,) pretending some small skill in physic;" she was then supposed to be dead, and was buried; but, in consequence of noises being heard in the coffin, and some other suspicious circumstances, Mr. Pegg, a justice of the peace, was consulted, and "the earth was cast off the coffin," when it was found the woman was not only buried alive, but had given birth to a child, which was found between her knees. "Mr. Abraham Mercer took a certificate out of the parish register book, where it was thus recorded.—"April 20th, 1650, was buried Emma, the wife of Thomas Toplace, who was found delivered of a child, after she had laine two houres in ye grave."

Health of Troops.—At a meeting of the Statistical Society a paper was read on the means of forming and maintaining troops in health, by Assistant-Surgeon Balfour. The inhabitants of towns are the individuals whose position most closely approximates with that in which troops are placed; and the mortality in the prime of life is nearly one-third greater than among the rural population. The deaths among the Foot-guards amount to twenty one-sixteen per thousand annually, and sixteen per thousand may be fairly received as the average of the civil inhabitants of Britain. We thus obtain a standard by which to contrast the loss of life in Britain with that to which our armies are subject when serving in foreign countries. The following is the result of Mr. Balfour's researches:—

Country.	Annual mortality per 1,000.
New South Wales	14·1
Cape of Good Hope	15·5
Nova Scotia and New Brunswick	18
Malta	18 7
Canada, Upper and Lower	20
Gibraltar	22·1
Ionian Islands	28·3
Mauritius	30·5
Bermudas	32·3
St. Helena	35
Tennaserim Provinces	50
Madras Presidency	52
Bombay Presidency	55
Ceylon	57.2
Bengal Presidency	63
Windward and Leeward command	85
Jamaica	143
Bahamas	200
Sierra Leone	483

Surgical Adjuster.—Dr. Jarvis, of Connecticut, United States, has invented a "Surgical Adjuster," the objects of which are, to reduce dislocations, to adjust fractures, and preserve the fractured extremities in apposition during the process of reunion. This machine consists of a brass or other metal case, thirteen and a half inches long, and one and a half inch by half an inch square; the cavity within is divided by a partition running lengthwise, nearly in the middle, thus forming two ways—the one square, into which a rack is to be received,—the other round, in which is a female screw, and into which the male screw of the femur-fork works. Near the other end of the case, and on its outer surface, is a ratchet wheel, the cogs of the pinion wheel matching the cogs of the rack; the shaft of the two wheels terminates in a square *hub*, to be received into a corresponding square sinking at one end of the lever, by which the motive power is effected for making extension and counter-extension. Forks of particular forms, to suit different parts of the body, having threaded shafts, are fixed into the round cavity of the case. Padded rolls of soft material, belts, straps, and a double inclined plane, complete the contrivance.

New optical instrument to facilitate the employment of the speculum uteri.—Mr. Hutchinson, in the *Provincial Medical Journal*, describes a new instrument which he has had constructed to facilitate the employment of the speculum uteri, and which he says, is also well adapted for examining the ear and throat, and can be used in either hand as may be required. It consists of a hollow body, bevelled off at one end, and perforated at the top and bottom. The handle fits into the lower perforation, and is so constructed as to hold a wax taper, which may be elevated and depressed by means of a screw, so as to adjust it to the focus of the internal concave mirror. When a lighted taper, thus adjusted, is introduced into the body of the instrument, the rays of light falling on the mirror are thence reflected towards the opposite or bevelled end; which is lined with a plane mirror, so placed as to again reflect the rays of light, and to throw them directly, through the tube of the speculum, to which the instrument is connected, upon the parts to be examined. The bevelled end of the instrument, together with the plane mirror, is perforated, and an eye-piece inserted, which is thus continuous with the speculum, and enables the observer to see the parts upon which the light is thrown. The eye-piece has a loose cap, into which may be fitted any lens or lenses, of various focal lengths, as may be required.

Physical signs of Endocarditis.—Dr. Durrant in the *Provincial Medical Journal*, mentions the following as the physical signs of endocarditis: —*Inspection.*—Movements of the heart, forcibly and visibly increased; sometimes communicating to the expanded hand the sensation of vibratory thrill. *Auscultation.*—Cardiac pulsations, abrupt, quick, impulsive, often irregular and intermittent, giving rise occasionally, by the force of the impulse, to metallic ringing; in the advanced stages, confused and fluttering. A bellows murmur, concomitant with, and often obscuring one or both sounds of the heart, is seldom absent. *Percussion.*—In slight cases, sonoriety normal. If the heart be much engorged, in consequence of obstructed action, the increase of dulness becomes very apparent.

GOSSIP AND NEWS OF THE WEEK

The French medical journals are making severe complaints against the illicit medical practice entered on more and more by their Pharmaciens. On one side it is alleged they encroach on the Physician, on the other on the grocer.

At a meeting of the Chemical Society a paper was read, "On the Presence of Phosphoric Acid in the Deep-well Water of the London Basin." This is the water from the chalk, below the London clay. It is highly soft and alkaline, and remarkable for the predominance of soda salts over earthy salts; among its solid constituents, as appears from their composition in the case of the well of the Castle street Brewery, Long-acre, which gave from 100 parts—carbonate of soda 11, sulphate of soda 53, chloride of sodium 22, carbonate of lime 11, carbonate of magnesia 2, silica 1, phosphate of lime 0·34, and phosphate of iron 0·43. The author was led to look for phosphoric acid in this water from the extremely rapid growth of green confervæ often observed in it; and he suggests the enquiry, whether the value of some waters for irrigation may not depend upon their containing phosphoric acid, this constituent having been hitherto overlooked in waters.

UNIVERSITY OF ST. ANDREWS.

The half-yearly examinations in medicine at this university were held on the 6th and 7th instant. The following examiners were present and conducted the examinations; viz., Dr. Reid and Arthur Connell, F.R.S.E., Professors of Anatomy and Chemistry in the University, Dr. Robertson, Fellow of the College of Surgeons and Lecturer on Surgery, Edinburgh; Dr. Skae, Fellow of the College of Surgeons and Lecturer on Medical Jurisprudence, Edinburgh; and Dr. Hannay, Professor of the Practice of Physic, Glasgow. The recently appointed Professor of Humanity, William Pyper, L.L.D., was unavoidably absent, but the examinations in the Latin language were proceeded with as usual. The following gentlemen, after a minute and scrupulous examination in all the departments of medicine, in the presence of the Senatus Academicus were recommended by the Board of Examiners to the Senate, as being in every respect qualified to undertake the full and enlightened discharge of their professional duties, and worthy to be promoted to the degree of Doctor of Physic. The degree was accordingly conferred by the Rector, in the large hall of the public library of the university, in the presence of the examiners, the senators, and the public. Nine other candidates offered themselves for the degree, three of whom withdrew their names during the course of the examinations, and left the seat of the University without undergoing the ordeal, and the remaining six were rejected.

Of Scotland.

Balfour, George, Edinburgh
Brodie, David, Surgeon
Buchanan, John Gourlay, Surgeon, Edinburgh
Burn, John, Surgeon, Edinburgh
Davidson, John, Surgeon, R.N., M.R.C.S.E., Ayrshire
Finlaison, William, Surgeon, Edinburgh
Finlay, William, Edinburgh
Fowler, James Stewart, Edinburgh
Hamilton, William B. Surgeon, Glasgow
Laurie, James, Surgeon, Edinburgh
Lumgair, George, Fife
Mackie, Andrew, Surgeon, Edinburgh
M'Gregor, John, Surgeon, Kilmany, Fife
Menzies, William, Surgeon, Edinburgh
Robertson, Charles L., Surgeon, Edinburgh
Robertson, James, Surgeon, Edinburgh
Scott, James, Surgeon, Edinburgh
Thompson, Alexander, Surgeon, Edinburgh
Zeigler, Alexander, Surgeon, Edinburgh

From England and Wales.

Benbow, John, Warwickshire
Bentley, Edward, London
Black, Cornelius, Derbyshire
Chadwick, Samuel T., M.R.C.S., Manchester
Crosse, John Green, F.R.S., Surgeon, Norwich
Edwards, Charles, B.A. Trinity College, Dublin, Cheltenham
Edwards, Rob. C., M.R.C.S. and M.R.C.P., London
Gruggen, Henry M., Surgeon, Sussex
Hall, John, F.R.C.S.L., and Staff-Surgeon, London.
Head, Thomas, Surgeon, Staffordshire
Hocken, Edward Octavius, Surgeon, London
Hodges, Edward, Surgeon, London
Hunt, Frederick B., M.R.C.S., Kent
Hutton, Charles, Surgeon, London
Kirby, Burrows, M.R.C.S., Warwickshire
Lambert, William J., M.R.C.S.L.
Major, Allan, Surgeon, Derby
Martindale, William, Surgeon, London
Pethick, Henry, M.R.C.S. Cornwall
Seaton, Joseph, Surgeon, Pembrokeshire
Taylor, William E. Surgeon, Sussex
Torry, John C., Hull
Westall, William, Surgeon, London
Wycherley, George J., M.R.C.S.L.

From Ireland.

Blennerhassett, John, L.A.C., (Dublin) Cork
Douglas, Charles, Surgeon
England, Richard A., L.A.C., Dublin
Nagle, John, Cork
Sheahan, Dennis, Surgeon, Dublin
Scott, William, Surgeon, Tyrone
Swyny, Robert Henry, L.A.C., Dublin
Thorp, Henley, Surgeon, Dublin
Trayer, Thomas B., Surgeon, Cork

From Bombay.

Westley, Robert, A.W.

A special board will be held on Tuesday, July 1st., for the examination of candidates qualified according to the regulations of the University, and who are anxious to possess a physician's degree before the passing the new Medical Bill.

No. 297 **SUMMARY.** MAY 31.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

WE now come to speak of hydrophobia. This is a most terrible disease; it is the result of a poisonous influence, derived from the canine species, and is communicable by inoculation. There are various periods assigned for the operation of the poison, and from forty days to eighteen months, or even in some instances two years, elapse after the inoculation before the symptoms of hydrophobia manifest themselves. The symptoms at first are feverishness, pain, torpor, and numbness, extending over the whole limb; sometimes swelling and redness. The pain is in the course of the nerves, seeming to show that the poisonous influence is not conveyed into the system, but that the irritation is confined to the nerves. The local symptoms may last from two to six days before the hydrophobic symptoms declare themselves; then there is a remarkable anxiety of the feelings depicted in the countenance, frequent rigors, disgust of food, and some difficulty in swallowing, particularly liquid food. There are stiffness and pain at the root of the tongue, and there is a peculiar spasm of the throat, which appears to be a spasm in the pharynx in the first instance, accompanied by convulsions of the muscles concerned in the act of swallowing. The very idea of swallowing, the sight or sound of liquid, produces violent spasms of those muscles, and sometimes the sight of anything shining which bears a resemblance to liquid seems to excite it. There is generally a copious flow of a very viscid saliva. The spasm extends to the glottis and causes difficulty of breathing. It extends, too, to the whole trunk, and as the disease is more marked, spasmodic actions are not only excited by the idea of swallowing, but by every sudden impression on the incident nerves in various parts of the system; thus, for instance, sudden noises, flashes of light, blowing of draughts of air on the surface, or even the bed clothes, will sometimes excite the convulsive movements. There is a terrible state of restlessness which is distressing in the extreme, yet the mind is often not much affected. Sometimes there is delirium, but it is only occasional; sometimes the patient will be quite rational at intervals, but the mind is depressed with horror at the approaching attacks. The pulse is very irregular and rapid, and appears soon to become exhausted in the manner in which it occurs in tetanus, and the convulsions prove fatal in twenty-four hours, but sometimes not till the fourth day. It is the general rule that in hydrophobia the spasm is excited by the idea or sight of liquids, but there are some instances in which it is not so, and very often there is a catching of the breath, which is a distinct sign that the spasm appears to affect the diaphragm. The nerves that are the chief instruments of these convulsions appear to be the fifth nerve—the trifacial,—the eighth in connection with the function of respiration, and the ninth, which, together with the other, is connected with the function of deglutition. The spinal accessory, or the phrenic nerve, and the cervical spinal nerves appear to be also complicated. On *post mortem* examination there is very little trace of the affection. The spinal cord exhibits no particular change. The pharynx and stomach usually present changes, and exhibit a considerably increased vascularity, and a great increase of slime and mucus; but this is quite uncertain, and when it does occur it is the effect of irritation of the membranes. The disease is essentially a nervous disease. We are much in the dark as to the mode of treatment for this disease. The last remedy proposed for it, which has in one or two instances been of service, is Indian hemp—the remedy employed for tetanus. It appears to have a peculiar action, and to stimulate the excito-motory function, and maintain the tone of the muscles. Whether that tonicity is derived from the spinal cord is a question that physiologists have not decided. Opium, on the other hand, diminishes the excito-motory action, as do also many other agents; and as to the various other remedies that have been proposed they have all proved unsuccessful, though more time has been expended in their trial than the importance of the disease merits, considering its rare occurrence.

Neuralgia is a local affection of the nerves, and constitutes the familiar disease known as tic douloureux. We have found that the motor nerves or their centres are irritated as in tetanus, and likewise we have found that inflammation affecting these nerves and their centres will cause spasm. The same observations will apply to the sentient nerves, which, when irritated, have their function exalted for a time, and with this exaltation there are pains of a peculiar character. They may be irritated by mechanical influence, by determination of blood, or by inflammation. We have met already with one form of neuralgia in the varieties of rheumatism, and have adverted to rheumatic neuralgia. It is of the inflammatory kind, but sometimes severe neuralgic pains in the course of the nerves arise quite independently of rheumatism. We have met with neuralgic affections of the pleura, constituting sternalgia or pleurodynia; and nervous affections of the heart, or angina, and of the stomach, or gastrodynia; and these may occur in connection with disordered function of the different organs, or diseased structure. But in nervous subjects various neuralgic affections occur, sometimes independently of other disease. There are violent neuralgic pains, and sometimes to such a degree as to give an extreme sensibility to a particular organ. The term irritability has been wrongly applied to this, which should more properly be termed sensitive. There are other instances in which the integuments exhibit excessive sensibility to touch, particularly in females and nervous subjects, the slightest touch causing them to cry out. In the worst cases the pain is sudden and excruciating, and is compared by the sufferer to burning, tearing, or pinching by hot irons. It comes in severe twitches like electric shocks, these twitches being excited by motion, touch, cold or heat, blowing the nose, coughing or sneezing, and are sometimes relieved by strong pressure. The tears flow freely and the saliva is copious. The attack may last several minutes, and in the worst cases it goes on for several hours; it comes on in paroxysms, recurring at various intervals. It occurs in the face and head, and is usually confined to one side, affecting one branch of nerves; the *supra-orbital* nerve, and the various branches of the *tri-facial* nerve are most commonly affected. There are spasms accompanying it—spasmodic twiches and convulsive motions which depend on the motor branch of the fifth. Sometimes the *portio dura* is also affected, and the muscles it supplies are thrown into violent action. The tri-facial seems to be the chief seat of the disease. In some cases it can be traced to some mechanical injury to one of the branches of the nerve, transmitting the irritation to the other branches, and other parts of the same branch, and in this respect there is a resemblance between the irritation of neuralgia propagated backwards to the centre of the nerve, and reflected back again to its various branches. This resembles the irritation in traumatic tetanus, where it begins at a distant extremity, and is transmitted up to the spinal centre, and thence throughout the various parts of the body. In many cases after amputation of the arm the seat of the pain is referred to a distant part from that amputated, as if the nerve of the arm had not been cut off: a man who had his thumb cut off complained of violent pain in his finger; and another patient who had a bad stump amputated, cried out, "Oh my finger," though he had lost the finger of that arm some years before. In many cases of neuralgia no mechanical cause is to be found. In some bad cases there have been found ecchymoses, and in others nothing at all. Neuralgia comes on like intermittent fever, periodically; in many cases it occurs in connexion with marked disorder of the digestive organs, and in others, with disorder of the urinary organs, and a disposition to the formation of lithic acid; or, as Dr. Prout believes, of oxalic acid. In a few cases there have been found diseases of the nervous centres. Neuralgic pains are extremely common in nervous subjects, without remaining long enough to become local; but neuralgia, in the most severe form of tic douloureux, is perhaps the most agonizing complaint a person can experience; the pain is so violent as to occupy, as it were, the very seat and centre of sensation.

Treatment.—If the cause of the irritation can be found, the sooner it is removed the better. Disorder of the functions, and of the digestive organs should be traced out and treated accordingly. Where there are symptoms of inflammation, and where the disease has arisen from cold, local antiphlogistic treatment may be useful. Where there are no such signs, the nervous sensibility should be treated. For this, narcotics or anodynes, to reduce the nervous sensibility, and metallic tonics are indicated. The most proper narcotics and anodynes are, aconite, belladonna, stramonium, Indian hemp, and opium. These remedies may be applied externally or internally. Creosote has been effectual in relieving tooth-ache, which is obviously a neuralgic affection. Counter irritants, too, are sometimes of use, and strong liquor ammoniæ has caused a remarkable improvement in neuralgic affections. Aconite or veratria well rubbed in seems to act as a counter irritant. These sometimes succeed, and occasionally fail: they have been tried in all their various shapes in bad

cases, and it is remarkable how they have succeeded in different cases. Another very useful remedy is the acetous extract of colchicum, applied in combination with belladonna to the part. It has afforded more relief than any remedy, owing probably to the disease having some connexion with rheumatism. Of the more permanent remedies, the metallic tonics, those which deaden the nervous sensibility, carbonate of iron in large doses, appears to be the best; but it very often fails. Its efficacy is only temporary, and it seems to be most adapted to persons of weakly constitution—anæmic subjects. Nitrate of silver, in some local affections, such as excessive sensibility of the eye, and of the stomach, seems to have some title to be classed along with the other remedies. The vapour bath, the hot douche, and cold affusion have succeeded. In cases of failure of other remedies, the expedient of removing the nerve has been resorted to, and in very few instances it has produced relief, but it has been only temporary. Where the disease is intermittent or periodic, there is much more hope of curing it; and where it has been produced by a malarious influence it will yield to remedies; to quinine in large doses, as much as a scruple three times a day.

There is an affection called *spinal irritation*, a term very vaguely used—in fact, spinal irritation is now becoming synonymous with *hysteria*. A much better term is exalted sensibility of the excito-motory function, connected with a distinct spinal disorder, as for instance, in connexion with spinal distortions. Disease of the spinal column seems to be connected with the more temporary disorders of the spinal cord, apparently arising from congestion or irritation; where, for instance, in very nervous subjects, inflammation occurs in any part of the general system for a considerable length of time, the irritation becomes transferred from that part, after a time, through the incident nerves to the spinal column, producing increased sensibility in the other parts supplied by branches of the nerves from that part of the spinal cord. Take for example, a person affected with a violent pain in the stomach or upper intestines; he is perfectly free at the beginning from any spinal affection, and if the inflammatory symptoms are removed, he will cease to complain of any pain in the region of the stomach, but pain felt about the middle or lower dorsal vertebræ when the spinous process is struck. This affection apparently has its origin in visceral disease. The irritation continuing is transferred to the spine; when the original disease is removed, it causes tenderness of the part. There is not tenderness of the spinal marrow itself, but there is excessive tenderness of the nerves distributed in the neighbourhood of the spinous process. Neuralgic pains are also deeply seated; they appear to have their origin in parts connected with the spine, and this is owing to the long-continued increased vascularity or determination of blood to these parts. Now the treatment of these affections may be local; local depletion and counter irritation, a few leeches or cupping glasses over the region of the spine, and dry cupping often answer extremely well. Purgatives, too, have had a remarkable effect in relieving irritation of the spinal cord. It may be necessary to use narcotics, more particularly those that act on the nervous system; belladonna, stramonium, and hydrocyanic acid. Tonics are to be regarded as the most curative measures, to prevent the disease continuing; cold sponging with salt water or vinegar once or twice a day, alternated with friction, is of great advantage in these neuralgic affections.

The next subject to be considered is *hysteria*. This is a disease of great importance, and the diseases connected with it are so numerous from their frequency, that we cannot pass it over so lightly as it has been hitherto; it is a great bugbear from its intractability. Here is something to try to find out what it is, and to lay down some rules by which to deal with it. Under the term hysteria we may include the symptoms of almost every disease flesh is heir to. What are called symptoms of disease depend on derangement of the vital properties. The various organs of the body are more or less under the influence of the nervous system, and disorder of this system is capable of so modifying these properties as to produce in almost everybody a combination of the symptoms of disease. This is the truth of the whole matter. Why does hysteria, in its widest terms, ape so many diseases? It is because the nervous system, of which hysteria is nothing more than a representative, influences every vital property in the body. The most common, and the most permanent effects of hysteria are the various modifications of the nervous functions, and those functions which are in immediate relation to the nervous functions; thus, the symptoms generally called hysterical are those of altered volition, disordered volition, disordered sensation, excito motion, and disorders of every involuntary motion, and of every organic function under the influence of the nerves, the excretions, and the secretions. But some of the most permanent of these symptoms are what are commonly called, nervous or convulsive affections, or sensitive affections. Cullen, and most others, have applied the term hysteria especially to a combination of nervous symptoms; and what are called hysterical fits exhibit the complications of these in a most remarkable degree. Hysterical fits consist of a continuation of sensitive convulsive actions and moral emotions, coming on by laughing and crying; connected with the sensations referred to is a lump in the throat, *globus hystericus*, and *clavus hystericus*, the convulsions extending to the whole body. But those which are called more generally regular hysterics, are more obviously a distinct form, and constitute a very small portion of the most common hysterical affections, and may be classed together. Another great reason of the disease being misunderstood, is the unfortunate name that has been given to hysteria, connecting it with the womb. It is quite true that these various nervous affections occur chiefly in females, and often in connexion with disorder of the uterine system. In many cases it is quite certain the uterus is not in fault, in other cases where it is so, it is only secondary, and, in the majority of affections to which the term hysteria is applied, it is to be considered as a disorder of the nervous system itself, independently of any other part. It occurs in females because they are more nervous, more sensitive, more mobile, and have a greater amount of excito-momentors. Hysterical affections occur during the uterine period, and why? Because the health is apt to be disordered by the uterine function, the sensibility failing in connexion with this. It is at this period of female life that the body and mind are most sensitive; but hysterical disorders are not peculiar to this age, for children affected with chorea, become in after life, subject to hysteria. Again, at the termination of the period of uterine action, when menstruation ceases, the female does not cease to be nervous and hysterical. The disease is more marked in old and nervous females than it is in young ones. It is not peculiar to the sex; men and boys sometimes become subject to hysterical affections; those who lead a sedentary life and those who study hard to the exclusion of bodily exertion; and to these may be added effeminate habits, there being in these cases more development of the nervous, than of the vascular properties of the system, and of the muscular powers. Hysterical symptoms may also be excited by circumstances that produce very strong moral emotions acting on the nervous system. They are also excited in cases where the muscular system has been reduced by any particular cause, or excessive evacuations, and thus weakness, in general terms, becomes synonymous with nervousness.

COURSE OF LECTURES ON SKIN DISEASES,

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

Gentlemen,—The period which is most critical to a patient in small pox is about the eighth or tenth day. If the pustules, which were previously full and tense, become flaccid or shrunk, or if they become confluent and run one into another, attended with a weak and feeble pulse, with other signs of debility, it is a period of great danger. This flaccidity of the pustules is only one (among the other) symptoms of the state of collapse which has supervened. When the skin becomes contracted, and the parts beneath lessened in size, you will pursue the same line of treatment which has been pointed out for your guidance in typhus fever under similar circumstances, namely, the exhibition of ammonia, bark, camphor, musk, &c., wine, and small quantities of rich jellies, frequently repeated, for under the circumstances just now detailed, you must bear in mind, that the disease before you is nothing but typhus fever conjoined with small pox. About the same period comes on also another phase of the disorder, highly dangerous to your patient. On the eighth or ninth day a slight swelling of the face comes on; this arises from slight effusion into the cellular tissue, and is afterwards removed; so far this is a good sign. The parotid and salivary glands become engaged, and pour out an increased quantity of saliva; this also is a favourable sign; but along with these signs, in some cases, if you examine the carotids you will find them beating violently; and along with this you have sleeplessness, which if allowed to continue, must end in delirium, coma and death. You might, from witnessing this violent action of the carotids at first sight, be led to look upon such a case as one calling for the adoption of depletive measures, but it is not so. Depletion here would be wrong. Examine the heart, you will find its action, though frequent, debilitated, and when you feel the pulse at the wrist, you find it quick, and very compressible. Here, as in other fevers, your grand object should be to remove that functional lesion of innervation which prevents sleep. This is the stage of small pox where opium becomes a remedy of incalculable utility. A large dose of opium given at this juncture produces sleep, after which the progress of the cure is generally favourable. The above state of things in my opinion is one of sympathetic nervous irritation, induced by the presence of a large number of small abscesses over the body, and this seemingly violent action of the carotids will be found to be more the palpitation of debility than the sthenic action of inflammation.

Varicella;—Swine-pox, chicken-pox, modified small-pox, by which ever of these you chose to call it, comes next. All these varieties of pock, in my opinion, should not be separated, but should form one class. I think that much unnecessary sub-division has been made among them by systematic writers, who seem to forget that they are all modifications of the same disease, small pox, presenting the same characters, and calling for the same treatment. Some years ago, when small pox prevailed to a much greater extent than at present, cases of this disease were very rife; but latterly, owing to the great progress of vaccination, neither it, nor small pox are so much to be met with. Authors writing on small pox, and its modified variety, have been at pains to lay down characteristics, which would enable us to distinguish between them. For this purpose, some have spoken of the premonitory fever, as furnishing a distinctive mark. Others have spoken of the crystalline, or pearly appearance of the vesicles (this has been termed bird pox); but I think, none of these furnish us with a satisfactory test between them. The fever in varicella is just as severe as in variola; the pains in the back, and vomiting, are just as urgent; and as for the crystalline appearance of the vesicle, that I look upon only, as an *incident*, not an *essential* of the disease. It is attaching importance greater than it merits, to every trifling deviation from what is supposed to be the regular phase of this disease, that has led to the formation of so many unnecessary varieties. The only criterion which can be depended upon, as furnishing us with a means of judging between them, is the irregularity of the eruption in varicella. In this drawing (sending it round), made from a patient under our care at the Whitworth Hospital, you have an opportunity of seeing this irregularity of appearance. In one part, you will see the vesicles dry, and scabbed over; while in another quarter, they are but appearing; and here and there, through the whole, you perceive scattered, these crystalline vesicles, termed bird pox. A circumstance occurred some years ago in Edinburgh, which, in my mind, places the

identity of small pock and chicken pock beyond all doubt. It is detailed in the *Edinburgh Medical and Surgical Journal*, the exact year when it appeared, I do not remember; it may be perhaps three or four years since; at any rate, a reference to the series for a few years back will enable you to discover it. At the time I speak of, modified small pox made its appearance at Heriot's Hospital, in Edinburgh. A very interesting account of it was drawn up by the surgeon of the Institution, which was published, as already remarked, in the *Med. and Surg. Journal*. This Heriot's Hospital is a charitable institution, somewhat like our own Blue-Coat Hospital, and contained at that time, about ninety or one hundred boys; of these, all had been previously vaccinated, yet among all, with the exception of some three or four, did the disease run. None of these boys fell victims to it; the only person who was carried off, was one of the masters, and he had been previously vaccinated. Of the fact of the disease having been modified small pox, I think there can be no doubt, as the infection spread among them from the porter's son, who had died of confluent small pox. Here we find vaccination not acting as a preventive of small pox; but we find it creating a power almost equal, and next to that of a preventive; we find it exciting such a controlling power over the disease, as to reduce the mortality to one per cent, when previously to its introduction, it had averaged from nine to ten per cent. In this drawing, which I have already exhibited to you, we have modified small pox appearing, though the arm presents the regular vaccine cicatrix. From the fact which I have mentioned, of the appearance of modified small pox at Heriot's Hospital, I think that there cannot be a shadow of doubt cast upon the identity of small pox and varicella.

I had almost forgotten to speak of a subject closely connected indeed with the treatment of small-pox, and its modified variety; namely, the pits which are left after the disease. For many years past, in the extensive experience of small pox which the Whitworth Hospital has afforded me, I can confidently affirm, that a single badly marked case has not left it. When I speak of the experience afforded me by the Whitworth Hospital, I do so from a feeling of consciousness that no other medical man in the city or in Ireland, with the exception of my colleagues at that institution, can have had or have had such opportunity as I had of studying this disease. The fact of more cases of small pox having been admitted there than in all the other hospitals in Ireland collectively, will bear me out in my assertion. Some years ago when small pox prevailed here as an epidemic (and let me tell you that when it does appear, it is an epidemic) I was struck by the remarkable fact, that on no other parts of the body save the face and hands, were pockpits discernible upon the convalescence of the patients; struck with this fact, and remarking that the axilla and groins in particular shared in this immunity, I began to reflect upon its cause. It could not be that these latter parts possessed any peculiarity of texture which rendered them as tissues different from the face and hands, nor could the looseness of cellular tissue in the groin or axilla be the cause of this exemption from marks, as we find these marks in abundance about the eyelids, which are possessed of as lax a cellular tissue as either the axilla or groin. Conceiving this immunity to depend, not upon any structural difference existing between those parts of the body which were free from marks, and others which were deeply seamed, I considered it to be due to the natural moisture of these parts, keeping the pustules soft, and preventing them from falling off prematurely, before a new skin was formed underneath. Acting on this idea, I determined to apply something over the entire face, which should completely protect the pustules, and prevent their exposure to irritation of any sort, until they were detached by the formation of new skin underneath. For this purpose the application which suggested itself to me as likely to answer best, was lead plaster, melted with as much almond oil, as would allow the compound when moderately heated, to be spread over the face with a camel-hair pencil, and when dry to form a perfect mask of consistent firmness. This application can only act beneficially on the principle of oiled silk dressing, namely preventing prespiration from the pustules, and preserving them free from irritation, until they become detached by the natural process of the formation of new skin underneath.

This mask is to be allowed to remain on, until the detachment of the scabs by the new skin brings it away with them. It looks to be sure very hideous for a few days, but I think that exemption from permanent personal deformity is cheaply purchased at the price of an ugly face for some short space of time. The following case will I think illustrate both the utility of the application, and the correctness of the idea, from which its employment originated. I had been attending a young lady ill of small-pox. Her face had been coated over with this application, from the time the pustules were fully formed.* The greatest part of these pustules had been detached from the face without the slightest deformity having been produced. None of the mask remained, save a small portion covering part of the nose. This I cautioned her against interfering with, advising her to allow it to be detached naturally. She became impatient, disregarded my injunctions, picked at it until she removed it, but ulceration of the part set in accompanied with inflammation of the surrounding skin so violent as scarcely to be controlled, before ulceration had extended to a much greater distance, than the part first attacked. In consequence of her own folly, this part was very deeply marked, while the remainder of the face preserved its usual smoothness.

It has been recommended to destroy the pustules when they first appear by cauterisation with nitrate of silver, and this method it is said prevents all deformity. This I have never tried. Perhaps it is the great and uniform success, which has invariably attended the adoption of the preventive means which I have just detailed, that has made me unwilling to change it for another and more doubtful means. This is the remedy which from extensive personal experience of its efficacy, I would be inclined to recommend to you for adoption in your future professional career. From the time the small pox pustules are fully formed, coat them over with this application and allow it to remain undisturbed, until the formation of new skin underneath disturbs it. By adopting it, I can confidently promise you the gratification of sparing your patients the grievous amount of deformity, which the numerous cicatrices of small pox must otherwise inevitably produce. Were I inclined, I could enter at much greater length into the nature of the different varieties of small pox and its modifications, but this I think would be but an unnecessary wasting of your time. I shall therefore dismiss these subjects, contenting myself with having called your attention to those points connected with each disease on which, as I conceive, I have given you some knowledge, which you would not find detailed in works on these subjects.

The next disease *ecthyma*, is one which you will find much easier to understand from drawings than from any verbal description which I could give you. Here, in one of Alibert's plates (handing one round), you have an opportunity of seeing it as it appears on the extremities. You find it to consist of a number of pustules, which become covered with a dark brown soft scab, each pustule a phlyzacious one, and surrounded with a patch of inflamed skin to some extent outside it. This pustular eruption generally makes its appearance in broken-down drunkards, and persons who have injured their constitution by excesses of every sort, though you sometimes find it in persons who have never been addicted to dissipation, but, wherever it comes, it invariably is a sign of a depraved habit of body. I shall not detain you by entering into any minutiæ concerning this disease; in reality, the matter does not require it; the only thing necessary is to remove all traces of irritation and inflammation from around the seat of the eruption, then poultice it until the scabs come off, and dress the ulcers with some sedative application, such as the ung. cerussæ albæ, which may afterwards be changed for a more stimulating dressing of any kind which you may deem proper. Along with these local means you must not lose sight of the principal point of treatment, namely, supporting the constitution by the very best means possible. Such are the administration of tonics, but above all, by ordering for your patient that diet, which, in the smallest bulk, contains the greatest nutriment; animal food, fully and freely given according to the strength of your debilitated patient's digestion.

The next disease is, *acne*, one which should not be classed among the pustules at all. In this disease the sebaceous follicles of the face become filled with their peculiar secretion, and the action of the skin becomes enfeebled so as not to be able to get rid of this superabundance of secretion. This is Acne Simplex. None of you will fail in recognising this drawing (holding it up); it is a specimen of disease which you do not meet with so often now as before; it is, I am sure, familiar to all of you under the name of the "grog blossom;" or, drunkard's nose. In this variety of acne, the skin to some extent around the neighbourhood of the follicles, becomes inflamed and of a dusky red, giving to the face the peculiar appearance which it assumes in this disease. Acne simplex is a disease principally affecting persons about the period of puberty, and is often a source of great annoyance to young ladies, and young gentlemen who wish to look lady-like, and who, for this laudable purpose, take very great pains about their person. If they but keep themselves easy for a year or two, the disease (if you can call such a trifling affection by so great a name) will disappear without the least aid from the doctor. However, as they will not keep easy, but will come to consult you, you must know what is best for its removal; for this purpose I do not know anything better than a lotion of hyd. bichlor. in the proportion of one scruple to one ounce of aqua distillata. This applied to the face two or three times a day for a few days, produces in the skin of the face a more vigorous state of circulation, approaching very closely to a state of inflammation; the cutis vera is stimulated, the scarf skin is thrown off and replaced by a new layer, while the distended follicles share in the vigour which has been excited, and resume their natural size. With regard to the other variety, the use of alterative medicines, such as sarsaparilla, with liquor potassæ, and Harrogate water, &c., will quickly remove it, provided you can persuade your patient to refrain from what has induced it, but *that* I promise you will not be the easiest part of the case.

Mentagra comes next: this disease attacks the chin, whence the name; though sycosis would be a more proper term. It sometimes attacks the scalp, and descends along the side of the face to the chin. On the chin it commences in phlyzacious pustules, which quickly communicate—that is, the areola of inflammation surrounding the pustule, quickly spreads to the next, and so on, until the whole surface, not studded with these painful tubercles, presents one continuous sheet of redness, and along with this eruption on the chin, it is not uncommon to see a few of these pustules, as large almost as small boils, make their appearance down the neck. If the pustules, after they have appeared some days, be cut into or broken, and the contents pressed out, a tough, stringy, white matter is seen making its way from each; but if, on the contrary, they are allowed to remain unirritated and quiet, they very shortly put on the appearance of one immense scab; this, with a beard of a fortnight, three weeks, or a month's growth even, protruding through, must, and does give the face, a frightful and hideous expression. But though seemingly frightful, and dangerous, it is, however, a disease which need not alarm your fears for the patient. From the angry appearance which these pustules present when the scab is removed, one, unaware of their real nature, might suppose the case to be one of cancerous ulceration; from this you will be able to distinguish it at once, by being able to discern each individual pustule —by the freedom from lancinating pain, and by the character of the discharge, which is thick, and ropy, or curdy, and flaky, while that of cancer, is a thin, and horribly fœtid sanies; and lastly, by the appearance of health which the countenance presents in contradistinction to the

peculiar hollow cheek, with its hectic circle, which invariably attends upon cancerous ulceration. In this drawing, taken from a patient under our care in the Whitworth (Pat Murphy, ætat. forty-three), you have a capital representation of the appearance this disease puts on when it attacks the chin. Here is a plate of Alibert's—also very well done. Either of these, if you keep them in memory, cannot fail to remind you of its real nature, if at any time hereafter you should meet with a case of this disease and be doubtful of its nature. Sycosis attacking the scalp assumes another phase. The pustules here appear in a circular form; the inflammation here, as on the chin, extends along the surface, from the areola of one pustule to that of the next, and so on, until the circle is complete. Here the inflammation extends to parts below the surface, and if you press with your finger over a patch of this sort it will convey to you the sensation of pus having been formed beneath, or as if the part pressed upon covered a piece of dead bone. Neither of these is the case: this sensation arises from the effusion of lymph beneath the cutis vera, owing to the progress of inflammation in this tissue. All you have to do in such a case, is to make a crucial incision and relieve the distended scalp, when this sensation immediately vanishes. It has been proposed to apply this line of treatment, by incision, to the pustules on the chin; but such a proceeding would be *barbarous* and unnecessarily cruel. The advocates of this line of treatment seem to forget, or are really ignorant of, the motives which guide us in the use of the knife in sycosis capillitii. The knife was used there, not to relieve the essential of the disease, or more correctly speaking the disease itself, it was used for the relief of incident in the disease: namely, to prevent the formation of matter under the aponeurosis of the occipito-frontalis muscle. Such a motive does not call for its employment when the disease is situated upon the chin; and if used here, would be, as I have already observed, unnecessarily cruel. All that you need do is as follows. Poultice the parts affected for whatever length of time it may take to detach the scabs; when these come off, apply the cerussa ointment, or some such soothing application; do this until all the inflammation has gone down, when you may venture to apply a stimulant of moderate strength. The administration of purgative medicines along with the means just mentioned, will generally remove the disease in three weeks or a month, though it very often takes two and three months before it is quite cured. This is the treatment which I would have you adopt in the different varieties of this affection —bearing in mind, that though the use of the scalpel may be necessary in relieving an incidental complication when sycosis attacks the scalp, it is not by any means called for when the same disease attacks the chin.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES -MORBID AND HEALTHY,

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LECTURE VII.

Bones of the Cranium and Face.

Leaving for a time those comparatively speculative subjects we have lately discussed together, I proceed now with the physiological history of the cranial bones. I shall suppose, or rather take for granted, that the student is perfectly master of the common elementary details of structure, without a knowledge of which he neither can nor ought to proceed. The parietal bones from their great size in man are especially cranial bones: they are moulded on a large extent of cerebral surface, presenting however but comparatively few varieties. These may be summed up briefly as follows. 1° The presence or absence of the osseous groove at the inferior and posterior angle. 2° Crests inferiorly and superiorly, already spoken of as continuous with those on the frontal bone; each bone may have two, and there is sometimes a mesial crest along the line of the coronal suture. 3° They occasionally but rarely overlap the frontal bones a little, but are much more frequently over-lapped by the occipital. 4° Varying in thickness and presenting deep elongated cavities on their outer surface, symmetrical, that is one on each bone. These deep cavities exist only in the outer table and diploe, there being no corresponding elevation on the inner table. Thus the brain does not in any way suffer by the formation of such depressions as those I now speak of. 5° The groove for containing the superior longitudinal sinus is occasionally formed by one parietal only. 6° The depressions for those singular bodies, the so called glands of Pacchioni may extend nearly through both tables. 7° The existence of a suture more or less vertical, oblique, or longitudinal, dividing the bone into two, an anterior and posterior, or a superior and inferior, and involving both tables, or only one. Of this variety, I have never met with a specimen.

Spheno-Occipital Bones—Occipital Portion.—Every anatomist knows, that these bones form but one in the adult head, but that, for the sake of facility of description, they are spoken of as two. The occipital bone is the one which best proves the analogy between the cranial and the spinal vertebræ; the basilar process representing the body of the vertebra, and the condyles the articular processes, as they really are. The recti capitis postici are enlarged inter-spinal muscles, and the recti laterales are evidently inter-transverse. Upon the basilar process of the bone rests the medulla oblongata, a continuation, in fact, of the spinal marrow. These analogies need not be traced further at present. The occipital bone presents great varieties as to form and development; sometimes projecting in an extraordinary way, especially in the Scandinavian head; the upper angle remains sometimes a separate bone, or there are two at this angle. Supernumerary bones, which do not seem to be so frequent in the dark races of men, occasionally abound in the line of the occipito-parietal suture. The foramen magnum is seldom symmetrical, and the same remark applies to the condyles. Upon the whole, however, these and other varieties occasionally observed in this bone, do not amount to much; let us pass on to the other portion, usually called the *sphenoid bone*.

The body of this bone represents the body of a vertebra. In it are the sphenoidal sinuses, whose uses cannot even be guessed at. They form a part of a system, no doubt, whose meaning must be sought for in comparative anatomy. In the sella turcica, or pituitary fossa of this bone, rests that mysterious structure—the pituitary body, whose physiology is still to be discovered; by some supposed to be the commencement of the sympathetic system of nerves, but in respect of which nothing certain is known, but the constancy of its presence. Notwithstanding the great number of sphenoid bones I have examined, I have not met with any very remarkable, or particularly meriting notice. In the fœtus and child it is composed of five separate bones, which afterwards consolidate. In many animals, a different arrangement takes place, and in the adult the bone may be found divided into an anterior and posterior sphenoid.

The Temporal Bones:—Two in number, placed on each side of the cranium; form also a considerable portion of its base. The elementary anatomy of these bones is easy of acquisition by the industrious student, but in order permanently to fix the facts in his mind, he must repeat them daily for a considerable time. No bones have more exercised the patience of the comparative and philosophic anatomist than the temporal, containing one of the organs of sense, and other bones, within one of their cavities; formed of several portions in the human fœtus and child, of which some portions, or perhaps even all may remain separate bones throughout the whole period of the animal's existence, and of these portions, thus maintaining an independant form and position, some may be employed for other purposes than merely completing the walls of the cranium, and contributing so small a share in the formation of the face, as they do in man; these considerations, with many others, have brought these bones prominently before the physiological anatomist, ever since the time when correct transcendental anatomy was first unfolded by Frank and Goethe. With speculations so deep, and yet so interesting, we have nothing to do here; this is a course of human physiology, and to human structures, in as far as I possibly can, it is my intention to adhere.

The mastoid process, which is so small in youth, grows with our years; it becomes sometimes slightly eburneous at the extremity, and I have fancied it be largest in the Scandinavian crania. The cells contained within it are also said to vary much, which no doubt they do, although I have not especially observed this. The openings of the canals, and the canals themselves, which are occupied by the minute branches of nerves, the one arising from the petrous ganglion of the glosso-pharyngeal nerve; the other from the nervus vagus passing into the inferior portion of the canal of Fallopius, and thence supposed to proceed to the external ear;* these openings, and the osseous canals they lead to, should be pointed out to the student.

The rocky part of the temporal is extremely hard and unlike the rest of the osseous tissue; on its general nature M. de Blainville founds his opinion, that it is not strictly bone, but a modification of the osseous tissue, analogous to the other osseous deposits, which in birds are found surrounding the sclerotic. These views are highly philosophic, but require confirmation as to details; comparative anatomy best supports the idea. In the human fœtus the temporal bone has an entirely different form from what it afterwards acquires; the squamous part is entirely separate from the rocky portion; the external auditory canal instead of forming a large osseous tube, is simply a bony circle with a groove, into which is inserted the membrana tympani; the mastoid portion is scarcely visible; the rocky part being incomplete, leaves exposed the outline of the vestibule and the semi-circular canals.

Of minute differences little is known. On looking into the meatus externus, it is easy in some specimens to see both fenestræ; whilst in others, the fenestra rotunda, or tympanic opening of the cochlea looks so much backwards, as in carnivorous animals, as to be nearly invisible.

Ethmoid Bone.—Singularly formed, and unlike every other bone in the body, to which it bears no resemblance; placed also mesially, and united at least mechanically, if not physiologically, with a nerve whose functions may be clear enough, but whose relations to the brain and nervous system are by no means well understood. Independant of great varieties in breadth, depth, and general form, we find in some specimens an attempt, more or less perfect, to form three turbinated processes instead of two, the usual number, thus adding to the meatuses found on this wall of the nostril. The learned authors of the *Encyclopedic Anatomique* think this a deception, ascribing the appearance of a third turbinated process above the others to a fold of mucous membrane prolonging the bone in that direction. Now, without referring again to the specimens on which I have seen a third turbinated process belonging to each ethmoid, I feel confident that it sometimes exists altogether independent of the mucous membrane, as I have seen it in the skeleton. The fold of mucous membrane alluded to by Sœmmering and the Webers, may, no doubt, add to its strength, length, and shape, but it did not altogether form it in the specimens I speak of. Of these prolonged folds of membrane connected with the true and false turbinated bones, I shall speak more at length when describing the true turbinated bones; in man they are rudimentary structures; in the horse they are connected with and form important organs: the development of an additional cartilage, and a vestibular cavity placed in front of the great nasal chambers, of great importance, no

* I saw this branch in 1821, and believed then, as I do still, that it influences the functions of the portio dura.

doubt, to the economy and well-being of the animal.†

The orbitar plate of the ethmoid is sometimes divided into two portions by a slightly oblique suture, and when the os unguis is very small it supplies its deficiency. In infancy, this bone is solid and cartilaginous, becoming only gradually developed; the cribriform plate, however, appears larger in the child than in the adult. When very narrow, it influences of course, the position of the eyes, causing them to approach each other—the physiognomy becomes peculiar, and the person partakes more or less of the buffoon.

Bones of the Face.—If we include with the bones of the face, the teeth, few parts of the skeleton furnish a greater number of physiological considerations, based on the physical structure, and intimately connected with it. By physical structure, I here mean the structures which may readily enough be made out by mere descriptive anatomy. I shall commence with the superior maxillary bone or bones, requesting the student to remember how many interesting and important soft structures are found here, on the face, most of which have intimate relations with the skeleton or frame-work destined to support them. Besides several of the organs of sense, the commencement of the respiratory and digestive tubes are placed here; and in the distribution of muscles, nerves, and integument we naturally look for that beauty of countenance, which, when in perfection, enchants the world.

The superior maxillary bones:—their descriptive anatomy being already understood by the student, we may now inquire into its minute history. At birth these bones present all the prominent parts of their anatomy sufficiently well made out; the lachrymal portion of the ascending process with its lachrymal groove is frequently more or less separated from the ascending process by a groove, evidently the vestiges of a suture, which once distinctly marked a separate nucleus or germ of bone. The trace of the suture extends sometimes from the summit of the ascending process of the maxillary bone to the inferior margin of the orbit, and I have not only seen this trace and suture frequently, but, if I recollect aright, I have seen the laminæ forming a distinct bone in persons at twelve or fifteen years of age, and even later. There can be no doubt then of this being a separate germ or nucleus in the young head, and entitled to a name; *external lachrymal bone: os lachrymale externum.* At this period (soon after birth) six alveoli may be observed, within which are lodged the incisor, canine, and deciduous molar teeth, which have not yet appeared. The *juga alveolaria* (projection formed on the outer side of the external alveolar border or wall) are very large and thin; the maxillary series is small, and perhaps no part has as yet that shape it will afterwards acquire in the adult; but of all parts of the bone, it is the dental portion which, as well in the lower as in the upper jaw bones, undergoes the greatest change; and to it, therefore, and to what it contains, the following remarks will be chiefly directed.

Of all the characteristic features of race, there is none, perhaps, more constant than the difference observable in the comparative size of the jaws, and especially of the upper jaw, of which the superior maxillary bones form by far the larger portion. The great size of these bones in the coloured races as compared with their white brethren is quite remarkable; nor does it signify where the dark race may be placed, whether near the poles and within the arctic circle, or under the equator. Wherever found, the coloured man shows all his peculiarities. The jaws of the Esquimaux, the Tartar, the Australian, and the Red Indian, are quite as large as in any Negro.

The maxillary tuberosity is a part of the bone undergoing great changes, connected, however, with the development of the wisdom-tooth. When the nasal bones are naturally narrow, as they are in some individuals, and apparently in some races of men, the ascending process of the maxillary bone compensates for such deficiency by an increased breadth. The canine fossa is occasionally of extraordinary depth, but this is more an individual variety than one of race. In respect to the alveolar border, or process, the outer lamina is thinner, than the inner; the alveoli vary in different persons, since in some all the teeth do not appear. The vitality of the alveolar edge differs from that exhibited by the rest of the bone; the process, in fact, at many points ceases to be deposited; it disappears, and having no longer any support, the teeth fall out prematurely. This, of course, is the reverse of what happens when the teeth are forcibly driven or pulled out; in this case the alveolus disappears, as being no longer required. The vitality then of the dental portion of both jaws must differ from the vitality of common bone; the tissue is more spongy, is looser, and obeys other laws. In many animals the teeth grow to it, and form one with it, as in some fishes and serpents; in others, and occasionally even in man, the alveolar cavity may enclose the tooth completely in a case of bone, where it will remain, causing no disturbance during the life of the animal.

One of the most remarkable circumstances in the history of the superior maxillary bones is the history of the fissure or line, seen occasionally on the surface of the palatal process of the maxillary bones I now speak of. This suture or fissure when present, occupies the position of what we should expect an inter-maxillary suture to occupy, such as we find in nearly all the mammals separating the inter-maxillary bones, as they are called, from the maxillary, and generally persistant through life. Those who have not seen the inter-maxillary bones in the cranium of one of the lower mammals, had better examine them in the sheep, the ox, or the horse, for it is quite useless, and worse than useless, to speak to any one of structures they have not seen. On looking at these bones in the sheep, ox, or horse, the student will observe, that they are placed between the maxillary bones (upper); that they form the margins of the anterior nostrils and a portion of the palate; that they not unfrequently run upwards a considerable way between the nasal bones and the ascending process of the maxillary bones, and that they carry in alveoli belonging to them, all the incisor teeth belonging to the upper jaw. A question naturally arises—are these bones peculiar to the lower animals? or do they also form a portion of the human skeleton? That they are not found as separate or distinct bones in any adult skull is true enough; I have never myself met with an adult skull of any race or nation showing separate or distinct inter-maxillary bones; still they exist as separate germs in the human fœtus, and I find it stated that Weber has succeeded by means of dilute sulphuric acid in separating them from the maxillary in the cranium of a child, somewhat more than a year old. To this question, Goethe and most transcendental anatomists have attached more importance than it really merits; the doctrine of the unity of the organisation does not require such proofs as they look for here. Nor is this question one of modern times; it was started by Vesalius, and since his era has been often debated. No philosophic anatomist, I should think, of modern times, doubts the existence of the inter-maxillary as distinct bones in the human fœtus. The palatal process varies much in different individuals, being rough or smooth, deep or shallow, concave, sometimes to a great extent; and I have once or twice seen it convex along the mesial line or maxillary suture. The configuration of the sinus varies infinitely, but I have never remarked it to be absent. Its uses are absolutely unknown. The student who would understand the anatomy and physiology of the second division of the fifth pair of nerves ought to study the descriptive anatomy of the superior maxillary bones with the utmost attention.

Palate Bones.—The descriptive anatomy of these bones is, no doubt, extremely difficult, but little can be said of their physiology. The same remark applies to the *malar bones*; they differ, no doubt, in the various races of men, being remarkably large in the dark races. In the Celt they are supposed to be high, prominent, and large, but this may be owing partly to the form of the soft parts covering the cheek. When these sink in, the malar bones, of course, appear prominent upon any face. In the skeleton of the face of the Bosjeman, for example, these bones are not particularly prominent nor large, and yet in the living adult face they appear remarkably so. The cheeks are hollow; there is no subcutaneous cushion of fat under the skin; the chin is pointed, and the angles of the jaw appear, so that, at a distance, the face of the Bosjeman resembles a skull, with merely a yellow dirty piece of parchment drawn tightly over it; nothing can be more hideous. Some anomalies of this bone have been described: its absence by Meckel, and its division into two or three separate portions by Sœmmering. I have seen no varieties myself.

Nasal Bones.—These bones, unlike the preceding, present a very great number of varieties, of which some perhaps amount to distinctions of race. Even in the white races they are not symmetrical; sometimes one bone scarcely reaches the frontal, or they unite together partly or throughout their whole length. But it is in the dark races, as has been already shewn in some of the preceding lectures, that important differences exist, in the Bosjeman, for example, and in others of the dark races. Extreme narrowness at the top, and total disappearance of the nasal suture, are common enough. This does not, however, diminish the capacity of the chambers of the nose. The probable existence of a third bony nucleus interposed between the *ossa nasi;* an inter-nasal bone, in fact, has been already alluded to. Its history would require to be investigated in the fœtus.

Os Unguis.—These bones are said to present many varieties, but they have not seemed to me important: sometimes absent, or very small, or without a crest, which I have not unfrequently observed. Although small and extremely delicate, a muscle of some size (the tensor tarsi) is attached to them.

Of the *vomer* little need be said; at birth it is deeply divided into two portions (plates), which run together about the twelfth year; one of these plates of bones may afterwards disappear. The vomer is seldom quite mesial, being convex towards one nostril, and concave towards the other, and I think it liable to incomplete development.

Turbinated Bone.—There are but two turbinated bones in man, and it is, therefore, singular why anatomists should still continue to call them the *lower* turbinated bones, as if there really were any others. The turbinated portions of the ethmoid are mere processes of that bone. As it is my intention to return to the physiology of these interesting bones, when speaking of the nasal cartilages and their muscles, I shall be as brief as possible here. They vary in size and form, being sometimes strongly, and sometimes less turbinated or rolled. It is to the anterior extremity of this bone that we find attached, *in the horse*, that singular spur-shaped cartilage and fibrous prolongation which plays so important a part in the physiology of the nostrils in that animal.

† A full account of these singular structures will appear in the *Veterinary Record* for July, edited by Professors Spooner and Morton.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

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(Continued from page 37.)

CASE II. M. D.—A military man aged 42 during the campaign of 1812, had an attack of mania in Germany, that lasted from 9 to 10 months. On recovery, he resumed his service, but his disposition which was before mild and very lively, became gloomy and susceptible. He felt irritated, at the slightest cause, and chagrined at the successes of our enemies. In 1814 he caught a gonorrhea for which he was unskilfully treated. Some time

after he felt passionately in love with a German lady whom he met at Paris; he asked her in marriage and was refused. His head already weakened, could not bear up against this blow, and a fresh attack of mania burst forth with such violence that it was necessary to remove him to an asylum. After seven or eight months he left apparently well, but he still suffered from head-ache, and was subject to be alarmed from the slightest cause.

Nearly fifteen years elapsed thus in retirement and inaction. In the month of October 1832, after a banquet, at which he drank and spoke a good deal and with unusual vehemence, he was seized with an attack of furor so violent that it took six men to master him. He was again sent to an asylum.

During a month the delirium and agitation were excessive; he continued furious till the middle of the second month, when he began to be a little more quiet, and it became possible to engage his attention by speaking to him of subjects, in which he felt an interest: now and then, he would acknowledge that he felt wrong in his head, but he would quickly fall back into the habitual extravagance of his ideas.

During the third month, he was observed to be a good deal more calm, and to pass entire hours in silence; he was immoveable and replied to the most pressing questions, slowly and with repugnance: the stupor soon became complete, and he appeared neither to see, hear, nor understand. If his arm were raised, it remained extended for several minutes, and fell only gradually and by jerks.

Visiting him on the 7th January, I perceived streaks of blood in his sputa. On exploring the chest I found both lungs hepatized at their base. This double pneumonia was the more latent from the patient not complaining of any pain, and from the breathing appearing almost natural, and lastly from the pulse being remarkably feeble and depressed. In spite of active treatment, he died on the 8th, in the evening.

AUTOPSY—EXTERIOR—CORPULENT—ATHLETIC CONSTITUTION.

Head.—The bones of the cranium were thick, injected, and hard to be sawed. The dura mater seemed as if insufflated and was strongly applied to the inside of the skull. The vessels on its external surface were gorged with dark blood towards the parietal prominences, the arachnoid was covered with an albuminous exudation arranged in a pretty thick layer; the rest of the membrane was healthy, transparent and uplifted by an accumulation of serum which flowed away as soon as the membrane was divided.

In the brain, the intervals between the convolutions were almost effaced in the frontal region; they seemed to be stuck to each other, giving to this part the appearance of a plain round surface; the grey substance was red, and deeply injected; its middle layer especially was of a violet red, and seemed ecchymosed. This alteration formed a striking contrast to the appearance of the same substance in the lateral and posterior regions of the brain, where it was entirely colourless, pale, confounded with the medullary substance in several places, and so covered and imbued with serum that it oozed out in good sized drops, when pressure was made on the sides of the incisions in the convolutions.

The white substance was of remarkable density, and in colour resembled brilliant white satin; the medullary fibres were traceable to the eye, and could be torn into long strips intercrossed at the top of the laceration; the ventricles small and collapsed, contained but little serum, the lining membrane perfectly healthy. The cerebellum, and spinal marrow normal.

Both lungs were entirely hepatized at their base; they were crepitant at their apex. All the other viscera healthy, except the bladder, the walls of which, thickened and rugous, were the seat of a chronic affection.

Reflexions.—This case, like the former, presents an inflammatory complication of a part of the brain, but it is more curious on account of the œdema of the brain, inasmuch as the double pneumonia having suddenly caused death, we are enabled the more easily to recognize in the brain the disposition and quantity of the fluid effused. Let us examine in succession the relation of these lesions to the symptoms.

1°. The morbid adhesion of the convolutions in the frontal region, shows an abnormal disposition, produced by the former attack, which disturbed his reason so many years before. This opinion is still further confirmed by the fact, that it was in the same region, already predisposed to it from the former attack, that in the last period of life an inflammatory congestion supervened, the symptoms of which could not be manifested externally, on account, in the first place, of the cerebral œdema, which abolished the sensibility, and in the next, of the powerful derivation produced by the double pneumonia.

2°. It was during the third month from the attack, that the patient, till then so agitated and furious, began to become silent and immoveable, soon to lapse into complete stupor. We must refer to this period the commencement of the cerebral œdema; according as the serum compresses the convolutions and penetrates into their substance, the symptoms of the annihilation of the intellectual and motile powers become more and more aggravated. We have here a remarkable symptom in the sort of catalepsy observed in the arms. Does true catalepsy depend on a still greater degree of compression made either on the brain, or on the parts arising from serous effusion? It may be so, if we observe attentively the symptoms of partial catalepsy that occur in some of the insane.

3°. The acute affection of both lungs, the commencement of which was not marked by any sign of pain, or by any symptom of fever, heat, cold, or acceleration of the pulse, furnishes a striking example of the obscure and latent character which the most acute affections assume amongst the insane. There can be no doubt in the case here related, that the suspension of the influence of the brain was the cause of the non-manifestation of the ordinary symptoms of pneumonia.

I have related these two cases first, because they shew in the brain complications more or less numerous with cerebral œdema. The cases that follow will shew this disease in its simplicity, and consequently will enable us to see its lesions and symptoms in a clearer light.

CASE III.—Jeanne L——, aged 33, of delicate and irritable constitution, was reduced to indigence by her husband's dissipation. She was brought to the Salpetriere in 1831, labouring under an attack of mania from grief. Five months after, her recovery was deemed sufficiently advanced to allow of her being sent home; but the same causes which before had disturbed her reason, penury, and the abandonment of her husband, soon produced a return of her malady. On the 7th of January, 1832, in a fit of insanity, she attempted to jump from the Pont Royal into the Seine. She was prevented, and next day she was sent to the Salpetriere by the police.

Her appearance bespoke distraction and fright; she replied only in monosyllables. When asked to explain the cause of her desperation, she said she did not know. During the first fortnight she appeared to be pretty tranquil, although still a prey to some feeling of profound grief. On the 21th she had an attack of furious mania, which lasted four days, during which she vociferated continually, and gave way to the most violent agitation.

In the beginning of February she began to get calm; her recollection became clearer and her intellect acquired remarkable lucidity; she was sent among the convalescents. In about a month her cure seemed perfect, when during the night she was attacked with hallucinations. She got up, cried, and complained of violent tightness round her head. This agitation lasted three weeks, and was followed by absolute silence. The ideas and memory became confused, she remained for hours in the same position, and all her movements were sluggish. On the 2nd of April the stupor was complete, and so great was the insensibility of the skin, that she was not conscious of the application of two moxas to the nape of the neck. At the same time, there was slow continued fever, accompanied with abundant fetid expectoration, and colliquative diarrhea terminated her existence on the 28th May.

Autopsy.—The limbs and body were much emaciated, the ancles œdematous.

The cranium thin, and white, was remarkably developed in the supra occipital region. The dura mater was uplifted by a considerable accumulation of clear serum which ran out as soon as the membrane was cut into. The arachnoid healthy and transparent. The pia mater on the other hand throughout its whole extent engorged and reddish, presented in several places thick solid patches; and in others it appeared to be covered with solid granulations; it further contained a turbid serum.

The convolutions were deeply separated and filled with serum; the cortical substance destitute of colour and deeply imbued with serous fluid which exuded in large drops when pressed between the fingers. The white substance had a brilliant varnished appearance.

The collapsed ventricles contained but little serum; the other nervous centres presented nothing remarkable.

In the chest, the right lung was disorganized; in its upper part, there was a large cavity containing fœtid pus. The small intestines only presented some blackish ulcerations and a few red patches.

Reflexions.—This case exhibits a striking example of the abolition of intellect which we are now considering. The chief alteration is undoubtedly that of the pia mater; the thickening, granulations and redness of this membrane, plainly shew that it was at several different times, the focus of an acute congestion, which extending to the surface of the brain produced the several attacks of mania observed in the case.

After several alternations of cure and relapse, the pia mater became in the last month, the seat of a large serous exhalation, which being no longer sufficiently absorbed accumulated round the brain, penetrated into the grey substance which it deprived of colour, and by greatly uplifting the membranes, produced on the encephalon the effects of general compression shown in the stupor, and cutaneous insensibility.

It is possible the cerebral œdema might have been cured in time, had not the fatal complication of phthisis supervened to hasten death.

Case IV.—Anne a sempstress, aged 22, extremely sensitive, was delivered for the third time in 1826 of a well-formed infant. Having lost her two other children in attempting to bring them up herself, she determined on sending the infant to be nursed, although it was only with difficulty she was able to provide for her own wants. Her separation from the baby caused her the liveliest grief. On the sixth day after her delivery, she got up and walked bare-footed on the cold flags; she was instantly seized with a cold shiver, which forced her to take to her bed again. In the evening the lochia were entirely suppressed, the hands were œdematous, and the head ached violently. On the tenth day there was violent delirium, loquaciousness, and extreme restlessness. She was sent in this state to the Hotel-Dieu, whence she was transferred, two days after, to the Salpêtriere.

The confusion of her ideas was extreme; she started at the slightest noise, talked incessantly, and had hallucinations; she imagined herself surrounded by children, and sought for her own child amongst them. Pulse frequent, skin dry and burning. During six weeks she remained in this state, when a calm succeeded. A profound stupor seemed to benumb her intellect and power of motion; it was impossible to get a word from her, and her jaws were closed convulsively. She remained constantly in bed; her limbs were remarkably rigid: diarrhœa set in; several eschars formed on the back, sacrum, and heels, and she expired on the seventh of July, six months after her confinement, in the last stage of emaciation.

Autopsy—Skull thin and white; the dura mater adhering in several places to the calvarium. The arachnoid healthy, but uplifted by serum, particularly throughout the posterior region. In order to be certain that this injection of the posterior part was not the effect of the position of the body, which was laid on the back, I had it reversed, but still the fluid remained as before. It was then perceptible that throughout the whole anterior region, the arachnoid adhered intimately to the

substance of the brain, and the membrane there was opaque and thickened; the subjacent cortical substance was of a redder colour than that of the posterior part. Throughout the occipital region the convolutions were separated and their intervals filled with an abundant serum, which appears to have filtered even into the tissue of the brain itself; no blood-vessels could be discovered in them, and by pressing, small drops of serum were squeezed out.

The white substance throughout, appeared of the natural aspect and consistence; and this was the case with the annular protuberance and the cerebellum. Lungs healthy; the abdomen presented traces of chronic peritonitis; the peritoneum thickened, and covered in some places with membranous patches, some of which had peeled off, and were floating in a whitish puriform serum.

The stomach wrinkled, presented some red streaks; the small intestines reddened throughout, their mucous membrane thickened, sanguineous, and dotted with dark spots, resembling the depressed pustules of variola. The uterus healthy.

Reflexions.—In this case, the œdema of the brain put on a peculiar character, inasmuch as it was confined to the posterior part. Is it on account of the compression being thus circumscribed to the posterior lobes, that the particular symptoms of rigidity of the jaws and arms were observed? The fact itself is curious, and may furnish a point for comparison with similar cases.

The adhesion of the whole anterior region shews the traces of the morbid action, to which the loss of reason in the first instance is to be attributed; and this supposition is further confirmed by the albuminous patches found in this region.

ORIGINAL RESEARCHES ON THE FRONTAL SINUSES, WITH OBSERVATIONS ON THEIR BEARINGS ON THE DOGMAS OF PHRENOLOGY,

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Before proceeding to state in detail the various facts and fictions relative to the frontal sinus, (1) it will be proper to premise some necessary information touching the nature and relations of the sinuses themselves.

These *cruces phrenologorum* are two cavities, separated from each other by a perpendicular osseous partition, and formed between the tables of the frontal bone, in consequence of a divergence of these tables from their parallelism, as they descend to join the bones of the nose, and to build the orbits of the eye. They are not, however, mere inorganic vacuities, arising from the recession of the bony plates; they constitute a part of the olfactory apparatus; they are lined with a membrane, a continuation of the pituitary, and this, copiously supplied with blood, secretes a lubricating mucus which is discharged by an aperture into the nose.

Various theories have been proposed to explain the mode of their formation; but it is only the fact of their existence, frequency, and degree, with which we are at present interested. In the fœtus, manifested only in rudiment, they are gradually, but in different subjects variously developed, until the age of puberty; they appear to obtain their ultimate expansion towards the age of twenty-five. They are exclusively occasioned by the elevation of the external table, which determines, in fact, the rise of the nose at the period of adolescence, by affording to the nasal bones their formation and support.

Sundry hypotheses have likewise been advanced to explain their uses, but it will be enough for us, from the universality of their appearance, to refute the singular fancy of the phrenologists, that these cavities are abnormal varieties, the product of old age or disease.

But though the sinuses are rarely if ever absent, their size in every dimension varies to infinity. Laying aside all rarer enormities, and speaking, of course, only of subjects healthy and in the prime of life, in superficial extent the sinus sometimes reaches hardly above the root of the nose, sometimes it covers nearly the whole forehead, penetrates to the bottom of the orbit, and, turning the external angle of the eye-brow, is terminated only at the junction of the frontal and parietal bones. Now, a sinus is small, or almost null upon one side—on the other it is, perhaps, unusually large; while in no dimension are the two cavities, in general, strictly correspondent, even although the outer forehead present the most symmetrical appearance. In depth (or transverse distance between the tables) the sinus is equally inconstant, varying indeterminably in different heads, from a line or less to half an inch and more. Now, a sinus gradually disappears by a gradual convergence of its walls; now these walls, after running nearly parallel, suddenly unite. Now, the depth of the cavity decreases from centre to circumference; now, the plates approximate in the middle and recede farther from each other, immediately before they ultimately unite. In one cranium, a sinus, collected within itself, is fairly rounded off; in another, it runs into meandering bays, or is subdivided into separate chambers, these varying without end in their relative capacity and extent. In depth, as well as in extent, the capacity of the sinus is thus wholly indeterminable; and no one can predict from external observation, whether the cavity shall be a lodging scanty for a fly or roomy for a mouse.

It is an error of the grossest, that the extent of the sinus is indicated by a ridge, or crest, or blister, in the external bony plate. Such a protuberance has no certain or even probable relation to the extent, depth, or even existence, of any vacuity beneath. Over the largest cavities there is frequently no bony elevation; and women, in whose crania these protuberances are in general absent or very small, exhibit the sinuses as universally existent and not, perhaps, proportionably less extensive than those of men. The external ridge, however prominent, is often merely a sudden outward thickening of the bony wall, which sometimes has a small, sometimes no cavity at all, beneath. Apart also from the vacuity, though over the region of the sinus, no quarter of the cranium presents greater differences in thickness, whether in different subjects or in the same head, than the plates and diploe of the frontal bone: and I have found that the bony walls themselves presented an impediment which varied inappreciably from three to thirteen lines:—"*Fronti nulla fides.*"

But the "*fronti nulla fides,*" in a phrenological relation, is further illustrated by the accidents of its sinus, which all concur in manifesting the universality and possibly capacious size of that cavity. That cavity is sometimes occupied by stony concretions, and is the seat of ulcers, cancer, polypus, and sarcoma. When acutely inflamed, the sensibility of its membrane becomes painfully intense; and every one has experienced its irritation when simply affected with catarrh. The mucosity of this membrane, the great extent and security of the caverns, joined with their patent openings into the nose, render the sinuses a convenient harbour for the nidulation, hatching and nourishment of many parasitic animals; indeed, the motley multitude of its guests might almost tempt us to regard it as

———"The cistern for all creeping things
To knot and gender in."

"Chacun a son Verocquin dans la teste"—"Quemque suus vellicat Vermis"—are adages which from the vulgarity of the literal occurrence, would seem more than metaphorically true.(2) With a frequency sometimes epidemic,(3) flies and insects here ascend to spawn their eggs, and maggots (other than phrenological) are bred and fostered in these genial labyrinths. Worms, in every loathsome diversity of slime and hair—reptiles armed with fangs—crawlers of a hundred feet—ejected by the score, and varying from an inch to half an ell in length, cause by their suction, burrowing and erosion, excruciating headache, convulsions, delirium, and phrensy. With many a nameless or nondescript visitor, the leech, the lumbricus, the ascaris, the ascaris lumbricoides, the fasciola, the eruca, the oniscus, the gordius, the forficula, the scolopendra, the scorpiodes, and even the scorpion,(4) are by a hundred observers recorded as finding in these "antres vast"—these "spelunci ferarum"—a birthplace or an asylum.(5) And the fact, sufficiently striking in itself, is not without significance in relation to the present inquiry, that these intruders principally infest the sinuses of women, and more especially before the period of full puberty.

Such is the great and inappreciable variation of the frontal sinus and its walls, that we may well laugh at every attempt to estimate in that quarter, the development of any part of the subjacent hemispheres, were that part larger than the largest even of the pretended phrenological organs. But this is nothing. Behind these spa-

(1.) It is proper to observe, that the notes, of which the following is an abstract, were written above sixteen years ago, and have not since been added to, or even looked at. They were intended for part of a treatise to be entitled, "The Fictions of Phrenology and the Facts of Nature." My researches, however, particularly into the relations of the cerebellum, and the general growth of the brain, convinced me that the phrenological doctrine was wholly unworthy of a serious refutation; and should the detail of my observations on these points be ever published, it will not be done in a polemical form. My notes on the frontal sinuses having, however, been cast in relation to the phrenological hypothesis, I have not thought it necessary to take the labour of altering them,—especially as the phrenological fiction is, in truth, a complement of all possible errors on the subject of these cavities.

(2.) In the frontal sinuses worms and insects are *not unfrequently* found.—Voigtel Handb. d. Pathol. Anat. 1804, vol. i, p. 292. I quote him, *instar omnium*, as one of the best and one of the most recent authorities.

(3.) Forestus Obs. Med., Lib. xxi. schol. 28.

(4.) Hollerius de Morb. int. L. i, c. 1; Gesner Hist. Anat., L. v; Boneti Sepul. Obs., 121; Ferretti.—I here refer to the scorpion alone.

(5.) Long before the sinus was anatomically described by Carpi, this pathological fact had been well known to physicians. The prescription of the Delphic oracle to Demosthenes of Athens for his epilepsy shews that the Greeks were aware of the existence of worms in the frontal sinuses of the goat. (Alex. Trallian, L. i, c. 15.) Among the Arabians, Avicenna (Fenestella, L. iii, tr. 2, c. 3) tells us it was well known to the Indian physicians, that worms generated in the forehead immediately above the root of the nose, were frequently the cause of headaches; and Rhazes (Continet, L. i, c, 10) observes that this was the opinion of Schare and others. Among the moderns, my medical ignorance suggests more authorities than I can almost summon patience simply to name. The curious reader may consult, among others, Valescus de Taranta, Nicolaus de Nicolis, Vega, Marcellus Donatus, Trincavella, Benedetti, Hollerius, Duretus, Fabricius Hildanus, Zacuta Lusitanus, Hercules de Saxoni, Petrus Paulus Magnus, Angellinus, Alsarius, Cornelius Gemma, Gesner, Benevonius, Fernelius, Riolanus, Forestus, Bartholinus, Ferretti, Rolfinch, Olaus Wormius (who himself ejected a worm from the nose—was it a family affection?) Smetius (who also relates his own case,) Tulpius, Heurnius, Rousseus, Monardis, Schenk, Senertus, Montuus, Borelli, Bonetus, Hertodius, Kerkrigius, Joubert, Volkammer, Wohlfarth, Nannoni, Stalpert, Vander Well, Morgagni, Clericus, De Blegny, Salzman, Honold, Hill, Kilgour, Littré, Maloet, Saudifort, Henkel, Harder, Stocket, Slabber, Nil Rosen, Razoux, Schaarschmidt, Quelmatz Wolf, Blumenbach, Plouquet, Baur, Riedlin, Zacharides, Lange, Boettcher, Welgo, Wrisberg, Troia, Voigtel, Rudolphi, Bremser, &c., &c.; and of journals—Ephem. Misc.; Acta et Nova Acta Curios. Nat.; Commerc. Liter., Nov. 2; Breslauer Sammlung; Duncan's Med. Journ.; Edinb. Med. Essays; London Chronicle; Philadelphia Transactions; Blumenbach's Med. Bibl., &c., &c.

I may here mention, that the nidulation of the œstrus ovinus (which occasionally infects the human sinus) forms a frequent epidemic among sheep and goats. The horse, the dog (and probably most other animals) are similarly afflicted.

cious caverns, in utter ignorance of the extent, frequency, and even existence of this impediment; the phrenologists have placed, not one large, but seventeen of their very smallest organs; and have thus enabled an always insurmountable obstacle to operate in disproof of their system in its highest intensity.'

By concentrating all their organs of the smallest size within the limits of the sinus, they have, in the *first place*, carried all those organs whose range of development was *least*, behind the obstacle whose range of development was *greatest*. Where the cranium is thinner and comparatively more equal in thickness, they have placed all the organs (those of the propensities and sentiments) which present the broadest surface, and, as they themselves assure us, varying in their development from the centre to circumference by an inch and upwards; while all the organs (those of the intellect) which have the narrowest expansion, and whose varying range of development from the centre is stated to be only a quarter of an inch (less even than a fourth of the variation of the others);(6)—these they have accumulated behind an impediment whose ordinary differences are far more than sufficient to explain every graduation of the pretended development of the pretended organs from their smallest to their largest size.

In the *second place*, they have thus at once thrown one half of their whole organology beyond the verge of possible discovery and possible proof.

In the *third place*, by thus evincing that their observations on that one half had been only illusive fancies, they have afforded a criterion of the credit to be fairly accorded to their observations in relation to the other; they have shown in this, as in other parts of their doctrine, that *manifestation* and *development* are quantities which, be they what they may, can on their doctrine always be brought to an equation.

Nay, in the *fourth place*, as if determined to transcend themselves—to find "a lower deep beneath the lowest deep," they have even placed the *least of their least* organs at the very point where this, the *greatest obstacle*, was in its *highest potency*, by placing the organs of configuration, size, weight, and resistance, &c., towards the internal angle of the eye-brow, the situation where the sinus is almost uniformly deepest.(7)

Nor, in the *fifth place*, were they less unfortunate in the location of the rest of their minutest organs. These they arranged in a series along the upper edge of the orbit, where, independently even of the sinus, the bone varies more in thickness, from one individual and from one nation to another, than in any other part of the skull; and where these organs, hardly larger, are packed together more closely than peas in a pod. These pretended organs, if they even severally protruded from the brain, as they never do—if no sinus intervened—and if, instead of lying under the thickest, they were situated under the thinnest bone of the cranium; these petty organs could not, even in these circumstances, reveal their development by determining any elevation, far less any sudden elevation, of the incumbent bone. That bone they could only *attenuate* at the point of contact, by causing an indentation on its inner surface. This is shown by what are called the glands of Pacchioni, though erroneously. These bodies, which are often found as large as, or larger than, the organs in question, and which arise on the coronal surface of the encephalon, attenuate to the thinnest, but never elevate in the slightest the external bony plate; though there the action of the muscles presents a smaller impediment to a partial elevation than in the superciliary region. This I have frequently taken note of.

As it is, these minute organs are expected to betray their distinct and relative developments, through the obstacle of two thick bony walls, and a large intervening chamber; the varying difference of the impediment being often considerably greater than the whole diameter even of the organs themselves. The fact, however, is that these organs are commonly, if not always, developed only in the bone, and may be cut out of the cranium, even in an impuberal skull destitute of the sinus, without trenching on the confines of the brain itself. At the external angle of the eyebrow at the organ of slumber, the bone, exclusive of any sinus, is sometimes found to exceed an inch in thickness.

How then have the phrenologists attempted to obviate the objection of the sinus?

The first organs which Gall excogitated, he placed in the region of the sinus; and it is manifest he was then in happy unacquaintance with everything connected with that obnoxious cavity. In ignorance, however, Gall was totally eclipsed by Spurzheim; who, while he seems even for a time unaware of its existence as a normal occurrence, has multiplied the number and diminished the size of the organs which the sinus regularly covers. By both the founders, their organology was published before they had discovered the formidable nature of the impediment, and then it was too late to retract. They have attempted, indeed, to elude the objection; but the manner in which they have floundered on from blunder to blunder—blunders not more inconsistent with each other, than contrary to the fact; shows that they have never dared to open their eyes on the reality, or never dared to acknowledge their conviction of its effect. The series of fictions in relation to the frontal sinus, is, out of phrenology, in truth, unparalleled in the history of science. These fictions are substituted for facts the simplest and most palpable in nature; they are substituted for facts contradicted by none, and proclaimed by every anatomical authority; and they are substituted for facts which, as determining the competency of phrenological proof, ought not to have been rejected without a critical refutation by the founders of that theory themselves. But while it seemed possible for the phrenologists to find only truth, they have yet continued to find nothing but error—error always at the greatest possible distance from the truth. But if they were thus so curiously wrong in matters so easy, notorious, and fundamental, how far may we not presume them to have gone astray where they were not, as it were, preserved from wandering.

The fictions by which phrenologists would obviate the objection of the frontal sinus, may, with the opposing facts, be divided into four classes;—as they relate 1st, to its *nature* and *effect*; 2nd, to its *indication*; 3rd, to its *frequency*; and 4th, to its *size*.

I.—NATURE AND EFFECT OF THE SINUS.

Fact.—The frontal sinus only exists in consequence of the recession of the two cranial tables from their parallelism; and as this recession is inappreciable, consequently, no indication is afforded by the external plate of the eminence or depression of the brain, in contact with the internal.

To this fact, Gall opposed the following:

Fiction.—The frontal sinus interposes no impediment to the observation of cerebral development; for as the walls of this cavity are exactly parallel, the effect of the brain upon the inner table must consequently be expressed by the outer.

Authorities for the Fiction.—This fiction was originally advanced by Gall, in his lectures, and, though never formerly retracted, has not been repeated by him or Spurzheim in their works subsequently published. I therefore adduce it, not as an opinion now actually held by the phrenologists, but as a part only of that cycle of vacillation and absurdity which, in their attempts to elude the objection of the sinus, they have fruitlessly accomplished. That it was so originally advanced, is shown by the following authorities; which, as beyond the reach of readers in general, I shall not merely refer to, but translate.

The first is *Frorlep*; and I quote from the 3rd edition of his "Darstellung," &c. which appeared in 1802. This author was a pupil and friend of Gall, on whose doctrine he delivered lectures, and his work is referred to by Gall, in his Apologetic Memorial to the Austrian Government, in that very year, as containing an authentic exposition of his opinions.—"Although at this place, the frontal sinuses are found, and here constitute the vaulting of the forehead, nevertheless, Gall maintains that the brain, in consequence of the walls of the sinuses lying quite parallel (?!), is able to affect likewise, the outer plate, and to determine its protuberance."—p. 61. The doubt and wonder are by the disciple himself.

The second authority is *Bartels*, whose "Anthropologische Bemerkungen" appeared in 1806. "In regard to the important objection drawn from the frontal sinuses, Gall's oral reply is very conformable to nature. 'Here, notwithstanding the intervening cavity in the bones, there is found a parallelism between the external and internal plates of the cranium.'"—p. 125.

Proof of the Fact.—In refutation of a fiction so ridiculous, it is unnecessary to say a single word; even the phrenologists now define the sinus by "a divergence from parallelism between the two tables of the bone."(7.)

It was only in abandoning this one fiction, and from the conviction that the sinus, when it existed, did present an insuperable obstacle to observation, that the phrenologists were obliged to resort to a plurality of fictions of far inferior efficacy; for what mattered it to them, whether these cavities were *indiscoverable*, *frequent*, and *capacious*, if, in effect, they interposed no obstacle to an observation of the brain.

(To be continued.)

(6.) Combe's System, &c., p. 31. "The difference in development between a large and a small organ of the propensities and some of the sentiments, amounts to an inch and upwards; and to a quarter of an inch in the organs of intellect, which are naturally smaller than the others.

(7.) Every one who has ever examined the sinus knows that what Schulze has observed is true—in illo angulo qui ad nares est, cavitates fundus est et hoc in loco fero ossium laminæ a *se invicem maxime distant*.—(De Cav. Cranii Acta Phys. Med. Acad. Caes, I, p. 508.)

(7.) Combe, System, p. 32.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, May 15, 1845.

On Diseases of the Eye. By Professor Velpeau.—According to the promise made last year, the eminent surgeon of la Charité has resumed his lectures on these diseases, commencing with inflammation of the iris.

Iritis.—This affection was but little studied by ancient writers, but in compensation as it were, modern authors have, within the last twenty years, paid particular attention to it. The silence of the former, and the researches of the latter have caused several errors which it is necessary to point out. It was supposed, that, as iritis was not described in ancient, and occupied so considerable a portion of modern works, it was not so frequent formerly as at the present day. This is easily explained by reflecting on the manner in which the diseases of the eye were divided by the older writers: all were comprised under the denomination of internal and external ophthalmia; inflammation of the different internal parts of the eye itself constituted the former, whilst that of its appendages formed the latter. It is, therefore, not surprising that iritis should not have been studied apart, since it was included under the generic term, internal ophthalmia; yet it is certain that it was known, for Maitre Jean, Janin, and St. Yves mention it, and Demours in his work quotes several cases but it must, however, be confessed, that until of late this affection was but little attended to. Formerly, practitioners admitted but two species of ophthalmia, to which they added an epithet according to the constitution of the subject; a mode of classification, which, even at the present time, some persons are disposed to adopt. In the commencement of the present era, iritis was the subject of several memoirs; Smith and Dr. Gimelle studied it; but it was only in 1823, that M. Gillet de Grandmont sustained publicly his thesis on this affection. Previously to this period it was known in Germany and England; Travers, Saunders, and some others, having already made it the subject of their studies. It would, however, be difficult to prove that iritis was more frequent formerly than at the present time, and it may be added, that

there is no reason to believe that such was the case. There are, sometimes, facts by which we may explain the greater frequency of certain diseases at one period than at another; in the present instance none exist: all that can be asserted is, that iritis is one of the diseases of the eye, which is frequently, very frequently observed, and comes immediately after inflammation of the tarsi, of the conjunctiva, and the cornea. This would be sufficient to prove how important it is that the practitioner should be familiar with the various forms of this disease, but a still more powerful motive exists, viz.: the attendant danger, which makes it absolutely necessary to study this phlegmasia more attentively than those already described, for when it terminates favourably, it leaves indelible marks, accompanied by more or less important derangement in the functions of the organ. Iritis is, therefore, an affection which is deserving of the surgeon's most serious attention.

Divisions.—Iritis may be divided into acute, chronic, simple, specific, or presenting various complications, according to the peculiar constitution of the patient or the place in which he resides. The German authors have established numberless divisions, but they are superfluous, if not injurious; thus, they admit thirty varieties of iritis, distinguished by the terms anterior, posterior, rheumatic, gouty, abdominal, syphilitic, &c. My opinions on this subject, which have been openly expressed, have often drawn from my opponents epithets far from flattering. Their mode of studying diseases is perhaps, not very scientific, since it is the custom in that country to separate the various branches of medicine, and to create a professorship for each specialty, so that persons, otherwise distinguished for their talents, are confined to a very narrow circle, beyond which they perceive nothing, and are led to consider trifles as things highly important. This is a misfortune for science. Thus Baer, whose talent is well known, recognises fifty or sixty different species of cataract. Two things should be avoided; huddling together all the various inflammations of the eye, on the one hand; and creating superfluous and numberless divisions on the other. The prudent practitioner will always keep a medium.

Definition.—Iritis may be defined to be a distinct inflammation, which cannot be confounded with other affections of the eye without great danger. This is evident, since it may exist alone; but it must not be supposed that, therefore, iritis is always unattended by inflammation in the surrounding tissues, but merely that the phlegmasia commences in the iris, and constitutes the principal affection, whilst that of the neighbouring parts is sympathetic. Again, strictly speaking, a distinct inflammation does not exist in any organ; for instance, no one denies that peritonitis is a phlegmasia of the serous membrane of the abdomen, and that the inflammation may extend to the neighbouring cellular, muscular, and mucous tissues, still it is generally admitted, that the former is the principal disease, and like all affections of a distinct nature, has its peculiar causes, symptoms, mode of development, and termination. Now, is not all this observed in iritis?

Varieties.—It may be admitted that the inflammation may commence on the anterior or posterior surface of the iris, or in its parenchyma. Scientifically speaking, this is correct, but it is not less true, that in a very short time the whole organ becomes affected. The phlegmasia may also be partial, general, or more or less modified by the constitution of the patient; but, in admitting that, owing to these several circumstances, there may be modifications of the disease; we are far from stating that each of these constitutes a special inflammation? One variety may be said to have a specific origin, viz., the syphilitic: but as to the scrofulous, rheumatic, arthritic, or such like, they ought to be rejected, as their symptoms may be observed in simple iritis. Moreover, how is it possible to admit the influence of a rheumatic, gouty, or scrofulous virus, on the constituent parts of the eye, and on the iris in particular, when many distinguished physicians consider the existence of a virus peculiar to each of these diseases chimerical? Do not many eminent practitioners state that rheumatism is a phlegmasia of the fibrous and synovial tissues? Again, in admitting that gouty iritis exists, its characteristic symptoms are often observed in patients admitted into hospitals, while it is well known that gout is a disease very seldom seen there. The same remarks are applicable to scrofula, and though the diseases of the eyes are, doubtlessly, modified by this form of constitution, still they do not in this respect form an exception, as all other affections are equally so. As to the opinion that scrofula is a disease of a peculiar nature, and that the diseases of the eyes, on account of the modifications produced by it, are separate maladies, it is inadmissible. As a constitutional affection scrofula certainly exists; but as one of a peculiar nature, it cannot be admitted: at the same time, let it be well understood, there is no doubt that phlegmasiæ of the eyes, and especially iritis, may present a particular character under the influence of a rheumatic, scrofulous, or any other diathesis, in this respect resembling all the diseases with which individuals of these constitutions may be affected. Thus, if a rheumatic person is affected with pleuritis, pneumonia, or any other malady, does it not present some peculiarities? Will it not be the same with a scrofulous individual? Now, if iritis occur in these cases, it will likewise offer symptoms *sui generis*. The difference, however, is great between this mode of considering the influence of the constitution on the diseases of the eye, and principally on iritis, and the theory of the Germans, who assert, that it is possible to recognise a gouty constitution on inspecting the eye, an opinion completely erroneous, since the pathognomonic symptoms may be observed in persons who have never had an attack of gout in their lives. These are the principal differences between the French and German doctrines, but it may be stated that even in Germany this doctrine is nearly obsolete, and that the practitioners who profess it are ignorant of the progress of science, not only in foreign countries, but also in their own. Iritis may be modified by the constitution of the patient, but no variety of a specific nature exists, except the syphilitic, because no one can deny that a virus is the cause of syphilis, whereas this is not generally admitted in other affections.

Symptoms.—Those of acute uncomplicated iritis may be divided into three stages; in the first stage, more or less pain in the forehead, temple, and bottom of the orbit; photophobia; lachrymation; vision more or less impaired; very slight redness; cornea transparent; conjunctiva almost white; the sclerotica, on the contrary, presents a reddish pink tint, disposed in a circular form, somewhat analogous to the ring already described in keratitis, but differing inasmuch as it does not reach the cornea, which is surrounded by a small greyish-brown circle; this symptom is very important in the diagnosis of iritis, and is produced by the anatomical disposition of the cornea and sclerotica, it being impossible, from the mode in which these two membranes are united, for the vessels to reach their point of junction, and it is the space comprised between the cornea and iris which forms the circle. Though a phenomenon purely anatomical, it has been erroneously considered by the Germans as the sign of gouty iritis, and called, consequently, the arthritic circle; the natural colour of the iris more or less changed; this symptom is difficult to discover when both eyes are affected, as no comparison can be made, except when the colour of the iris was previously known to the medical attendant; mobility of the pupil more or less diminished; when one eye alone is affected, it is generally smaller than on the healthy side; its form may vary considerably; it may be irregular, angular, or in the shape of an oval triangle; the edges may have a velvety, flaky appearance; the pupil may be cloudy, caused by the diminution of the transparency of the humours. The characteristic signs of this disease are, sub-orbitar pain, slight photophobia and epiphora, injection, sight more or less impaired, red tint of the sclerotica, disposed in a radiated circle, small greyish-brown ring surrounding the cornea, a change in the normal colour of the iris, and modification in the shape and aspect of the pupil.

Intermittent Affection of the Bladder.—The Count de C——, after having been occupied some time superintending some workmen employed in draining a marsh, was seized with the following symptoms:—uneasiness, shiverings, followed by fever and violent pain in the bladder. Boyer, who was called in, diagnosticated cystitis, the more readily as he had previously been obliged to sound the patient several times, on account of a stricture of the urethra. Forty leeches were ordered to be applied to the hypogastrium. During the night the pain ceased on a sudden, but returned the next day with equal intensity, when Boyer ordered forty more leeches to be put on. Baron Michel, the Count's physician, who was afterwards sent for, recognised at once a case of febris perniciosa cystica, analogous to those he had frequently seen at Rome, and prescribed sulphas quinæ; unfortunately the remedy came too late; the severity of the two attacks, and the loss of blood, had so reduced the patient, who was very old, that the disorder proved fatal. At the *post-mortem* examination the bladder was found quite healthy.—*Gazette des Hopitaux.*

Dislocation of the Knee forwards, caused by forced extension of the Leg. By F. Jacquot, M.D.—Bauzon, sergeant in the 66th regiment of the line, ætat. 21; strong and muscular; sanguineous constitution; entered the military hospital at Metz half an hour after having met with the following accident:—Amusing himself with jumping on level ground, he fell, contrary to the rules of gymnastics, on the left foot, the leg being at the same time stretched to the utmost, and thrown slightly backwards, the right limb, which was carried forwards, not reaching the earth as soon as its fellow. Bauzon felt a smart pain in the knee, and fell immediately on his face. On examination, the state of the part was found to be:—the lower limb was flexed at an angle with the thigh, so that the articular surface of the tibia was in contact with the inner surface of the patella, the anterior sub-cutaneous face of which was directed upwards and forwards; the condyles of the femur were easily felt in the popliteal region, which was very tense; pulsations of the popliteal artery not so easily felt as generally stated, owing to its being contained in the inter-condylean furrow; triceps cruralis prominent; tendons of the crural muscles inserted on the tibia and fibula were stretched, and formed two slightly curved cords, the concavity looking upwards; limb mobile; flexion easily performed, and almost without pain, foot turned inwards or outwards, according to the position in which the limb was placed, the shortening not more than an inch; slight swelling on each side of the knee; very little pain; no ecchymosis; in all probability the only lesions were rupture of the crucial ligament, and some fibres of the gastrocnemii; all the tendons were uninjured. Reduction was easily effected by performing gentle and gradual extension on the leg, and without causing much pain. The only symptoms afterwards noticed were swelling of the knee, which soon disappeared, and pain in the sole of the foot, especially at its inner edge, and in the tendo Achillis, produced by the apparatus. Six weeks after the accident, the patient could move about without limping, except when fatigued; the knee was still weak, but not swollen. The patient was bled the day of the accident, and, after reduction, to subdue, or rather prevent the occurrence of inflammation; the apparatus was kept moist, first with Goulard water, and afterwards with camphorated spirits of wine. According to the author, this luxation was produced in the following manner:—When the body is thrown forwards, so as to cause the femur to form a right angle with the tibia, the inferior extremity of the anterior surface of the former presses on the upper edge of the patella, and as this bone reaches the anterior tuberosity of the tibia, it becomes firmly fixed. A lever of the first kind is thus obtained, the power being applied to the upper end of the femur; the fixed point being the patella, and the resistance being formed by the posterior ligament. When the power is sufficient to overcome the resistance, the condyles escape backwards in the ham, but not downwards, as shewn in the case just related. The editors of the *Archives* in recording this case, justly remark, that M. Velpeau, in stating that the leg might be bent so as to form a right angle with the thigh, without luxation taking place, spoke of extension alone; whereas, in Dr. Jacquot's case, two causes existed—

first, forced extension; and secondly, the sudden shock produced by the falling of the body on the ground, and that, by the union of these two causes, the luxation might easily be explained without having recourse to hypothesis.—*Archives de Medecine.*

* *Necrology.*—After a long and painful illness, Professor Breschet departed this life on the tenth of May, 1845, in the 53d year of his age. Gilbert Breschet was born at Clermont, Ferrand, in 1783, and received the rudiments of his education at the college in that town; after which, having made choice of the medical profession, he came to Paris to pursue his studies. In 1808 he was named *eleve externe* at La Charité, and in 1809 was appointed *interne* to the Hopital St. Antoine; in 1812 he received the degree of M.D., and on this occasion, in his thesis on acute dropsy, he showed that the disease was not always owing to an asthenic cause, but sometimes due to an augmentation of the vital properties of the serous membrane, and that in these cases antiphlogistic remedies were indicated; in 1818 he was nominated physician to the Bureau Central; in 1819, *chef des travaux anatomiques* at the Faculty of Medicine; the preparations made on this occasion are still to be seen in the museum of the Faculty; in 1820, the surgical wards of the Foundling Hospital were confided to his care, and in the same year, on the organization of the Academy of Medicine, he was included by his Majesty among its members (section of pathological anatomy); in 1822, he was appointed surgeon to the Hotel Dieu; in 1830, consulting surgeon to his Majesty Louis Philippe; in 1835, he was elected, by 47 suffrages, member of the Academyof Sciences, in the section of medicine and surgery, a place vacant by the death of Dupuytren; and finally, on the 22d July, 1836, he was named by *concours*, professor of anatomy at the University of Paris. His death will probably raise many a hope, and cause, perhaps, many a disappointment among the candidates for the places he has left vacant. Breschet published several important works, alone or in conjunction with others. Alone: Memoire sur l'Ectopie de l'Appareil de la Circulation, et particulierement sur celle du Cœur, 1826. Repertoire General d'Anatomie, et de Physiologie Pathologique, et de Clinique Chirurgicale, 1826. Recherches Anatomiques, Physiologiques, et Pathologiques sur le Systeme Veineux, 1829. Recherches Anatomiques et Physiologiques sur l'Organe de l'ouie et sur l'Audition, dans l'Homme and les Animaux Vertebres, 1836. Etudes Anatomiques, Physiologiques, et Pathologiques de l'Œuf dans l'Espece Humaine, et dans quelques unes des Principales Familles des Animaux Vertebres, 1833. Memoires Chirurgicales sur les Differentes Especes d'Aneurismes, 1834. Recherches Anatomiques et Physiologiques sur l'Organe de l'Audition chez lesOiseaux, 1836. Recherches Anatomiques et Physiologiques sur l'Organe de l'Ouie des Poissons, 1838. Histoire Anatomique et Physiologique d'un Organe de Nature Vasculaire decouvert dans les Cetacés, 1836. Le Systeme Lymphatique, Considerè sous les Rapports Anatomique, Physiologique, et Pathologique, 1836. Memoire sur une Nouvelle Espece de Grossesse Extra-Uterine, 1826. Recherches et Observations sur l'Aneurisme faux Consecutif du Cœur et sur l'Aneurisme desArteres, 1827. Memoire sur un vice de Conformation Congenital des Enveloppes du Cœur, 1826. Memoire sur une Nouvelle Methode de Traiter et de Guerir le Circocele et le Varicocele, 1834. Du Perione ou Membrane Caduque, de l'Hydro-Perione ou liquide contenu dans cette membrane; de la Nutrition du Fœtus pendant les premiéres périodes de la Gestation, 1832. Recherches Anatomico-Physiologiques et Chimiques sur la Matiére Colorante du Placenta de quelques Animaux, 1829. De la Dessication et des Meilleurs Moyens de Conservation des Pieces Anatomiques, 1819. Translation of Hodgson's Treatise on the Diseases of the Arteries and Veins, with Notes, 1819; and of a work of Gluge's,—Quelques Recherches sur la Structure des Membranes de l'Œuf des Mammiferes, 1837. With Dr. Jourdan, translation of Meckel's Anatomy, with Notes; and with Dr. Raspail, Anatomie Microscopique des Flocons du Chorion de l'Œuf Humain, 1828. Most of these works are accompanied by plates. Finally, several articles in the Dictionnaire de Medecine—the second edition now under publication—and numerous reports made to the Academies of Science and Medicine.

Academy of Sciences. Sitting of the 12th May. M. E. de Beaumont in the chair.

On the Quantity of Opium contained in the Papaver Somniferum Album. By M. Bonnafond, of Turin, corresponding member of the academy. The author obtained from 100 capsules of the papaver album cultivated in the garden of the Royal Academy of Agriculture, Turin, incised while still on the stem, fifty grains of opium, which furnished three grains and a half of morphia, or seven parts of pure morphia in one hundred parts of opium. The author likewise states, that transverse incisions of the capsules yield twice as much opium as the longitudinal, and that the product obtained has a very bitter taste, but does not exhale the virous smell of exotic opium.

On the Proportions of Azote contained in Organic Substances. By M. Melsens. The experiments performed by the author were, 1st, on sawdust—1.063 grains were mixed with the oxyde obtained by decomposing the nitrate of copper, and gave 1.01 azote—0.627 grains with finely pulverized oxyde of copper, obtained by calcination of the metal, gave 0.28 azote—1.260 grains with the same oxyde gave 0.94—1.024 grains with the same oxyde previously heated gave 0.53 azote. These results, however, must be considered as approximative only. 2nd. On albuminoid substances. The average quantity was 17.7 per cent.; M. Scherer found 15.8 per cent; M. Mulder 15.7 per cent; Professor Dumas and M. Cahours 16.6 per cent. 3d. On the portion of fibrine insoluble in boiling water; according to M. Mulder it contains 14.8 per cent. of azote; to M. Dumas and Cahours, 16.0 per cent.; and to the author, 19.5 per cent.

On the Changes of the Magnetic Poles. By M. Choron, of Troyes. The author long since remarked that it was sufficient to bend an iron rod in order to change the magnetic poles; thus in soldering a plate of zinc, copper, or platina on one of the extremities of a common iron rod, and presenting it to a magnetic needle, he remarked that the attraction was changed into repulsion when the iron rod was bent; it may also be attractive or repulsive according as it is presented above or below the magnetic needle. This is not subjected to any positive law, nor is the soldering necessary to produce it.

On the Products of the Decomposition of Minerals of the Class of Silicates: by M. Ebelmen, *Ingenieur des Mines.* The substances examined by the author were: 1° The bisilicate of manganese from Algiers. Composition :—

Pure.

Silica	45·49
Protoxyde of Manganese	39·46
„ „ Iron	6·42
Lime	4·66
Magnesia	2·60
	98·63

Altered by Calcination.

Water		10·14
Oxygen		8·94
Protoxyde of Manganese		43·00
Peroxide of Iron		6·60
Lime		1·32
Insoluble Residuum	Gelatinous Silica	2·40
	Unchanged Bisilicate	27·20
		99·60

Formula (Mn Fe Ca Mg) S^2

2° Bisilicate of Manganese of St. Marcel :

Pure.

Silica	46·37
Protoxyde of Manganese	47·38
Lime	5·48
	99·23

Altered.

Oxygen		4·44
Protoxyde of Manganese		47·71
Lime		0·90
Water		1·10
Insoluble Residuum	Gelatinous Silica	8·00
	Unchanged Bisilicate	44·47
		100.62

Formula (Mn Ca) S^2

3° Bustamite of the silver mines of Tetata, Mexico :

Pure.

Silica	44·65
Protoxyde of Manganese	26.96
„ „ Iron	1·75
Lime	14·43
Magnesia	0·64
Carbonate of Lime	12·27
	100·70

Decomposed.

Protoxyde of Manganese	55·19
Oxygen	10·98
Water	10·68
Peroxyde of Iron	1·56
Carbonate of Lime	14·03
Silica and Quartz	8·53
	100·97

4° Basalt of Crouzet (Haute-Loire) :—

Pure.

Water	4·9
Silica and traces of Titanium	46·1
Alum	13·2
Lime	7·3
Magnesia	7·0
Protoxyde of Iron	16·6
Potass	1·8
Soda	2·7
	99·6

Decomposed.

Water and Organic Matter	16·9
Silica	36·1
Alum	30·5
Lime	8·9
Magnesia	0·6
Peroxyde of Iron	4·3
Potass	0·6
Soda	0·9
Oxyde of Titanium	0·6
	99·4

5° Basalt of Polignac (Haute-Loire) :—

Pure.

Water	3·7
Silica	53·0
Alum	18·4
Lime	6·8
Magnesia	3·5
Protoxyde of Iron	9·5
Potass	2·7
Soda	3·1
	100·7

Decomposed.

Water and Organic Matter	3·5
Silica	58·1
Alum	22·6
Lime	2·9
Magnesia	2·2
Peroxyde of Iron	4.0
Potass	2·7
Soda	3·3
	99·3

6° Basalt of Kammer, Bael, near Eger (Bohemia).

	Pure.	Decomposed. 1st Stage	Decomposed. 2nd Stage.
Water	4·4	9·5	20·4
Silica and traces of Titanium	44·4	43·0	42·5
Alum	12·2	13·9	17·9
Lime	11·8	12·1	2·5
Magnesia	9·1	7·3	3·3
Peroxyde of Iron	3·5	5·4	11·5
Protoxyde of Iron	12·1	8·3	0·0
Potass	0·8	0·5	0·2
Soda	2·7		
	100·5	100·0	98·3

The author concludes 1° that in the decomposition of the silicates containing lime, magnesia, protoxyde of iron, and manganese, and no alum; the silica, lime, and magnesia are eliminated, and tend to disappear altogether, and that in some the iron and manganese are either more highly oxydised, or seem to disappear; 2° that the decomposition of the silicates which contain alum and the alcalies, with or without the other bases, the alum is concentrated in the residuum of the decomposition, retaining a small portion of the silica, and a certain quantity of water; the other bases are eliminated with the greater part of the silica. The final product of the decomposition becomes more and more like the hydrated silicate of alum. The author likewise studied the causes of the decomposition.

On the Identity of the Chemical Properties of the Essences of the Artemisia Dranunculus, and the Pimpinella Anisum, by M. Ch. Gerhardt.—The experiments of the author prove, that the essence of the artemisia dranunculus is composed of an oxygenated substance, containing but very little carbon, and presenting the same composition, and the same mode of condensation as the essence of the pimpinella anisum. It boils at about 403° F., density at 552° F.=5·39—at 583° F.=5 28; formula—

Anisic Acid. Oxalic Acid.

$$C^{10} H^{12} O + O^{6} = C^{8} H^{8} O^{3} + C^{2} H^{2} O^{4};$$

remains liquid at 26° F. The author next examines the action of sulphuric acid and the chlorurets on these essences, and concludes—1° that the essence of the artemisia dranunculus is but a physical modification of the essence of the pimpinella anisum, or of the anethum fœniculum; its formula, like that of the two last, is $C^{10} H^{12} O$= 2 vol.; the chemical tests are the same. 2° That when these essences are mixed with sulphuric acid or certain chlorurets, on being isolated anew, they are changed into other isomeric compounds, one of which is liquid, and the two others solid. 3° That the liquid compound is to these essences, what *terebere* is to the essences of turpentine and lemon, the same composition, the same density, the same point of ebullition, the only difference being that it is somewhat more stable. 4° That the liquid compound, when sulphuric acid is added to it, produces the sulphonithates, unibasic salts represented by the formula $C^{10} H^{10}$ M S O^{4}.

Academy of Medicine; Sitting of the 13th May—M. Caventou in the chair.—The president informed the Academy of the death of Professor Breschet.

On the Influence of the Tobacco Plant on Workmen.—Dr. Ruefs, Physician to the Manufactory of Tobacco, Strasburgh, addressed a letter on this subject, in which he refuted several opinions contained in the report of Dr. Melier, relative to its influence on phthisis, intermittent fever, and rheumatism, as from statistical tables drawn out lately at Strasburgh, he finds, that these diseases are as frequent among the workmen of the manufactory, if not more so, than in the remainder of the population. Dr. Villeneuve mentioned that he had questioned several midwives, who frequently attend females employed in the tobacco manufactory, and that none had ever perceived that the amniotic liquid presented the odour of tobacco.—Professor Dubois: The fact quoted by Dr. Melier is certified by Dr. Stoltz, and is worthy of belief.—Dr. Villeneuve enquired if Professor Dubois had ever witnessed a similar case.—Professor Dubois, in reply, said that he had never attended a female under such circumstances, but even if he were to do so several times without remarking it, still he would not, on that account, conclude that such could never be the case.

Dr. Rochoux read a report on a memoir on hemiplegia, caused by lesion of nerves. Conclusion—that the memoir be sent to the Committee of Publication.

Dr. Pariset, who entered at the close of Dr. Rochoux's report, was requested to read the speech he made at the funeral of Professor Breschet, in the name of the Academy of Medicine. This discourse was listened to in dead silence, and received with unanimous and deserved applause.

On the Mineral Waters of Bagneres du Luchon.—Dr. Fontan, inspector of these waters, and corresponding member of the Academy, read a long and elaborate memoir on this subject, in which, after mentioning their chemical composition, their physical and therapeutic properties, he alludes to the diseases that may be benefitted by their use—enumerates a certain number of cures obtained by their means, and finally compares them with the mineral waters of Eaux Bonnes, Cauterets, and Bareges, pointing out the diseases in which they ought to be preferred. Two important remarks made by the author ought not to pass unnoticed; first, the distinction that exists between sulphurous waters, rendered such by the nature of the soil, and those which become so accidentally, by the decomposition of organic matter, acting on the sulphate of lime contained in the soil; secondly, that the use of sulphurous waters is a preservative against salivation in persons subjected to a mercurial course.—Dr. Girardin wished to make some remarks on the species of infatuation which has reigned of late relative to mineral waters; prospectuses of all descriptions are published, proclaiming the beneficial effects to be obtained from their use, and very often, it appears, from the way in which they are worded, that such is the opinion of the Academy, so that we ought in future to be on our guard, when a report is demanded on any mineral water. These observations are, however, in no way applicable to Dr. Fontan, whose researches and whose character have long since been known and fully appreciated by the Academy. As to the memoir just read, he remarked, that the waters of Bagneres du Luchon are highly lauded; that in the generality of cases, they ought to be preferred to those of Cauterets, Bareges, or Eaux Bonnes, and that though many successful, still no unsuccessful cases are quoted. This he considered injudicious, that is to say, to take isolated facts in order to appreciate the utility of mineral waters, instead of studying for years the modifications caused in the economy by their use: in this respect he considered that the rules laid down by Bordeu were the only really useful ones, and that they ought therefore to be followed. Professor Velpeau made some observations on the distinction made by Dr. Fontan in mineral waters, a distinction which he thought worthy of attention. Dr. Nacquart observed that there are two effects obtained from mineral waters; first, a general modification, which explains why to a certain extent all have a beneficial result on the same diseases, and that, though their properties are very different. Secondly, a special action, rendering them efficacious in some affections, and useless in others. Professor Roux coincided in opinion with Dr. Nacquart as to the modification produced in the system by the use of mineral waters, and as to the waters of *Bagneres de Luchon*, he could vouch for their efficacy in some cases, since it was by their means he was cured of a very extraordinary rheumatic affection, which had resisted various remedies. He thought Dr. Fontan's communication worthy of serious attention, the more so as his learned researches on mineral waters in general, and especially on those of the Pyrenees, are well known and highly esteemed. M. Chevallier considered it very difficult correctly to establish the efficacy of mineral waters: patients go to an establishment; if relieved, they return to accomplish the cure if possible; on the contrary, if they reap no benefit they do not go back; the successful cases are thus well known, and the unsuccessful ones are always concealed. As to the prospectuses, they have rather been useful than otherwise, since the number of patients has of late doubled, and even trebled. Dr. Prus asked in what way the waters of *Eax Bonnes* cured phthisis, when at its first stage, and by what symptoms he recognized the affection? Dr. Rochoux did not think it possible to diagnosticate the presence of tubercles in the nascent state; there are now in Paris upwards of 20,000 individuals who have more than 50,000 tubercles in their lungs, without their health being in the least disturbed. Dr. Fontan shared the dislike professed by Dr. Girardin for quackery, and in reading the result of fifteen years' laborious researches, it was not his intention to laud the waters of which he is inspector, nor to rank them above all others; in his memoir he recommended in some cases *Eaux Bonnes* and *Cauterets* in preference to *Bagneres de Luchon*; thus, the first is spoken of as more efficacious in the first stage of phthisis. (Here the speaker, in reply to Dr. Prus, enumerated the various symptoms by which he recognized the disease in this stage.) He agreed with M. Velpeau regarding the distinction between natural and accidental mineral waters, as deserving the attention of chemists.

On Incomplete Anchylosis.—Dr. Kault, physician to the Civil and Military Hospital of St. Brieu, corresponding member of the Academy, presented an apparatus, by which permanent extension may be maintained in complete anchylosis of the elbow and knee joints. The apparatus, which is very simple and easily applied, is composed of a splint made of a thin iron plate; a lever of the first kind on the convexity of the splint; two screws at one end of the lever, by which it is made to act; and a bracelet at the opposite end. The splint is fixed by straps on the posterior surface of the arm, or the anterior surface of the thigh, according as the elbow or the knee is the seat of the affection; the lever is then made to form an angle with the splint, the part by which it is attached to it inferiorly being moveable, and the bracelet is attached to the wrist or instep; this done, by means of the screws the apparatus is gradually straightened. The power of the lever is the more considerable from the fact, that when it acts, the straps which fix the splint press upon the flexor muscles, and prevent their spasmodic and involuntary contraction, which is known to be the principal cause of incomplete anchylosis, and is the most difficult to overcome.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c
Honorary Physician to the Spanish Embassy.

NOTICES TO CORRESPONDENTS.

T. T.—*Styrol is prepared by distilling liquid Storax with carbonate of soda. Our correspondent will shortly be able to obtain the fullest information on this subject, as Mr. Warrington, secretary to the Chemical Society, has obligingly informed us that the paper by Drs. Blyth and Hoffmann on Styrol is in the press, and will be published very soon.*

A Subscriber. (*Devonshire.*) *Gentlemen in medical practice before* 1815, *will be allowed to be registered as General Practitioners. A foreign diploma, procured by purchase, without examination, will be worthless as to registration.*

M. R. C. S.—*Existing rights are maintained. The question is answered elsewhere. None will register as General Practitioners* without *examination, except those in legal practice at the time of passing the Bill. Present Students will be provided for by the Council of Health.*

A Subscriber, Lynn.—*None will be able to register as physicians, and practice as General Practitioners (recovering fees), but those actually physicians at the time the Bill may pass. The St. Andrew's degree would be sufficient. The London College of Physicians forbid the practice of pharmacy to their members.*

The proper and best course for Mr. Morris, of Ireland, is to advertise his wants in the Times.

H. R.—*The drug prices given in the list, are those at which the wholesale houses buy drugs* before *profit.*

Mr. Tucker, Sligo, *will undoubtedly be able to register as a General Practitioner.*

Agricola.—*The answers, unfortunately, must be in the negative. There are no "accessible means of ascertaining the truth of the pretensions of any who profess themselves qualified to practice in medicine." There is* no *record, in most cases, which may be referred to to satisfy any who are disposed to institute the inquiry, whether the degrees of any practitioner are* really *taken whence they profess to be so taken. The remaining question depends for a safe answer in the knowledge of our correspondent's friends or acquaintances.*

H.—*The discreditable party knows better, if he pleases. The present body of surgeons will not be robbed of their privilege to recover by law for medical or surgical attendance. The contrary of this is the fact.*

An Enquirer *mistakes our meaning in imagining that we ascribe the replies specifically to the agency of the electro-magnetic telegraph. We meant to imply some* "such" telegraphic *communication, which may be all the less complex and difficult, as the*

ideas are more limited, and the distance of the communication it less. With electricity, as a telegraphic agency, a thousand things could be done more than the "Lady" does, in a better style, and with no such proximity; and considering the infinite varieties of "telegraphing," and how much may be done by even a change of position of the body, or a member of it, we must persist in our uncomplimentary opinion that the jugglery is "easy;" albeit we are sorry to be in dissidence with so clever a correspondent as Enquirer.

L. A. H.—*By the new Bill, M.R.C.S. may register as a "Surgeon," not as a Fellow. 2. L. A. H. after the Bill could legally retain his poor-law appointment. Now he cannot. 3. The M.R.C.S. will have the same privilege. 4. If L.A.H. register, as he says, as a General Practitioner, and become a "Fellow" of the new College, he will style himself "General Practitioner." 5. The M.R.C.S. will be in a similar position, but may style himself "Surgeon." 6. By the new Bill, the L.A.H. and the M.R.C.S. will occupy similar positions the one registering as General Practitioner and Apothecary, the other as General Practitioner and Surgeon. 7. The Bill will prevent all use of titles not possessed, and allow the use of all titles really possessed.*

A Lincoln Subscriber.—1. *After the new Bill pass, no druggist will be allowed, as now to call himself "Surgeon," or to prescribe or visit. 2. The M.R.C.S. will be allowed to recover, like an Apothecary, if he become a Fellow of the new College. 3. The Council of Health will most probably name the officership to a benefit club a "public office," in which case no one but a registered practitioner can fill it. He may be a General Practitioner, Apothecary, Surgeon, or Physician, at the free choice of the society.*

A Constant Reader, Liverpool.—*The possessor of a diploma from the "Faculty" at Glasgow, will be entitled to register as a General Practitioner. There is some little doubt as to the legality of the diploma beyond a certain district.*

Communications from Dr. Rigby, Dr. Costello, Dr. Clay, Dr. Wright, and Dr. Lewins, will appear in our next.

"Medicus," Limerick, *asks as many questions as a page of close print would not suffice to answer. For the* curricula *of the Universities of Heidelberg and Giessen, we must refer to "The Medical Guide and Almanack" for* 1845. *Both, however, have been published in the* Medical Times. *The medical points raised will be found considered in the last edition of Cooper. Contributions we do not accept except from known writers. The work of Prout is the best.*

The continuation of Dr. Wright's contribution on the Pathology of the Saliva, next week.

A Constant Reader *will find our opinions on the same point in other answers.*

D. F. R. *should have authenticated his letter on the Westminster Operation.*

Lucius *refers us to a letter that has appeared from him in the "Morning Herald." Its aim is to shew, in answer to a late parliamentary debate, that the inquiry instituted some years since into the condition of the Scotch universities, arose from complaints that two of them were selling degrees to anybody for money, and a third was reducing extremely low the standard of education. Lucius pays a handsome compliment to the University of Edinburgh as an honourable exception.*

A Subscriber, M.D., &c.—*The Supplementary Register allows, we think, the double privilege. The new Bill respects all existing titles and legal privileges. It allows every legal practitioner to be a Fellow of the new College; it allows him* also *to register the whole of his collegiate qualifications, and does not except him from any of the privileges of the new College.*

N. S. N. *should consult a brother practitioner.*

C.—*The Dublin "Sheet" has been received, and part of its contents will be noticed.*

If Dr. Tucker, East Lavington, favour us with his views compendiously given, on the question of the extra-licentiates, we will carefully consider them. The topic is likely to increase in importance.

Alpha (M.D., M.R.C.S., L.S.A.)—*We have in type a letter and memorial on double qualification from our correspondent. The Bill, however, giving in its supplementary register the privilege asked, the communication is now out of date.*

"A Subscriber."—*Every Irish and Scotch surgeon now resident in England is allowed, by the new Bill, to become a "Fellow of the Royal College of General Practitioners" without further fee or examination.*

M. D.—*The whole paltry attempt to raise a new movement against the Association, is founded and supported on a series of false pretences, which no gentleman could participate in. A few days will prove this fact in a very striking manner.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES,"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5s.—*An allowance is made to the trade.*

THE MEDICAL TIMES.

SATURDAY, MAY 31ST, 1845.

Accendit praeterea animos et stimulat, dolor, injuria, indignitas. ** Crudelissima ac superbissima gens sua omnia suique arbitrii facit: circumscribit, includitque nos terminis montium fluminumque quos ne excedamus: neque eos quos statuit terminos observat.—LIVY.

THE Council of the College of Surgeons see at last at their doors the peril against which we had always warned them as the sure result of their childish policy of exclusion and insult. The Bill, they say, will revolutionize their establishment, and put the General Practitioner in a corporate position of worse than formidable rivalry. They are therefore against the measure, and are now using all the exertions they can command to oppose it. It is but another folly. Their condemnation of the Bill will give it the stamp of general approval. The more they wince under the blow, and the more it threats to shape down their fortunes to their capacities, the more rejoiced will be the Profession. The members, injured, scorned, degraded, and libelled in the Council's day of strength, laugh at their wants in the present hour of their weakness. When,—out of a foolish desire to belie the version we gave of their temporary return to good sense, —they abandoned that course of moderate concessions on which they were just entering, they sealed—as we then told them—the fate of their College as a great National Institution. The position of sullen immobility — public men shrinking in fear from the responsibilities of their office, and in the tremors and dubitations of incompetency inertly watching the gradual augmentation of their peril—this position was the sure and shortest means of necessitating those innovations, which, with the College of Physicians, they now so energetically deprecate.

If these gentlemen have so much to deplore, it is fair to suppose, that when the Bill is properly considered, there must be found about it not a little that is favourable to those members whom they have dealt with so hardly. And to give the measure this just consideration, we must not forget that it opens to us a twofold operation, and that a great point in discovering what we have to struggle about, is not to confound the Bill's action on the *present* with its action on the *future* body of medical men.

To our brethren in actual *general* practice there can be no doubt that the Bill is a boon. They have no privilege, or power, or position, which is in one iota impaired, and new privileges, and new powers are gratuitously and unconditionally added. *In their mutual relations with one another*, a better footing is established. General Practitioners, if "men of good will," are knit together in one body. With qualifications—many or few—high or low—from this source or from that—they are, if actually and legally General Practitioners, *i. e.*, members of the brotherhood, they are incorporated in one college, in whose government they will share—in whose interests they will participate —in whose success they will all mutually triumph. On the one side, while the General Practitioners with higher diplomas receive higher recognition and respect—on the other, those more humbly placed acquire elevation as honorable to themselves, as it is free from disparagement to others; and thus, in the new link of one common interest—in the new partnership of one participated boon—nine-tenths of the old causes for discord, ill-feeling, alienation, and comfortless hate will disappear as if by magic.

In reference to PRACTICE the benefit is not less equivocal. Under the present law, there is all but insuperable difficulty in recovering, by law, resisted medical bills. No engagements are broken by the dishonest with more ease, or unfortunately greater success. By the Bill however, our title to sue is made plain and explicit, and the ordinary registration list will be the triumphant proof of a true legal qualification. Our practice thus better protected from the *dishonesty* of patients, will also be better secured from their *folly*. They cannot again trust their lives, under a *delusion*, in the hands of the empiric. For the future, they must commit the blunder with their eyes open. The quack dare no longer pass himself off as a medical man. The powers, again, of the Apothecaries' Act will not be left longer to slumber. Made now a protection, not to the Apothecary only, but to every General Practitioner—aye, a protection to the very Surgeon it once punished—it will depend for its execution, not on the interest or caprice of an irresponsible corporation, but on the behests of the General Practitioners themselves. *They* will elect the Council that wield the powers of repressing wrong, and if the new broom do not sweep the professional pathways clean, the fault will be in those who mischoose their servants. The field of *medical* practice thus confined to *medical* men—will the pure Surgeon or the Physician obtain by the New Bill, a greater proportional share? We cannot think it. The Physicians and pure Surgeons get nothing by the Bill which they had not before; and no single circumstance will be presented to the public by the law of the country supporting their claim to any kind of superiority, but "their formation of a preliminary board of examination" (*should* that remain), and their asking from candidates for their diplomas a somewhat more advanced age. These, practically, are such trifling circumstances, that Physicians and pure Surgeons will offer the public no inducement to support their isolated gentility with the higher fees they claim, except a superiority of scientific reputation. If, in fair competition, they vindicate and maintain that higher reputation, we are not the persons to envy them the higher reward. The New College, however, may so closely contest the distinction, that the probability is not small, that the bodies of Physicians and pure Surgeons will daily lessen to suit the lessening want of the public, and that ultimately they will be composed, almost wholly, of those who by long and extensive general practice have established so wide and enduring a reputation, as to be able to afford the luxury of a "consultantship."

All these are important points in reference to the all-important point—*practice*; but its greatest point of all connects itself with the facility with which new competing members will be ushered into our body. The present system has given us a great superabundance of Practitioners, and some nineteen or twenty speculating mercantile establishments, called Universities and Colleges, have a direct pecuniary interest—an interest, in some cases of solvency or bankruptcy, of life or death—in adding daily and hourly to the surplus. In their fervid competition they have so lowered terms, that we would take odds that between the English

Irish, and Scotch Houses, we could manufacture a regiment of common soldiers into as many doctors, at six months' notice, and almost at any price.

The New Bill will dam up this inundation. For the future, no new candidate will secure membership without undergoing the preliminary examination that becomes a gentleman, without passing at least five years in medical studies, and without standing that test of a thorough and carefully supervised scientific education, which befits a man aspiring to the perilous responsibility of a doctor. We shall thus be better educated, better qualified, fewer, more successful, more respectable. Here, after all, is the corner-stone of improvement for the Profession. Here is the lever power by which the dignity of Medical Practitioners will be raised. Exactly with the same force and vehemence as we condemned the last form of the Bill for its *two*-year incoptorships, do we approve and applaud it as now amended with its *five* years' medical studies.

Having thus considered the New Bill in its reference to our personal relations mutually, and its certain effects on the actual practice of our Profession, we ask to be indulged with one word on the improvement it introduces in our government. In the Council of Health, we have, at least, a guarantee that the pranks and fantastic tricks too often played by some of the corporations, shall no longer be exhibited in perfect security. The Council can be forced by even the General Practitioners to *consider* grievances, and if they will not do their duty, the Home Secretary, their president, has those in the House who will not hesitate to ask for a reason. The great grievance that the qualifications, the studies, the funds of General Practitioners are at the utterly irresponsible control of a class of "pure" surgeons whose main aim is to degrade and injure those that support them—this enormous grievance will cease. The General Practitioners will rule themselves, spend their own money, control their own education, make their own chiefs, and this in a royal college, whose greatness will depend on themselves. In such a new position of power, with such a new centre of action, it is difficult to comprehend to what extent the government of the two other colleges may be influenced and improved.

The future race of General Practitioners will not stand to the Bill in the same relation as we shall. *We* have all that the old laws have allowed us, with all that the new law will give. *They* will have nothing but what the new law gives to the whole class of General Practitioners. They will stand or fall simply on their merit as General Practitioners. With the preliminary education of gentlemen, and the subsequent education of accomplished medical men, they will have nothing to shew but their diploma as Fellows of the New College, acquired by two or three years *more* surgical studies than sufficed to make a "Surgeon" under the old *regime*. Undoubtedly thus a high class of practitioners, the additional eclat they will derive from their College, will depend mainly on the wisdom and spirit of those in whose hands the precious deposit of the New Charter shall be confided. If the first Council is to be composed, as we understand, of twenty town and twenty country Practitioners of eminence, each characterised by the same industry and zeal as the gentlemen, who, up to this moment, have conducted the National Association to so high a position of power and utility, we cannot doubt, with such an agency, that from the elasticity of the professional mind of this country, a powerful re-action in the promotion of science will arise, and that, in a very few years, among the Colleges of our country, few will be so far advanced in the race of distinction as the Royal College of General Practitioners in Medicine, Surgery, and Midwifery.

Non equidem studeo bullatis ut mihi nugis
Pagina turgescat, dare pondus idonea fumo.—Persius.
Spectatum admissi, risum teneatis? Horace.

From our diversion upon De Quincey and his opium eating, let us turn, as we promised, to the effects of the "mystic drug" in restraining the *diuresis* of fear and anxiety. We have given sufficient cases in point and in proof, and we have others to give drolly illustrative of unexpected consequences:—but first, let us inquire into the cause of the thing, or to speak technically, let us investigate the *modus operandi*. How does opium act in restraining the diuretic effects of trepidation? It is known to diminish all the secretions, except those of the skin and the mammæ, when taken habitually; and therefore, if swallowed some hours prior to the occasion of excitement, its action might be accounted for on the supposition that it had blunted the nervous sensibility of the kidneys, and deadened them to the influence of casual or accustomed impressions. Analogical effects would be observed upon the brain, the organs of sense, and the salivary glands. The ideas would be confused, clouded, or slow—vision, hearing, smell, and taste, would be diminished or depraved—and the tongue would roll listlessly in a parched and fevered mouth. An obvious and common cause would account for all these effects—they would be severally traceable to a subsidence, more or less complete, of healthy innervation. But an opposite consequence results from a *recent* dose of opium—the pulse and the respiration are quickened—the ideas become more energetic and active—and the whole system partakes of the stimulus. Why, with this accelerated circulation, this temporary excitement, in which the kidneys participate in common with other organs, do they not respond with an increase of secretion? They are comparatively inactive, and yet without any increased perspiration being supplemental of their discharge. It seems to be, that the stimulated brain not only diverts the common organic functions of the body in the majority of cases, but in others, should these functions proceed uninterruptedly, the brain is insensible to the results of their activity. Not insensible from the *absence* of excitement, but from the *excess* of it. To the performance of a voluntary function, it is necessary that the brain take cognizance of the condition of the organ immediately implicated in such function, and that *volition* respond to the organic necessity. The response may be withheld from an inability on the part of the brain to *receive* the impression, and consequently, to *answer* to it—from an intentional resistance of the impression, and from the mind being so occupied and absorbed by other thoughts, that there is no *perception* of a state of organic embarrassment. In apoplexy, for instance, the kidneys may continue to secrete, and the bladder become slowly distended to the full, without the brain being *conscious* of its distress—in another case, and in a limited degree, a desire to retain the urine may control the physical inducement to its expulsion—and in a third, a diversion of thought may produce the same effect to an unmeasured extent. The enlarged prostate, the paralysed bladder, and the hemorrhoids, so prevalent amongst literary men, lawyers, clergymen, and statesmen, are chiefly due to the frequency with which the urine is copiously secreted and accumulated without the sufferer being sensible of his distressing state. A man who, at one time having no particular object to divert his thoughts, will be perpetually urinating, at another, his mind being intently occupied, will be totally unconscious of a distended bladder. It is not an uncommon thing for a minister at the termination of public service, or a barrister at the close of a lengthened address, or a mathematician after a fit of intense abstraction, to become suddenly sensible of an impression upon the bladder, which he did not in the least perceive during his mental diversion. The impression is sometimes so strong as to be totally irresistible, and the occasion of most unpleasant consequences—for directly that the *perception* of the physical distress becomes complete, and *ideas* are established upon it, voluntary control is generally at an end. It is thus that an anomaly of drunkenness may be accounted for. A man will tell you that he was quite sober when he left the table, but became dizzy and intoxicated directly that he got into the street. The fact is, his thoughts were variously exercised and directed by the presence and conversation of his friends, and he not only was not sensible of his state, but the very occupation of his mind in some measure restrained the development of the effects of the alcohol upon it. But directly that he is alone, one stimulus being withdrawn, the other becomes paramount, and the involuntary, unmanageable ideas of drunkenness supersede the rational ones of sobriety. Supply another stimulus, physical or mental, and reason again assumes the mastery. The new excitement supplants the one already existing—in reality, *counteracts* it. Thus, whilst one form of stimulation deranges the mind, another restores it to reason—and so, *similia similibus curantur*. Give an intoxicated man a good dose of ammonia, and ten to one but he will become sober in a few minutes—let another be attacked by a bull, or a savage dog, and he will quickly recover the use of his legs—or a third fall into a chilling stream, and he will scramble ashore with little remnant of inebriety in him. We once saw a man reeling under a most influential load of liquor, along the banks of a river running through a hay field. After sundry gyrations, he plumped head first into the water. We were amongst others who ran with forks and rakes to help him out, but from the peculiarity of the situation, he was not landed without much trouble, and a most thorough ducking. Such, however, was the soberising effect upon him, that directly he regained his legs, he coolly felt all his pockets, and finding his spectacles were missing, with much difficulty and dexterity fished them out of the water with a rake, and then walked off as steady and perpendicular as a soldier on drill. We once witnessed a case exactly the opposite of this; but equally illustrative of the position we have advanced. It was in the person of a gentleman, who during the terminating innings of a great cricket match, was both drinking and betting heavily. He was backing the innings side—their last man was in, and only a few notches remained to be scored. The play was admirably cautious on both sides, and even the spectators who had nothing at stake, were breathless with anxiety. As each "over" was bowled, the interest was heightened with every looker-on, but especially with him above mentioned. He was roused to the highest pitch of enthusiastic hope, and cheered and shouted vehemently. Notch after notch was slowly scored, till at last but one remained—victory

was all but certain—the bets were all but sure—when a terrific "shooter" from Mr. Mynn ripped up the stumps so gallantly defended, and in a moment, luck changed hands. In less time than we take to tell it, the man who before had been merry, lively and expectant, dropped upon his chair dead drunk and stertorous. He did not revive for hours. In his case, so long as excitement sustained him, he was for the most part proof against the effects of the wine he swallowed—directly that the excitement fell, and it was instantly, drunkenness became dominant, and it would have been no wonder had apoplexy finished the adventure.

Instances analogous of the above, are those in which tic doloureux, or tooth ache, is dispelled by fear, or by strong mental excitement, and labour pains are induced by one form of emotion, and interrupted by another. Nothing is more common than for sudden fright, or surprise, to curtail or to cure an attack of nervous pain. A gentleman, who for years had been a martyr to *neuralgia faciei*, which was the cause of much irritability and ill-temper, in one of his attacks committed an insult for which he was immediately knocked down. From that moment his pain left him, and he had no subsequent return of it. An eccentric London surgeon cured a similar case, by dashing, unexpectedly, a jug of cold water in a lady's face. The experiment was not equally satisfactory, for the dowager lost the pain and the doctor the patient, at the same time. A dread of the dentist's "key," at the moment of its application, is often a means of silencing tooth-ache for ever. Anxiety, fear, and fatigue, are a common cause of premature labour—and conversely, labour naturally begun, is frequently diverted for many hours or days, by the mental impression occasioned by the visit of the accoucheur. Opium is capable of producing either of these effects—it may expedite or intercept labour, according as it proves to be a sedative or stimulant. Be it understood, however, that we use the term *sedative* in a qualified sense. Whenever opium accelerates labour, it is by allaying a pain or spasm which may be interrupting it, in which case it no more deserves to be considered a sedative, properly so called, than when, on unlocking the intestines of a like spasm, and thus allowing their natural motion, it deserves to be called a cathartic. Usually, as we have said, it is a stimulant, and in restraining the diuresis of trepidation, it is by acting upon the brain in such wise, that, either this excited organ shall limit the action of the kidneys, or by diversion, be unconscious of the extent and effects of their produce.

We have said that opium must be taken very discreetly prior to a public appearance, or its effects upon the brain may be worse than those of fear upon the kidneys. Mr. —— was elected to the Presidency of the Hunterian Society of Edinburgh. He was a capital speaker, and the room was crowded on the occasion of his having to deliver his inaugural address. He was in the regular habit of taking opium before speaking in public, but in this instance it seems a greater anxiety prompted a greater dose. He took the chair with an unusually solemn and sedate look, and sat in singular quiet during the transaction of preparatory business. This finished, eyes and ears were all open to the *debut* of the favourite president. After the lapse of a few minutes, during which he showed no inclination to stir, a loud and prolonged snore declared him to be fast asleep. He was roused with some difficulty, "to a sense of his situation," but it was only to utter the most slow and stupid speech that ever fell from his lips. Another man in the same society, who was in the habit of like indulgence, added an irresistible mirth to the debate of an evening, by roaring out lustily, whilst in an unlucky slumber, "We wont go home till morning!" "Encore!" He had come as fully primed with his speech as with his opiate, but on afterwards rising to deliver it, he was received with a shout of laughter which drove him discomfited from the room. Mr. ——, a crack man of the "Medical," and one of its anticipated presidents, went to the society on the last evening prior to election, with the intention of making a telling speech which had cost him no little preparation and study. He did not scruple to say that he intended to do his best. and many were the members who expected to be treated to an unusual feast of oratory. The night through, he was listened and looked for, and all thought that what seemed to be slumber, was neither more nor less than profound reflection. One speaker after another finished—time wore away—there was a long pause—the chair inquired whether there were any other speakers—no answer—the meeting was declared to be over. Poor ——, who all this time had been asleep from an unusual dose of opium, was awakened to learn the annoying intelligence that his chance was gone. Mr. H. was invited to a soiree at Sir Charles ——'s. He was so much in the habit of taking opium before going to debating societies, that he could not even frequent ordinary parties without a similar preparation. On the night alluded to, he took an extra dose, from a desire to be more than ordinarily brilliant. He got over the early part of the evening pretty well, but during a pause in the more active entertainments, he fell fast asleep. Dreaming he was at a favourite café, whose head waiter bore the same name as the host of the evening, he suddenly astounded the assembly by jumping up from his sleep, and calling in a loud tavern tone—"Charles, look quick, will you? Bring a bottle of soda water, and my bill!"

MONOMANIA.

The trial of Martha Brixey for murder, at the Old Bailey, on the 16th instant, makes public another instance of that singular species of mania under whose sudden influence, worthy persons have been irresistibly impelled to monstrous acts of absurd cruelty. The prisoner, as our readers know, was a nursemaid, noticed for the kindness with which she treated the children in her charge. For some time she had been under medical treatment, apparently for amenorrhœa; had complained of curious headaches, and three days before the homicide, had exhibited an extraordinary fit of absurd passion about a trifle. On the day before, she was in a very excited condition, through the fear of being discharged by her mistress; talked about hanging and murder, and her preference of the former to imprisonment in a madhouse. On the day of the homicide, she was in the kitchen with one of the children, a girl; she entered the adjoining pantry, and returned thence with an ordinary table-knife. She was asked her intent, and answered, that she was about to cut a pencil for the child. When recommended a smaller knife, she took it, but with an ingenious reason retained the larger. She tried its edge between her finger and thumb—took both knives up stairs, and in a short time she descended—entered the parlour in grief—exclaimed to the child's father, that she had done something horrible—had "murdered the dear baby." The child's head was nearly dissevered from the body. A few incoherent expressions to the policeman, who took her in his custody, about a woman ever being hung, and what they would do with her—completed the whole evidence. The judge, Lord Denman, gave no decisive opinion, and the jury found, that the prisoner was "not responsible," and consequently acquitted her.

We need not trouble our readers with the mention of the numerous cases recorded, in which acts of murder have been committed under a sudden access of mania. It is sufficient to say, that while medical men have slowly been coming round to the conviction, that an act of atrocity may be the very first symptom of a deranged mental organ—the lawyers have persisted in maintaining the principle, that no circumstances in the monstrous tragedy itself shall be held sufficient in law to establish lunacy in the perpetrator. The diversity of opinion is not difficult to comprehend. Medical men regard the question solely on physiological grounds; jurisconsults pay more attention to the effects likely to arise from a conviction or acquittal. The one class look solely to the patient—the other to society, and while *we*, in a doubt about responsibility, would *save*—*they*, in the same situation, would sacrifice a prisoner.

In the case before us, however, there was no practical dissidence of judgment. The conduct of the prisoner before and after the homicide, made very *probable* the insanity which the additional circumstances of the act itself made certain, and the evidence altogether went very plainly to show, that if the law allows impunity to no wrong committed *as a wrong*, the unfortunate Martha Brixey was not in that state of mind in which she could distinguish the moral qualities of the homicide she was impelled to.

THE USE AND ABUSE OF CORONERS.

The *Gateshead Observer* has taken up this important subject with great zeal and ability, pledging itself not to cease labouring till a reform be introduced. The example is worth being followed by the whole Press—Provincial and Metropolitan. The subject is interesting under every aspect, and very inviting to a good man's labour. So clumsy, so disgraceful, so mischievous an anomaly in English jurisprudence as our "Crowner's Quest Law" must speedily find its term, if vigorously attacked by those whose highest duty and privilege it is to abate social nuisances. The following remarks by our clever contemporary cannot be too widely circulated:—

"It will be remembered that Sarah Freeman, a young widow, was executed at Taunton, shortly after these assizes, for the murder of her brother, Charles Dimond, by arsenic. This miserable woman had destroyed by poison, first her husband, next her child, then her mother, and finally her brother. There is also too much reason to believe that she had murdered several other perons by the same diabolical means.

"How was it that she ran her long and destructive career of crime without earlier detection? We have said, and we say again, that the office of coroner is responsible for such impunity—that, as at present constituted, it is a protection to the criminal, and not to society—that "coroners' inquests (in the words of the Medical Times) shield off, under their pretended performances, that duty of searching inquiry, which is the public's greatest safeguard in these days of daring and venturesome tranquillity." Let us see how far these assertions are borne out by the case of Sarah Freeman.

"It was in the month of November, 1843, that her illegitimate child, James Dimond, died. An

inquest was held a few days after death, and a medical witness was examined. He deposed that, so far as he could judge from external appearances, the boy had died from natural causes. "He was quite ready," he said, "to make a *post mortem* examination of the body, if the coroner directed him." Now mark the coroner's reply! "The magistrates were particular as regarded the expenses." There was therefore no internal examination of the body. The jury expressed themselves "perfectly satisfied" with the evidence adduced, and unhesitatingly returned a verdict of "Died from Natural Causes," and that no blame attached to any individual. Yet in January, 1845, when the guilty mother had added parricide and fratricide to her former crimes, the body of her child was exhumed, and the presence of arsenic detected in the stomach!

"Said we not truly that coroners' inquests were farces? Is it not the fact that they "shield off, *by their pretended performances*, that duty of searching inquiry which is the public's greatest safeguard?"

"What else but "a mockery, a delusion, and a snare," was the inquest on the body of James Dimond, that body remaining unopened? Had the child died by violence from without, no such examination might have been called *for*; but dying, as it did, if there were no need of an internal examination, then was there no need of an inquest; and no value in the coroner's inquiry; for how could the jury, no such examination being made, determine whether the child had died from natural or other causes? They rashly took upon themselves, without evidence, the responsibility of pronouncing a verdict of "Natural Death," and thereby incurred the further responsibility of two of the most revolting murders in the annals of crime."

THE PRELIMINARY BOARD.

Much misapprehension having arisen as to the character of this board, it may be as well to say that the examinations will have no express reference to medicine or surgery, but extend simply to the ordinary elements of a gentleman's education. It is not, as has been suggested to us, to be considered as a final arrangement, that only surgeons and physicians should preside at the board. When Sir James Graham spoke in the House of Commons on the proposal, he named the constituents as an unsettled point, using the words "I should say"—and much conflict of opinion yet appears to exist generally, whether the whole board should not be chosen by the Council of Health, or whether six General Practitioners should be added. We prefer the latter course.

COMMENTS ON THE AMENDED BILL.

To the Editor of the Medical Times.

Sir.—Being one of the few medical men, who think very favourably of the leading principles evinced in Sir James Graham's Amended Bill, "*for regulating the profession of Physic and Surgery,*" I am surprised to find words introduced there, which are, in my opinion, at variance with experience, justice, and good government; and I am not less surprised to observe that no notice has been taken of those words by the Editors of our Weekly Journals, or their Correspondents. I allude to the commencement of clause 38, wherein it is stated that "*none but persons registered as Physicians shall use the title of Doctor.*"

In the Bill I am referring to, there is no definition of the sense in which certain words are to be used; and the meaning of many terms is taken to be single, certain and unvariable, in direct opposition to truth and usage. This is particularly the case with the title of *Doctor*, which is neither limited nor limitable to the Medical Profession, but common to all the learned professions, and in no wise identical in signification with the word Physician; nor will any Act of Parliament make it so.

My idea of a Physician is old-fashioned, being derived from observation and experience during thirty or forty years, and were I to describe a real physician, I should say, "he is a Graduate or Doctor of Medicine of an University, practises in medical cases, rejecting operative surgery—prescribes for his patient, but supplies no medicines —takes no smaller fee than can be paid in golden coin of the realm, as the prompt reward for his time and professional talent." It is farcical to consider a man a physician, because he is a Doctor of Medicine, upon the authority of even a proper diploma, and takes the title or prefix of Doctor; yet this is the assumption carried through every part of the New Bill, and every speech made in the House of Commons referring to the subject, supports the erroneous idea.

The physician, however, as I have described him, is not the physician of the present day, and it is to be feared never will be in future, legislate as you will; examples have for years past been rife in our large towns, and even in the Metropolis, of physicians who take any fee they can get, trust patients in the expectation of receiving payment in the lump, contract to give attendance by the year, and do all other things, (save the very useful one of supplying proper medicines to their own patients,) that used to be done only by Members of the inferior grade of the Profession, and the avoidance of which was considered the physician's honourable distinction, much more than his title of Doctor. Above all, Sir, it deserves to be remarked, that there are in England, men who take the grade of Physicians, even Licentiates of the College of Physicians, and the appointed physicians of hospitals, both Metropolitan and Provincial, yet practice Surgery in all its branches; this has been the case with increasing prevalence, ever since the London College of Physicians ceased to require every candidate for its license to drop his College of Surgeons' Diploma; and in the progress of events, under the New Bill, what is to become of our Colleges of Surgeons, if the *registered* physician, besides obtaining *thereby* his legal title of Physician, engrosses also the title of Doctor, and practises as a consultant and operator in surgical cases, although he cannot be registered as, nor take the name of a surgeon! You will continually find men registering in the higher grade, but practising in the lower! I offer no crude nor improbable speculations, and assure you that although my name be concealed, in order to let my reasonings have neither more nor less than their due weight and influence, I have daily experience of a Hospital Physician, (being at the same time a Member, *not a Fellow* of the London College of Surgeons,) who profits what he can by the surgical practice of the hospital in which he holds his appointments, takes precedence of his seniors, the surgeons, in consultations on a surgical case, supports a sort of private surgical hospital of his own, and cultivates surgery, and even operative surgery, much more zealously than the branch of the profession in which he might honourably support his reputation and fill his exchequer. Is it for a physician of this class, that Sir James Graham would engross the title of Doctor? or is it to repress and degrade such a physician as I have described? I much fear that the Right Honourable mover of the New "Physic and Surgery Bill" has been misled to believe that those registered under that Bill will, in progress of time, be pure physicians, and not practising and operating surgeons, but there is nothing calculated to lead to such a result, however desirable it may be deemed. The more probable result is, that the registered physician, *the doctor par excellence*, will be the consulting surgeon, and that the College of Surgeons will be starved out as to members, rank, importance, and funds!

Writing *incognito*, I cannot be charged with presumption in stating my own views further on this subject, viz.: that to institute the title of Doctor in Surgery would be the only way to place this branch of the profession on its proper basis; there is the example of every other country in Europe, nay even of America, for the title. If it be too late now to discuss the point and to carry it into effect, we shall remain for many years to come behind all other civilized countries in this respect; for in all of them is the Doctor of Surgery recognized. It would be about as brilliant a proposal to legislate against travelling above ten miles an hour in the present day, as that none but those registered as Physicians shall take the title of Doctor; this is starting a slow coach indeed, and the Right Honourable the Home Secretary will know better than to engage in such a dull undertaking.

I humbly conceive, Sir, that the first object in legislating on medical affairs, is to fix *the minimum of education* that shall entitle a person to practice; and next to this, ranges the giving every reasonable encouragement to aspirants to take a more extended education than the minimum; both these objects are fully recognized in the Amended Bill; but the clause, that "*none but persons registered as Physicians shall take the title of Doctor*" is at variance with the latter of those objects, and gives a direct and severe check to the motives for taking an extended course of education. It is impossible that the Professors at the Scotch Universities, who are so fully cognizant of the fact that the Doctor's degree does not make the Physician, can be in favour of the clause I am considering. If the title of Doctor is to be kept in abeyance although properly obtained, until the individual is registered as a Physician, it is in fact the Council of Health that gives both titles at once, and renders them identical, and the University is deprived of its chartered right by a side wind; moreover the possession of the Doctor's *Diploma*, legally and properly obtained, is heavily taxed even by the Government, and unless it be *therein* provided that the title shall be kept in abeyance, it ought not to be, and cannot be so repressed. A majority of the legislature will never pass such a law, unless in ignorance of its injustice and injurious effects.

The leading surgeons and teachers of surgery in Dublin, who are generally Doctors of Medicine, and many of whom use the prefix accordingly, cannot be in favour of the clause I am condemning, unless they intend to register as Physicians, or consider that the title of Surgeon, ordinarily used as a prefix, is still equivalent to Doctor, of which it will be difficult to convince either the public or the profession in England. The objectionable clause cannot have originated in Scotland or Ireland; it has taken its rise, undoubtedly, from a source nearer the great centre of legislation; but the suggestion is not likely to be the less objectionable on that account.

What can the Senate of the University of London say to this obnoxious clause? They cannot fail to protest against it, whilst the *Curriculum* enjoined by this University is good, practical, and ample in all respects, its examination is deemed one of the very best in the empire, by all disinterested and enlightened members of the profession; the *Senators* know that a great majority of its medical Graduates are General Practitioners, who have no immediate view to becoming Physicians; but they are become Doctors of Medicine, and very honourably entitled to the designation, as evidencing superior education and the quickening ordeal of a searching examination voluntarily encountered. Sir James Graham ought to know how many of the graduates at this University are dull, stupid, ill-informed men, possessed of less than the average ordinary knowledge of the pure physician; and the information might aid him in coming to a right conclusion, whether all its future graduates should be required to register as physicians, *nolentes volentes*, (whether it suits their purpose or not, whether the public require them to practice, and will remunerate them in that capacity or not,) or present themselves under the discouragement of receiving no distinctive title for their *pains and penalties!*

As the Amended Bill refers to the whole empire, it will be quite allowable to select examples from any part of it; and we find in some portions of the kingdom, that surgeons of the highest grade, being at the same time Doctors of Medicine, now take the Doctorial title; and even respectable General Practitioners, where similarly qualified, do the same; this makes none of them physicians; but if the title have been legally and properly

obtained by graduation, they have a claim to it, and cannot be deprived of it, neither does the Amendment Bill contemplate depriving them of it, but will leave them in the same privileges they now respectively enjoy. Under the contemplated regulations for obtaining the title of Doctor of Medicine in future, there can be no proper motive for preventing those who attain the title, from using it; but on the contrary, students should rather be induced and encouraged to take the high course of education henceforth to be required, without reference to the grade in which they may subsequently register their names for practice. There ought to be no *Act of Parliament pressure* to make the well-educated register in the higher, in preference to the lower grade, as the former will inevitably be selected by individuals having the option, if the public want and desire them, and will remunerate them accordingly. We do not find hungry, half starved physicians, to be very valuable members of society or of the profession; indeed they are even at present often below, far below, the respectable surgeon-apothecary. It is incontrovertible, that the better the lower grade of the medical profession is educated, the fewer are required in the higher; this is as certain as that the effect follows its cause, and has been proved practically of late years in England, and it is a fact which supplies the powerful reason why the higher grades should not have the sole regulation of the education of the lower, whom it is their interest to depress for their own elevation. And now I beg to subscribe myself, Sir,

Your obedient servant,

Medico-Chirurgus.

May 26, 1845.

The writer of this communication is, we have reason to know, a very distinguished Provincial Surgeon.—Ed.

THE NEW INCORPORATION.

(To the Editor of the Medical Times.)

Sir,—Notwithstanding all the evils and difficulties with which we are surrounded, there is still one spot upon which medical men can rest a hope for salvation, and which hope will be most assuredly converted into a reality, if the Profession act with energy and unity of purpose. It is a God-send in prospective—I mean the *incorporation of General Practitioners*. Clause 14 in the present "Amended" Bill expressly provides for this new Incorporation. But I am bound to state that Sir James Graham is putting "the cart before the horse." He promises them a Charter, and upon the strength of that promise legislates upon this Charter, not legally defined—not granted—not in existence. The Charter should be first granted and presented to the House, in order that Parliament might know how to legislate upon it, and might have time to deliberate for that purpose. So long as the Charter is not granted, the Act must be premature, because it is recognising as yet a non-existing body, a non-existing Charter, and the members of Parliament may as well legislate for railways in the moon. If the Act first passes, Sir James Graham may then make the Charter what he pleases, at the private instigation of those whom he considers "most entitled to respect." *Some honourable member of the House should move for the immediate production of the Charter.* This is now rendered the more necessary, inasmuch as the Council of the College of Surgeons have come to the determination to oppose both Bill and Charter. The profession should secure this New Charter at once, before the Bill passes the Commons.

You, Sir, labour honestly and zealously for the Profession, but it is the fate of good hearts, when even combined with such clever heads as your own, sometimes to be deceived; not meaning any harm, they are sometimes off their guard, and do not always suspect the deeply lurking designs of others. The liberality which you evince to have all opinions freely canvassed, in order that your readers may arrive at truth, has occasioned your Journal to be supported by all parties, and given it a reputation as transcendant as its circulation is unequalled.

You say in your last leader "the Bill in its last improved stage is a mighty reformer of those family heritages—our snug and insolent Corporations. It puts them under thorough control. In the Council of Health it gives them a master that must do both them and us right. They get a ruler—we a court of appeal. * * * The Council will play the overseer to *them*. Parliament and our medical press will do the same for it. This is responsibility—a double, tangible, available responsibility." From this view of the case, I must with diffidence somewhat dissent. "The Council of Health" (save the two members to be sent by the new Incorporation of Practitioners) will be altogether made up of family *heritage-men*, or irresponsibles, or they will be only responsible to those irresponsibles of whom they will be the representatives. It will consist of those "*family heritage-men*," who have sacrificed the Profession and the public, for the sake of their monopolies; of those "*family-heritage* men," who, by their secret and evil advisings with the Home Secretary concocted both the Bill and the Charter of the College of Surgeons; of those "*family-heritage*" men who will be selected by the Crown on the Council of Health; of those "*family-heritage*" men who will constitute the Councils of the Colleges, and be selected by them, in the form of their condensed essence, as members of the Council of Health, and of those "*family-heritage*" men who, as the result of their secret whisperings, are unfortunately for the profession declared by Sir James Graham to be those "most entitled to respect." Nor will there be a sufficient number introduced into the "Council of Health" by the Corporation of Practitioners upon the elective principle, *to leaven the whole lump.*

The press, in my opinion, has never reformed a close Corporation so long as it has continued close; all that the press has done or has been able to do, has been to convert a close Corporation into an open one, in fact, to reconstruct it by means of fresh men begetting fresh measures, and this can only be effected by the *elective system*. By the latter means alone "family-heritage," power, money influence, and private favouritism (those death-dealing agencies to society) can be counteracted.

Nevertheless, my argument is, that if the present Bill, *per se*, is merely the external framework of Medical Reform without its vital parts, and if we find that all the evils in the Bill cannot at the present time be remedied, we had better bear the Bill for a while patiently, rather than lose sight of the "promised land"—*enfranchisement in a new Corporation.*

If we cannot properly infuse that spirit of moral life, the representative principle into the "Council of Health," and the at present existing Collegiate Councils, still, the suggestions of the Practitioners of Manchester are worthy of being pressed upon the House of Commons by the Committee of the "National Association," namely—that the New College should stand upon an equality of footing with the other Colleges—that in the initiatory examination intended as a portal for all branches of the Profession, the proposed New College should be represented by having the same number of members thereon as the Colleges of Physicians and Surgeons, and that the members of the New Incorporation, who hold the Diploma of the College of Surgeons, should be entitled to register as Surgeons; otherwise according to the showing of the Bill itself, a member incorporating himself with the new body, incurs a penalty, for the Amended Bill now provides that members of the College (not incorporated) may register as Surgeons.

Sir James Graham states that it has been urged by persons "who are entitled to the greatest respect," that the elective principle should be abandoned, and the power of nomination vested solely in the Crown. He, therefore, throws the Constitution of the "Council of Health" open to the consideration of the House—a House completely uninformed on medical polity:—The council-men "entitled to the greatest respect," full well knowing that whether the Council of health shall be constituted of representatives from the self-elect Collegiate Councils, or by Crown patronage, that they having the private ear of the Cabinet, and access to Court, will be the individuals chosen, and that their monopolies, privileges, and patronage will be perfectly safe.

The very fact of Sir James Graham granting the franchise to the "Royal College of General Practitioners in Medicine and Surgery," would compel him to grant a Supplementary Charter for the same purpose to the members of the Royal College of Surgeons, if the members were sufficiently and unremittingly strenuous in their endeavours.

My advice is to strive for both, and then we shall gain one, and should we succeed in both, no harm will be done; an honourable competition could exist between the Colleges as there is or ought to be between the various medical schools.

The members of the House of Commons require a great deal of information respecting medical matters. The *first* initiatory lesson given to them by Mr. Wakley on Medical Reform, on the 7th inst. should have been delivered years and years ago. There is still, with *your* powerful assistance, a bare chance of salvation left for the Profession. But we have a short time to act in and a great deal to do. It must be effected by *pressure from without.* I invoke the members to send in their petitions to the Home Office, and to the House of Commons. Is there a single individual, who, reading this, has not done so! Then he stands self-convicted; he has neither performed his duty to himself, to the Profession, or to his country.

Your obedient servant,

G. D. DERMOTT.

Charlotte-street School of Medicine.

[We have read Mr. Dermott's clever letter with very great attention. The only remark we will allow ourselves is, that the time for violent discussion on abstract preferences, and for displays of fervid antagonism on this and that practical arrangement, is gone by. As much good as they ever did, so much evil would they now do. Any promulgation of angry dissatisfaction now by any large section of the general body of medical men, will infallibly end in the minister's abandonment of it with disgust. The alternative is to carry the Bill with a high hand, and force it through the House with the majority he could undoubtedly command for it, and that is a step he will not take, out of deference to the feelings of those for whose satisfaction and benefit he can, at least, claim to have *intended* to legislate. Under these circumstances we have the solemn duty to perform of deciding whether it is better to take the responsibility of actively at once promoting its abandonment, or of accepting it as a whole, with the understanding, of using in a friendly spirit every influence we possess to modify such details as general consent may fix on as faulty. Mr. Dermott, we are glad to see, prefers the latter course: we are certain that nine-tenths of the Profession will share his opinion; what then becomes the immediate duty enforced on us? Why, obviously, first to depose every feeling of partizanship and anger in reference to medical topics, and, still more, any personal prejudices arising from general politics, that may prevent our meeting the Minister in the most cordial and friendly spirit; and, secondly, while acknowledging thankfully the improvements he has advanced to, and promising him further our best support, to let Parliament and the country know, that if he has at the suggestion of the Profession made grave and numerous alterations on his former proposals, he has for his proud justification to show the approval, support, and gratitude of the learned body for whom they were made. This footing of friendliness and mutual cordiality being thus established, we are perfectly certain that if Sir James Graham will not introduce for us any further vast innovation—and that *now* we can hardly ask—he will, at least, correct for us the minor *defects* which we may point out to him, and will carry out the *details* of his proposals in that liberal and equitable spirit, required by his own reputation, and so irresistibly recommended to him by the dispassionate authority of political foes and friends, all here uniting and co-operating with him for this settlement in a cordial spirit of amity and good-feeling.—Ed.]

NEW EFFORTS AT DISSENSION.

[The following letter is from Mr. Hillier, of Gower-street, a gentleman who, as "the successor to Mr. Pennington's huge practice"—we quote the *Lancet*—was but too gladly chosen by Mr. Wakley to fill the chair at the meetings he endeavoured to raise against the National Association. Mr. Hillier, however, entertaining the sentiments customary to gentlemen who have borne a commission in the service of our country, it was easy to foresee that the *rapport* could not last. As Mr. Hillier joined the movement in perfect ignorance of his associate *personally*, so the moment he had become acquainted with him personally, that moment did he close the connection. We consider the present letter to offer important testimony from authority the most unquestionable.—Ed.]

Sir,—On Saturday last, in compliance with the following request, I attended a preliminary meeting of the profession at the Freemasons' Tavern, Great Queen Street:—

"The attendance of Mr. Hillier is earnestly and particularly requested this (Saturday) evening, May 24th, at the Freemasons' Tavern, Great Queen Street, at half-past seven, to join a preliminary meeting for the purpose of considering the arrangements for an aggregate meeting of the medical profession, at which Mr. Guthrie *has* consented to preside."

I found a number of gentlemen assembled, and Mr. Bottomley, of Croydon, took the chair; upon my enquiring of the chairman the specific objects of the meeting, I was given to understand by Mr. Wakley, who made a long speech upon the subject, they were three-fold, viz.:—

1st. "To obtain, if possible, for the members of the Royal College of Surgeons, their enfranchisement in their own college."

2d. "To oppose parts of the Bill as amended by the Committee for regulating the profession of Physic and Surgery;" and

3d. "To oppose the grant of a Charter of Incorporation to the National Association of General Practitioners."

I stated that the two latter objects were incompatible with the course I had advised and adopted, at the last general meeting of the profession, held at the Hanover-square Rooms, but I was ready to go to any lengths to obtain the first.

Before any resolution was proposed on the subject, I left the room and was followed by several gentlemen, who with myself, could but regret that our profession should again be subjected to useless *agitation*, injurious to us as a body in the eyes of the public, and likely to frustrate the intentions of a minister, who is at present kindly disposed towards us.

Let us obtain *some* legislative measure for the regulation of our profession, and if errors become apparent in carrying out its provisions, surely we can get them amended; and as we cannot get the desired enfranchisement in our own College, because the "Minister refuses to advise the Crown either to alter or rescind the charter which he gave the Council of the College, and because the Legislature, (which generally acts in accordance with the Minister) will not lend its ear to any prayer having for its object the revision or alteration of that charter," let us receive a charter of incorporation of General Practitioners, independent of the Royal College of Surgeons, but on equal terms with all the other Colleges, and the General Practitioners will rise in public estimation, whilst the dishonest proceedings of the Council of the College of Surgeons in carrying out the charter, will secure to them for ever, the scorn and contempt of all honourable men, but more particularly of its own members.

I am, Sir,
Your's obediently,
H. B. C. HILLIER.

85, Gower Street, Bedford Square.

RESULTS OF THE NEW BILL.

To the Editor of the "Medical Times."

Sir,—I shall feel particularly obliged if you will inform me what steps are necessary, or which will be the most advisable plan to adopt, to obtain a diploma in as *speedy* and *economical* a way as possible. I have been practising without one, in comfortable practice, for some years, but find the law about being altered, and feel doubtful, whether, if I delay, the new system may not be too stringent for me. As a matter of course, your cognizance of all matters connected with medical practice, is of that nature, that I feel persuaded you can give me all the information I require. By so doing (and in confidence) you will oblige a constant reader of your journal.

I am, Sir,
Yours respectfully,
JOHN STOREY.

Manchester, May 24th, 1845.

[Our very *simple* correspondent, Mr. Storey, desires us to address to him our *private* note to the care of——"*Surgeon*," in Chorlton-upon-Medlock—whose name we do not deem it necessary to give, although he is very probably the real author of the letter of Mr. Storey. There are, doubtless, many persons in practice under *false* colours, like our correspondent: the new Bill will unearth them, and while thus effecting the good of not making us responsible for the faults of men really not of our order, will secure that portion of the public, who will not be treated by an uneducated quack if they know it. It is perfectly absurd, for the present, to expect that the Apothecaries' Society will commence any more actions against men who profess to practice as "surgeons," though using the privileges of apothecaries. Now, that the Bill is in that critical instant when we must actually accept *it* at once, or do without an enactment for we know not how many years,—it does behove us to try all we can to get whatever benefits it offers us, although the effort oblige us to forego many a cherished wish and preference.—Ed.]

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the principal articles of interest to our readers in one number of the *London Medical Gazette*.]

The floating corpuscles of the blood.—Dr. Owen Rees, in the Gulstonian Lectures, thus describes the floating corpuscle. This body has been very differently described by physiologists; some having considered it as composed of solid matter—in fact, that it is a soft solid—while others consider it to possess a vesicular structure. There are considerable and important differences of opinion, however, existing even among those who agree in believing the corpuscle to be a vesicle, some regarding it as made up of a white membrane, containing a fluid of a red colour, while others believe that the vesicle is red, and the contained liquor of a pale tint. The existence of a nucleus in the corpuscle of the human blood is also denied by many; and the exact situation it occupies again divides the opinions of those who believe in its presence. In considering these conflicting opinions, it might at first appear a matter of extreme difficulty to resolve any part of a question depending so much on microscopical evidence; but though there are still many difficulties to contend with in the demonstration of a nucleus, we have fortunately obtained a means of determining pretty certainly two of the points in question—first, that the corpuscles possess a vesicular structure, and secondly, that the fluid contained within the corpuscle is red, and the containing membrane white. If fresh blood be mixed with a watery solution of sugar, salt, or indeed any soluble matter which will not act chemically on the blood, we shall find, on microscopical examination, that certain physical effects are produced on the corpuscles, varying according to the specific gravity of the solution with which the blood has been mixed. Now, presuming the blood corpuscle to be a vesicle or closed membrane containing a liquid, the specific gravity of this must be the same as that of the fluid in which the corpuscle floats, for such is the necessary consequence of stasis; and if, by altering the specific gravity of the fluid suspending the corpuscle, we alter the condition of the vesicle itself, by changing the proportion of its contents, in accordance with the laws governing endosmodic action, it is no longer possible to resist the conclusion that the blood corpuscle is truly a vesicle or bladder containing fluid. Experiment has shown that such effects really occur; thus if we mix freshly-drawn blood with a solution of a specific gravity higher than that of the liquor sanguinis, we immediately observe the form of the corpuscles to alter—they become flaccid and empty, owing to the liquid of high specific gravity having drawn from the vesicle a larger proportion of fluid than it supplied to it, in accordance with the law of endosmosis. If we reverse this experiment, by mixing with the blood a solution of lower specific gravity than that of the liquor sanguinis, a contrary effect is immediately produced, the corpuscles becoming distended and rounded in a very marked degree; more fluid in this case entering the corpuscle, while but little will pass out. If to these corpuscles, so altered by the action of solutions, we now again apply these tests, but on this occasion add the solution of low specific gravity to the collapsed corpuscles, and that of high specific gravity to those distended, we shall find that we are enabled to return each specimen to its former condition, or nearly so. It has been found by careful experiment that in order to collapse the corpuscles a solution of sp. gr. 1060 is required; but this acts slowly in some cases, and to produce the effect decidedly a solution of 1070, or more, should be employed. Solutions cease to distend the corpuscles when of sp. gr. 1050 to 55, and to distend them well a solution of 1015 or 10 is desirable. Now the specific gravity of the blood is about 1057 to 60; and as the corpuscles remain unaltered by solutions of from 1050 to 1060, we may conclude that the average specific gravity of liquor sanguinis lies somewhere between those two points, which it is a matter of some interest to have ascertained, as it proves that the fibrin of the blood is dissolved, and not suspended in the liquor sanguinis. For were the latter the case, the corpuscle would be rapidly collapsed by solutions of 1050, inasmuch as the serum suspending the fibrin could only have a specific gravity of 1029 to 30, and the corpuscle would of necessity contain a fluid of no higher specific gravity than this. The remaining question, as to the colour of the vesicle and its contents, is thus disposed of. It has been already shewn that liquids of high sp. grav. are capable of drawing out a large proportion of the contents of the corpuscles, and so rendering them flaccid, while liquids of a low sp. grav. draw out but little of their contents, supplying to them a larger portion of fluid than they draw from within, and thus producing distension. Now this being the case, it is evident that if we obtain some means of ascertaining the colour of the fluid floating round these corpuscles, both in the distended and flaccid state, we shall (presuming the contained liquor to be of a red colour) be able to detect in one case a deep red tinting, and, in the other, a very light stain, only communicated to the fluids in which the corpuscles float. These experiments, repeated on a large scale, gave the same result in a very striking manner. The colour of the vesicle itself was ascertained by destroying it, by adding pure water, which distended and ruptured it. The experiment was conducted as follows:—A quantity of corpuscles was allowed to subside from serum into which they had been introduced, by breaking up in it a portion of crassamentum, and then pouring it off, while containing corpuscles in suspension, leaving behind the coarser particles of broken crassamentum, which were allowed time to sink to the bottom. This mixture was set to stand during several hours, at the expiration of which time, the corpuscles had collected at the bottom of the vessel. The supernatant clear serum was next poured off, as nearly as could be effected without disturbing the deposit. This having been done, the mass of corpuscles was thrown into distilled water, and this mixture set aside for twelve hours. The anticipated result was now obtained: the water had burst the corpuscles by rapid endosmose, the burst envelopes had subsided, and were collected in a white stratum as a precipitate, while the supernatant liquid held the red colouring matter in solution. The deposit is made up of three kinds of bodies:—

1st, substances quite such as might be expected to result from the bursting of envelopes, having the appearance of shreds of membrane, some corrugated, others flattened out; 2dly, white bodies, somewhat resembling the blood-corpuscles, thin at their edges; and about two-thirds the diameter of the corpuscles; 3dly, granules, probably due, in part, to serum, and in some measure, to partial disintegration of the nuclei.

TETANUS.—Dr. Blackmore narrates a case of idiopathic tetanus, occurring in a female, twenty-two years of age, which he treated, but unsuccessfully, by bleeding, calomel and opium, opium, and warm baths. The influence of the mineral became evident before death, which occurred in the bath. On examining the body after death, the dura mater at the upper part of the spinal cord, was found to be very vascular, and coated with greenish fibrine.

FISTULA IN ANO.—Mr. Lomas treats fistula in ano by the application of a ligature in the following manner. He employs a fine metallic wire of silver or platinum. Having passed a probe director (one of Sir Benjamin Brodie's) along the fistula, and through its internal orifice, its point, being very flexible, is readily directed downwards and out at the anus by the finger previously introduced within the rectum; the structures to be divided are now upon the instrument, and, as it were, everted. The wire is then passed along the groove of the director, and the ends are twisted together until a very moderate compression is exerted upon the enclosed parts. It promotes the personal comfort of the patient, to leave the twisted ends rather long, and to fix them on the sacrum with a cross slip of adhesive plaster. This trifling arrangement allows the buttocks to lie perfectly apposed, and the patient is free from the disagreeable sensation of an interposed body or rough point, and visits the closet more comfortably. All that remains to be done is, to twist up the ligature as it becomes slack, and in a week, or a little more, it is free. The patient should be confined to the sofa for a day or two after the operation.

THE SEROUS MEMBRANES.—Dr. Willis is disposed to view the serous membranes as internal substitutes for the external common integument, and the fluid that perpetually bedews the surface of these membranes as having the same effect as the perspiration, the purpose of the cutaneous exhalation and of the serous exudation being identical; viz., the preparation of the conditions by which the fluid shed from the capillary arteries finds its way, in principal part, back into the circulation. He had previously shewn the influence which the extensive system of sudoriparous glands exerts in this direction, by dissipating so much of the watery element of the blood. With regard to the serous membranes a different arrangement was required. The exudation from them cannot pass off in the form of vapour into the atmosphere; it is, therefore, collected and carried away by a set of vessels especially provided for the purpose, being imbibed or taken up by them in virtue of a general physical law. These vessels are the absorbents, which, as complementary to the veins, are in particular relation with the watery parts of the plasma, or liquor sanguinis, which passes through the parietes of the capillary arteries at every point, charged with the elements of nutrition appropriate to all the tissues composing the body. These tissues select what they require from the plasma that bathes them, and, at the same time, doubtlessly set free certain effete matters—carbon in the form of carbonic acid, hydrogen in the shape of water and bile, and azote in urea, all of which, dissolved in the lymph, are taken up by the absorbents, and, being thrown into the general current of the circulation, are by and by sent for elimination by organs especially destined for the purpose,—the lungs, the liver, and the kidney. The walls of the absorbent vessels have an affinity for the watery fluid with which they are bathed, in the same way as the empty intestine of an animal placed in water has an affinity for that fluid, and becomes distended with it. Abstracting watery fluid, they have the effect of rendering the current of blood which is returning to the heart more dense than that which is quitting it, and so secure the perfect drainage of the tissues at large by the medium of capillary veins; for the lymphatics themselves do not appear in any case to penetrate the substance of organs, and are nowhere of dimensions so minute as to make them invisible to the naked eye. The watery fluid appropriated by the absorbents is not poured into the veins in the vicinity of the parts and organs where it is collected: this would have had the effect of attenuating the returning current, and undoing all that had been done; it is only restored to the blood as the common torrent is entering the heart, at the nearest eligible point, it may be said, to that organ, from which it is immediately sent to undergo exposure in the lungs, and besides the special purgation which it then receives, it loses as much water as will give the blood of the pulmonic veins a somewhat greater density than that of the pulmonic artery, and so effect the drainage of the delicate tissue of these organs; this is, in fact, probably the end of the pulmonary exhalation which, as is known, amounts to several grains per minute—to several ounces in the course of twenty-four hours.

DISSECTING ANEURISM OF THE THORACIC AORTA.—A woman, 50 years of age, having died suddenly in the South Dublin Union, after suffering for a short time from excruciating pain in the epigastric region; her body was examined after death. The pericardium, which was healthy, contained about four ounces of serum tinged with blood and some coagula. At the origin of the great vessels there was a large and firm mass of coagulated blood, bound down by the thin layer of serous membrane which passes up from the heart along the vessels, to be reflected on the fibrous layer of the pericardium. The left ventricle was dilated and hypertrophied, the semilunar valves atrophied and thinned. The aorta, in the situation of the attachment of the valves, was healthy; but about an inch from this situation, there was discovered a laceration extending transversely, and with edges as well defined as if cut with a scalpel; it penetrated the internal and middle coats of the artery, but left the external one quite whole; it was one inch and three-eighths in extent, and from it a probe could be passed downwards, between the external and middle coats, as far as to a level with the upper border of the semilunar valves; but farther than this, *i. e.* behind the sinuses of Morgagni, it could not be passed. The orifice of this slit was partially closed by a coagulum of pale fibrine, and on tracing this up it was found to lie between the external and middle coats of the vessel, but did not extend far, and was not attached. A probe was then passed upwards, which advanced as far on the right side as to the division of the innominata, and for about half an inch along the course of the left subclavian and carotid arteries, to which extent the middle tunic of these vessels was separated from the outer one; but the space was not occupied by a coagulum; it appeared as if the separation had been the effect of a violent pumping of blood between the coats of the vessel, which had afterwards burst into some other situation, leaving this space empty towards the laceration. On proceeding with the dissection, the opening in the cellular coat through which the blood escaped, was discovered; it was round, about the size of a fourpenny-piece, and was filled with a dark coagulum, which extended downwards, closely embracing the aorta, and separating this vessel from the pulmonary artery at the exact place where, in health, they lie in apposition. In this situation the coagulum exercised a considerable compression on the pulmonary artery, by which the vessel was much flattened. The coagulum lay beneath all that portion of the reflected layer of pericardium, extending from the zone tendinese of the right and left ventricles to where it is reflected on the under surface of the fibrous layer of the membrane. The serous membrane was perfectly whole, except at a small point corresponding to the junction of the right ventricle with the left auricle, where there was a small aperture through which the small quantity of blood in the bag of the pericardium had evidently escaped. The clot was hard and solid, and was fixed in its position, from its being completely entangled in the cellular tissue lying between the serous membrane and the outer coat of the arteries, and between these two vessels at the point where the pulmonary artery passes anterior to the aorta; in this spot the coagulum was thicker than in any other. In other respects the aorta was extensively diseased, being thickly coated from the commencement of its transverse portion, all along its descending course, with bony plates and atheromatous deposits. Indeed, the only part of the artery which appeared free from this disease was the very situation where the laceration took place; for immediately to the left of the opening there was another large osseous deposit. On comparing the middle and internal coats of the artery, at the seat of rupture, with other parts, they were found to possess scarcely half the thickness, and were much more friable, though the vessel did not present, in any part, traces of acute inflammation. Towards the commencement of the arch the vessel was somewhat dilated, but not to a greater extent than is ordinarly observed in individuals of her age. The mouth of the innominata was filled with a dark and firm clot, which extended for some distance along this vessel and its two divisions, and appeared to have been produced by the mechanical pressure exercised on it by the clotted blood which lay between its outer and middle coats. The lungs and liver were greatly engorged, no doubt the result of the mechanical pressure exercised on the veins leading from them, and of the almost complete obliteration of the cavities of the auricles.

ATROPHY OF THE HEART.—*Inspection.*—Cardiac movements, imperceptible to sight, and often to touch.—*Auscultation*; sounds of the heart distant and feeble.—*Percussion*; In consequence of the diminished organ being overlapped by lung, the præcordial region yields almost as clear a sound as the opposite side. The history of the case, its supervening upon chronic and debilitating affections, and the permanently small thready character of the pulse, will assist the diagnosis. Constant and unremitting sedentary occupation, with a deficiency of pure air, proves a not unfrequent source of atrophy of the heart.

DISPLACEMENT OF THE HEART.—Dr. Durrant in the *Provincial Medical Journal*, says, the diseases within the thorax causing unnatural deviation of the heart to either side, are, copious pleuritic effusion; hæmorrhage into that cavity from external violence; pneumo-thorax; empyema, with liquid effusion; extensive pulmonary emphysema of one lung; tumour, either of the mediastinum or lung; aortic aneurism; to which may be added, the rapid absorption of a pleuritic effusion, the heart being drawn to the affected side (Stokes); and, lastly, universal consolidation and contraction of one lung, with hypertrophy of the opposite (Hope). Depression of the heart may be caused by extensive emphysema of both lungs; tumours within the chest; aneurism of the arch of the aorta; and, to a certain extent, by gravitation, from great enlargement of the organ itself. The heart may be pushed upwards by enlargement of the liver, ascites, abdominal tumours, and by a flatulent distension of the stomach. In rare instances, a contracted and atrophied lung from tubercle, will induce elevation of this organ.—In a case of rheumatism, admitted into the Ipswich Hospital a short time since, the heart was found to be considerably displaced, both upwards and backwards, by a stomach enormously distended with flatulence. The apex of the heart could neither be seen nor felt; the situation of the base was higher than natural, and the sounds very indistinct; the entire præcordial region, and beneath the sternum from between the third and fourth ribs downwards, afforded a loudly tympanitic sonoriety. On careful percussion, the shape of the distended viscus could be traced with tolerable accuracy. Under the use of purgatives, the phenomena of the heart's action assumed their natural position.—The only correct guide to the formation of an accurate diagnosis, in reference to the extent and manner in which the heart has undergone displacement, is an acquaintance with its normal position within the chest, more particularly the situation of its apex, and that of the sigmoid valves: over the latter, it will be recollected that the second sound obtains its maximum. These points decided, the amount of deviation from the

natural position which the organ has undergone, may generally be ascertained with considerable precision.

Hypertrophy of the heart.—Dr. Durrant, in the *Provincial Medical Journal*, gives the following physical signs of hypertrophy of the heart:—*Inspection.*—Impulse of the heart visibly increased, forcibly raising the hand or stethoscope; the apex of the organ is seen and felt pulsating lower than natural, often between the seventh and eighth ribs. In extreme cases, the præcordial region is rendered prominent. *Auscultation.*—Force of the heart's action permanently increased, and heaving, raising the hand of the observer, receding abruptly again with a shock, constituting the back stroke, or diastolic impulse of Dr. Hope. This phenomenon is caused by the sudden refilling of the ventricles. The sounds of the heart are deadened and obscure; the first sound is prolonged, dull, and limited to the præcordial space; the second sound very feeble and indistinct; most audible over the situation of the sigmoid valves. In consequence of the prolongation of the first sound, the period, prior to the succeeding rhythm, is much shortened. *Percussion.*—Increased dulness, both transversely and vertically. In concentric hypertrophy with contraction, the phenomena are similar to the above, but more immediately confined to the præcordial region. In this variety, the impulse is less, the sounds more feeble and limited, while percussion gives the sensation of greater resistance to the finger, without increasing loss of sonoriety.

Effects of Drinking Cold Water.—Dimness of sight; syncope; spasms of the chest and stomach, staggering, imperceptible pulse, and laborious respiration. Sudden death, says Thomson, has often been observed to be produced by drinking large draughts of cold water. Indeed, this effect of cold upon those who have suffered much previous heat, thirst, and fatigue, has long been known. Quintus Curtius, in particular, gives a very interesting account of the fatal effects which the army of Alexander the Great experienced on reaching the banks of the river Oxus, after a fatiguing march through the sterile and burning sands of the desert. Those who indulged in drinking freely of the stream died immediately; and Alexander, the historian remarks, lost more men by this means than he ever lost in battle. Numerous well-authenticated instances of sudden death from the same cause are to be found in the records of medicine.

Purulent catarrh of the biliary ducts.—At a meeting of the Pathological Society of Dublin, Dr. Oliffe, of Paris, presented a papier maché cast of a liver affected with a peculiar disease, which he has denominated purulent catarrh of the biliary ducts. The patient was a gentleman, 46 years of age, who had previously suffered from jungle fever in Bengal, and afterwards with intermittent fever and jaundice. He visited France in November last, and towards the middle of December was seized with a febrile paroxysm, which was succeeded by complete loss of appetite and general debility. Dr. Oliffe saw him on the 1st of January. He then presented the following symptoms:—The facies was pale and presented a slight icteric hue; the sclerotic membranes were faintly tinged with yellow; no appetite; the tongue was covered with a thick yellowish fur; the urine saffron coloured, evidently by the presence of bile; the fæces were normal, both in colour and consistence, and did not present the white colour which distinguishes the alvine excretions of jaundiced individuals. There was no pain, and the patient complained of his continued loss of appetite. The hepatic region offered no prominence; on percussion Dr. Oliffe found that it extended abnormally into the thorax, but its inferior border did not pass the last ribs. The remaining abdominal viscera appeared to be sound and no abnormal phenomena were apparent in the lungs, nor in the heart. The febrile paroxysms which were renewed at irregular periods, were similar, in every respect, to those of intermittent fever. Calomel and colocynth were prescribed, and friction with the unghydrargyri on the hepatic region. The fever, which had been previously of irregular type, now became tertian, and was at first much relieved by the sulphate of quinine. But the improvement was of short duration; the fever soon returned, it became continuous, with evening exacerbations; the tongue dried up, the general debility was considerable; and the patient rapidly lost bulk. During this period, as well as throughout the malady, there was no pain whatever in the hepatic region. Effusion afterwards took place to a slight extent into the cavity of the peritoneum, and the patient was ultimately carried off by diarrhœa. On examination of the abdomen, thirty-eight hours after death, the stomach was distended with gas, and the left lobe of the liver was rather prominent in the epigastrium. The peritoneum contained about a quart of citrine serum. The liver was the subject of special observation. Its inferior margin did not extend beyond the last false rib; but superiorly it was enlarged; it pushed up the diaphragm considerably into the thorax, and extended to the level of the fourth rib. A finger introduced into the *sulcus transversus*, produced a rupture of the hepatic tissue, from which issued about ℥vj. of yellow creamy pus. In the middle of the superior surface of the right lobe, was a circular eminence, of a dark brown colour, studded with black spots. On incising this tumour, a quantity of pus oozed through numerous orifices; and the same occurred after incisions made in different parts of the organ. A female catheter introduced into several of these orifices, penetrated into ramified canals, which were soon judged to be the biliary ducts. In order to form an accurate knowledge of the source whence the pus was furnished, the liver was placed on its convex surface, and commencing at their origin, the ducts were examined in their divisions; they were much dilated, and *all* contained pus coloured with bile. Their mucous membrane was softened, of a black colour; the gall-bladder contained a small quantity of dark-coloured bile, in which were found four small biliary calculi; the mucous membrane of the gall-bladder was red, injected, and rather softened; the vena portæ and the hepatic veins were next examined, and were found to be perfectly sound; the tissue of the liver was likewise sound and contained no abscess, nor any purulent infiltration; the spleen was normal; there was no pathological alteration in the stomach nor intestinal canal; the heart was rather large; the pulmonary parenchyma remarkably sound. The other viscera presented nothing worthy of observation.

Encephaloid Carcinoma on the Brain.—Dr. Cowan has published in the *Provincial Medical Journal*, two cases of encephaloid carcinoma of the brain, from which he draws the conclusions that where the local and general symptoms justify the diagnosis of an organic affection of the brain, and when these are accompanied with remittent or intermittent pains of a neuralgic character, gradual emaciation, and cachectic appearance, we may with high probability, infer the existence of malignant disease. The first patient was a lady thirty-five years of age, suffering from hemicrania after miscarriage and flooding, attended by all the well known general and physical indications of anæmia, the paroxysms of pain, occupying the left side of the head and face, recurring at short and irregular intervals, preceded by a distressing whizzing, pulsatory noise in the right ear, and, when at their height, associated with severe lancinating pains through the right arm and leg. The tinnitus which was not accompanied by deafness, continued until death, and proved rebellious to every form of treatment. The pains in the right arm and leg became gradually less severe, and ceased after the first fortnight. It was subsequently noticed, that during the fit, and sometimes immediately before, the right arm was relaxed and motionless, recovering its ordinary power when the pain subsided. It was not clearly ascertained whether the sensibility was disturbed, nor did the right leg participate in the temporary motor paralysis. Vision was also subject, during the last three or four weeks, to singular alterations. Sudden darkness and confusion of sight, particularly of the left eye, amounting at times to blindness, would accompany the seizures, and occasionally continue, but in a less degree for several hours. The head-ache gradually extended to the right side, was less and less intense, and paroxysmal, and often fixed in the occiput and orbits. It subsequently amounted to a general uneasy feeling, rather than to pain; and the attacks assumed more of an epileptic character, as indicated by sudden stillness, stupor, and at times insensibility, with occasional rigid extension of the left leg and arm. Mental and muscular effort uniformly tended to bring them on. The patient preferred the horizontal posture, was disinclined to move, and seemed always comfortable when dozing or asleep. Her nights were, with scarcely an exception, undisturbed. The digestive functions were not affected; the emaciation was slow, though progressive; and the complexion assumed more of a sallow tint. She died comatose, the epilepilepti form attacks having ceased for nearly a week previously.—*Post-mortem*, twenty hours after death. Neither the bones nor membranes presented any morbid appearance. The brain itself looked externally healthy, except the convolutions of the inferior portions of the middle lobe of the right hemisphere, resting on the temporal bone; these were smoother than elsewhere, and soft and elastic to the touch. The greater portion of the corresponding medullary matter was converted into a red, pulpy and vascular substance, with numerous hemorrhagic points, and a black coagulum, as large as a hazel nut, in the upper portion, breaking its way through into the ventricle. The latter contained a drachm of bloody fluid. Neither the membranes nor the grey matter were implicated. A thin layer of softened brain separated the diseased from the healthy portions.—The centre of the posterior lobe of the left side presented precisely similar appearances. The diseased structure had also penetrated into the ventricle, and extended to the posterior surface of the optic thalamus. In the centre of the right anterior lobe, a distinct portion, about the size of a nutmeg, and in an earlier stage of similar transformation, was very clearly and beautifully seen, surrounded by healthy brain. The nature of the morbid structure was, in every respect, that described under the term of encephaloid carcinoma. In the second case, also that of a female, the disease first showed itself in the form of severe headaches, which gradually subsided after getting up, and the patient was also sensible of peculiar uneasy, quivering, fidgetty sensations in the legs, particularly the left; these, at times, forced her to continual movements for relief. She felt as if she could not sit still. This occurred in March, 1844. In May, she complained of partial numbness in the left cheek, and was observed to stagger in her walking; deviating from a straight line, and to the left, as if she had lost the directing power. It was compared by those about her to the effect of slight intoxication. The headaches became more intense, at times agonising, with distressing vomiting, and on the 8th of June, when preparing to ride out, she was seized with præcordial pain and palpitation, violent congestion of the head and face, embarassed speech, and mental confusion. The day following, the power of utterance was impaired, the loss of sensation in the cheek complete, and she was deaf in the left ear. For these symptoms she was bled, leeched, and salivated, and blisters and a seton applied. For a month subsequently the headaches materially diminished, but the excitement, restlessness, distressing feelings, uncertain movements, emaciation, and general lassitude, gradually increased. In August, deglutition was rather difficult, and strabismus, principally of the left eye, was noticed, with partial loss of vision on the same side. The headaches returned with still greater intensity, and were referred to the left parietal and and occipital regions. The irregularity in her voluntary movements gradually affected the arms as well as the legs. There was no paralysis of movement or sensation to the last, nor was one side more distinctly implicated than the other; but the controlling, the co-ordinating power of the muscular system, appeared abolished, or nearly so. She died February 18, 1845. Post-mortem, thirty-six hours after death.—Extreme emaciation; scalp dry, thin, and bloodless; skull of average thickness and density; it separated easily from the dura-matter, and the inner table was deeply

furrowed, and of a rather porous structure. All the membranes presented great venous turgescence, with soft dark coagula in the larger trunks; about an ounce of pink-coloured serum drained from different surfaces to the base; a small quantity of opalescent fluid was lodged under the arachnoid in the sulci; the membranes were of healthy firmness and transparency; no bony irregularities. The cerebral convolutions were deep and numerous; the grey matter very distinct, and the brain throughout vascular, particularly the cerebellum. At the base there was a dark-red, spongy and highly vascular substance, presenting all the wellknown charrcters of encephaloid carcinoma, incorporated with the anterior extremity of the left lobe of the cerebellum, of which it seemed a prolongation, passing forward in inseparable connection with the pons, and following the emerging fibres of the corresponding crus cerebri; it terminated about an inch further, without penetrating the ventricle, in the moduallary substance of the middle lobe; where it presented a more brokendown and disorganised appearance. It originated about a quarter of an inch posterior to the pyramidal fissure, involved the whole thickness of this portion of the cerebellum, and nearly an inch in width, penetrating irregularly into the substance of the pons and left crus, from which, as well as from the cerebellum, it seemed to grow and sprout. The pia mater only covered it at a short distance from the cerebellum, and the general surface was irregular and shaggy. The line of separation between the diseased and healthy structures was indistinct, but no membrane intervened, nor was there more than very slight softening of the surrounding cerebral pulp. The medulla oblongata, and the pons, were pushed to the right, forming an obtuse angle with the spinal marrow, and the left pyramidal and olivary bodies appeared stretched and slightly softened. The left pneumogastric nerve was thinner and more filamentous than its fellow, and the seventh, fifth, fourth, and sixth nerves, passed over and partially through the morbid growth, and at their exit from the skull were vascular and soft. At a precisely corresponding point of the right side, in the centre of the white fibres, as they leave the cerebellum to pass over the pons, a small nucleus of encephaloid matter, about the size of a large pea, was imbedded, as if formed at the expense and not by the displacement of the surrounding tissue. The morbid growth on the left side, was therefore limited by the tentorium superiorly, by the petrous portion of the temporal bone anteriorly, and could only increase in bulk by pressing the mesocephale upwards and to the right.

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medico-Botanical Society. Feb. 18, 1845. Dr. Cooke in the chair.

A communication from Lieut. Hardy, R. N., on the polecat tree was read. This shrub is indigenous on the banks of the Missouri, and is supposed by Lieut. Hardy to be a species of mimosa. It derives its name from its emitting an unpleasant odour when touched. The bark possesses the singular property of removing, when masticated, the unpleasant tenderness and sponginess of the gums attendant on scurvy, the characteristic of which is their bleeding on the slightest pressure. The specimen of the bark in his possession was presented to him, when in Mexico, by an American hunter, from whom he obtained a knowledge of its medicinal virtues. During his residence in the province of Sonora, he frequently witnessed the beneficial effects resulting from its use, seeing that to such degree are the people—both men and women—affected by the local disease, that it is no uncommon thing, on awaking in the morning, to find the mouth full of coagulated blood, and in some instances even the pillow completely stained by the hæmorrhage. In these extreme cases, there is great debility, caused by the long continuance of the disease, notwithstanding which the benefit produced by the bark was only the more apparent and convincing, and, he adds, the more certain, for in no instance did he ever know it fail of the desired effect. In flavour, when fresh, the bark is not unlike the radix pyrethri, though very bitter, and like it, it is chewed for a short time.

GOSSIP AND NEWS OF THE WEEK

The following gentlemen were admitted Members of the Royal College of Surgeons, on Friday, May 23rd, 1845:—R. Lumb, W. C. Hood, J. C. Martin, B. S. Hopewell, M. A. Savage, J. A. Savage, J. A. Walcott, T. B. Eames, and H. J. Fotherby.

The following gentlemen were admitted Members of the Apothecaries Hall on Thursday, May 22nd, 1845:—John Thomas Newberry, Rowland Flockton, Edm. Warlams, Geo. Royde, and Josiah Roope.

Dr. Babington was, on Tuesday evening last, elected one of the vice-presidents of the Royal Medical and Chirurgical Society, in the room of Dr. Theodore Gordon, deceased. The meeting, which was a special one, was very thinly attended. When will the general practitioners belonging to the society bestir themselves to ensure the election to office of one of themselves. They are numerous enough, and of sufficient influence to demand that some of the honours of the society be bestowed among them, and there are certainly many gentlemen in general practice, fellows of the society, equally as deserving of such distinction as those who now obtain it. Let them shew their strength, and they will succeed. The National Association of General Practitioners has set them a good example.

Assistant Surgeons in the American Navy.—By a regulation passed in December last, assistant surgeons in the American navy are entitled to mess and have quarters with the wardrobe officers. Why should not equal justice be done to our own naval medical officers, who are equally meritorious, and whose services in time of war are of the utmost importance to the country.

Two children, named Ginniver, twins, aged four years, living at Wassall Grove, Worcestershire, with their parents, were troubled with ringworm; their mother had them treated by Mr. Welch, a Stourbridge druggist, who supplied her with a liquid wash. This preparation skinned her own hand, and salivated the children. Blood and saliva flowed from the mouth—the head and scalp were ulcerated—the cheeks tumefied, ulcered, and gangrened—swallowing became impossible—purging and vomiting ensued—and death terminated the sufferings of the patients. On a *post-mortem* examination, the morbid appearances were such as present themselves in persons who have been poisoned by corrosive sublimate. The druggist has been committed for trial on a charge of manslaughter.—*Gateshead Observer.*

Drs. Scott and Turnbull have been elected Physicians to the Northern Hospital. Dr. Sutherland was an unsuccessful candidate.

Our readers have not failed to notice, that in the details of the late duel at Gosport, the startling announcement is made, that—"Mr. Hills, chemist, of ——— Street, Portsmouth, sat up with Mr. Seton" (the wounded man) "the whole of last night." The surgeons who had charge of the case, will do well to explain to their brethren the cause for so unprofessional a course—a course, which, if a medical attendant was at all necessary, *endangered* the patient's life?

The Manchester Medical Reform Committee held a meeting on the 20th instant, and have carried a resolution to the effect, that the Amended Medical Bill requires modifications. First, in the initiatory Examining Board, in which the proposed New College should be duly represented: and secondly, on the members of the New College being allowed to retain on the proposed register, their present title of Surgeons: and thirdly, in the New College being placed on an equal footing with the other colleges. If this position is not guaranteed to the General Practitioners by their proposed Charter of Incorporation, and by the Bill, the Committee pledges itself to oppose their further progress.

Mock meetings have been got up during the week against the National Association by a person, excluded, with much deserved ignominy, from the Committee of that vast society. One of the British Medical Association numbered—we are told—eight persons, and more than one of these, including Dr. Webster, felt it necessary to withdraw themselves from the proceedings.

The rumours of cholera at Sheffield turn out to be but of trifling importance. One fatal case in a workhouse, followed by a little illness among the women, the consequence of their fears, is all that really occurred.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from page 132.)

Syrup of Laffecteur: a syrup, the composition of which is scarcely known, but which has considerable analogy with the compound syrup of sarsaparilla of the Codex (syrup of Cuisinier), and which the formulary of Cadet indicates as being prepared with sarsaparilla, china-root, guaiacum, yellow bark, molasses, sassafras, aniseed, and borage flowers. Mode of exhibition: one to three ounces in the day pure, or in a little ptisan, as anti-syphilitic and anti-psoric.

——— of Milk (Robinet): a syrup composed of new milk, skimmed, and concentrated by evaporation, cherry-laurel water, and sugar. Scarcely ever used.

——— of Lettuce: a syrup prepared with one pound of distilled lettuce water, and two pounds of sugar; recommended as a sedative in the dose of from half an ounce to an ounce by Messrs. Martin Solon, and Soubeiran.

——— of Larrey (Formulary of Military Hospitals): thirty two pounds of sarsaparilla, two pounds of borage, two pounds of pale roses, two pounds of senna leaves, two pounds of green aniseed, one pound of elder-rob, sixty-two pounds of sugar, and a sufficient quantity of water, containing in each pound five grains of corrosive sublimate, five grains of sal ammoniac, and five grains of watery extract of opium, to be added at the moment it is used. Mode of exhibition: one ounce daily, in constitutional syphilis occurring in weak and lymphatic subjects.

——— of Lupuline (Magendie): four ounces of simple syrup, one ounce of alcoholic tincture of lupuline, mixed together. Mode of exhibition: half an ounce to an ounce in potions, juleps, or mixtures—used in the same diseases as hops.

——— Gummy Mercurial (Lagneau): twenty four grains of mercury, one ounce of powdered gum-arabic, one ounce of compound syrup of rhubarb, rubbed together in a glass mortar until the mercury is quite killed, then three ounces of syrup of marsh-mallow added. Mode of exhibition: half an ounce to an ounce in the treatment of venereal diseases in adults; a coffee spoonful daily for very young children.

——— of Mulberries: a slight stimulant, prepared with sixteen parts of the juice of mulberries, and thirty parts of white sugar. It is used in the dose of from one to two ounces, in gargles, in cases of mucous angina.

——— of Opium (Codex): simple syrup, containing one grain of the extract of opium in the ounce.

——— of Opium, succinated, see syrup of Karabe.

——— of Orgeat, see syrup of almonds. Syrup of orgeat and milk is the common syrup of almonds, with the exception that the water is replaced by new skimmed milk, and it contains cherry-laurel water.

——— of White Poppies, see syrup of Diacodium.

———, Pectoral Demulcent (Selle): one ounce of liquorice juice, dissolved in eight ounces of camomile water, to which is added two pounds of syrup of marsh mallow. Mode of exhibition: by teaspoonsful several times in the day, to assist expectoration in catarrh and pulmonary phthisis.

——— of Asparagus Tops: two parts or two pounds of white sugar dissolved in a water-bath, in one part or pound of the depurated and filtered juice of asparagus, and strained through a piece of cloth. Mode of exhibition: one to three ounces daily, in a little water, as a sedative on the circulation, in cases of palpitation, affections of the heart, ascites, influenza, &c. Its utility has been exaggerated, and we may say the same of the extracts prepared from the roots and tops of asparagus.

——— of Polygala (Pharmacopœia of Louvain): one ounce of Virginian polygala, digested during twenty four hours in nine ounces of water, then filtered, and eighteen ounces of sugar dissolved in it. Mode of exhibition: by teaspoonsful in chronic affections of the chest. It may be given pure or in a little water.

——— of Bark in Wine (Codex): seven drachms of the soft extract of bark, one pint of Lunel wine, one pound and a half of sugar, made into a syrup by means of a water bath. *** A febrifuge containing twelve grains of the extract of bark in the ounce.

——— of Ergot of Rye: one ounce and a half of powdered ergot of rye, macerated for seven or eight days in eleven ounces of white wine, filtered, and a pound of sugar dissolved in it by means of a water-bath. Mode of exhibition: half an ounce every ten minutes in protracted labours.

——— of the Subcarbonate of Potash (Puche). one ounce of subcarbonate of potash, four drachms of mint water, one pint of simple syrup, mixed together. Mode of exhibition: two ounces to the quart of mucilaginous ptisan. Used in the commencement of blenorhagia, in cases of catarrh of the bladder, gravel, &c.

———, Compound Sudorific: see syrup of Cuisinier, or the compound syrup of sarsaparilla.

———, Simple Sudorific: twelve ounces of sarsaparilla, twelve ounces of guaiacum, six pounds of sugar, eight pounds of common water, made into a syrup, secundum artem. Mode of exhibition: two to three ounces to sweeten a quart of anti-syphilitic ptisan.

——— of the Sulphate of Morphia (Magendie). simple syrup containing one grain of the salt of morphia in four ounces. Mode of exhibition: half an ounce to an ounce as a sedative, in potions, juleps, or mixtures.

——— of the Sulphate of Quinine (Magendie): simple syrup containing two grains of the salt of quinine in each ounce, with the addition of a few drops of sulphuric acid (diluted?) Mode of exhibition: half an ounce to an ounce every two hours in intermittent fevers, and as a tonic.

THE MEDICAL TIMES

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COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

The symptoms more distinctly called hysterical, are shown by the affection constituting the more regular form of hysteria, independently of other diseases; sudden changes from laughing to crying, and various convulsive actions; sobbing, with choking, as if there were a lump like a ball in the throat, constituting *globus hystericus*; spasms connected with a quantity of wind; there is a great noise of wind inside, so loud as to be indelicate; palpitation very commonly occurs, and various other feelings of disordered sympathies; together with this, the mind is disordered, and there is dyspepsia, a tendency to exaggerate sufferings, something like hypochondriasis. All these things may be wound up to the highest degree, so as to constitute a fit; rolling of the eyes, and spasms of a tetanic character, rigidity, &c. It is remarkable, with regard to these affections, that persons do not lose their consciousness entirely, generally speaking. Sometimes, instead of the convulsive affections, there is stupor, and sometimes delirium, the sensorial function being more affected, and sometimes there is apparent syncope, and yet, at the same time, the heart is beating violently. This is one of the instances of fits producing loss of consciousness by an irregular distribution of the blood; not at all an uncommon form of hysterical fit. When the patient comes to herself, she sighs, and sobs, and there is a copious flow of limpid urine, as in other cases of nervous irritation and nervous diseases, accompanied by an increased action of the heart. I believe the increased flow of urine is owing to the increased rapidity of the circulation especially affecting the kidneys; the urine is increased in the watery contents, but not in the urinous principles. More permanent affections are left after these fits, such as partial paralysis, affecting the side, one arm, or one leg. There is not complete paralysis. Sometimes, too, various nervous affections remain permanently, such as palpitation, irregular action of the heart, asthma, and a flatulent disposition of the abdomen. Besides these peculiar hysterical conditions, there are various functional disorders of sensation, and the sensorial faculties; spasm of the glottis, affections of the respiratory apparatus, and the urine is altered; sometimes there is loss of the power of articulation; pains of the chest, and various characters of dyspnœa, violent coughs of different descriptions, spasm of the diaphragm affecting the breath, and causing a violent catching; affections of the intestinal and alimentary canal, dysphagia, retching and vomiting, pain in the abdomen, particularly in the left hypochondria, more rarely the right hypochondria, or sometimes in the iliac region; constipation, sometimes very obstinate, sometimes only arising from retention of feculent matters; disordered secretions of the alimentary canal are commonly found in connection with hyteria; affections, too, of the urinary organs, *dysuria*, are very common, the lithic acid being in great quantity, and sometimes the opposite condition, a deposition of the phosphates. There are left after the fits, besides these peculiar symptoms, trismus, tetanic spasm of the jaw, continued action of the heart, and neuralgic pains on the surface. Spinal irritation is a variety of hysterical affection; the knee is particularly irritable or sensitive, this is called hysterical affection of the knee-joint.

I think you will now see by this very summary view of the symptoms of hysteria, that there is always, more or less, some anomalous condition of some of the functions of the nervous system, and probably through these, other functions are disordered; the function of the circulation of the blood, for example, and the secretions and excretions, and various other functions.

Well, now let us advert, shortly, to the predisposing causes of hysteria. I have already mentioned, that females are generally predisposed to hysteria at the menstrual period; though this is not essentially so, but where other circumstances favour the development of the nervous properties; and they may occur in the male sex, and independently of the menstrual period in the female sex. A nervous temperament is a predisposing cause; a sanguine temperament may be considered to predispose to hysteria, because it is more excitable. Subjects who are called delicate, whose functions are easily disordered under circumstances of an extreme nature, are liable to become hysterical, because there is an undue development of the nervous system, while other parts are reduced in strength. Effeminate, or childish habits, lead to the hysterical diathesis; and so do confinement and sedentary habits, particularly where these are combined with animal excitement. The various pursuits females especially devote themselves to, novel reading, frequenting theatres, and exhibitions, by which their feelings are strongly wrought upon,—these are circumstances that act as predisposing and exciting causes of hysteria; so, likewise, late hours, and warm clothing, and excessive heat. The education of females, as it is usually conducted, must be considered as one of the most powerful predisposing causes of hysteria that can be conceived. If you conceive the manner in which the properties of the nervous system are exaggerated, and are cultivated, as it were, at the expense of the bodily strength, the manner in which the whole of a female's attention and anxiety are engrossed by occupations, the object of which is to excite admiration, you can readily understand why females are predisposed to hysteria. Just consider what boarding school education is! It is an employment, the chief desire of which, is to please, to produce effect, to gratify vanity, much more than to answer any truly beneficial purpose in life; and so when the best part of a child's years is devoted only to these pursuits, and when the mind, and all the faculties, moral and intellectual, are, as it were, devoted to this, it is no wonder that the nervous system and its various functions, should have the preponderance over bodily strength, which is often quite neglected. The vanity has been cultivated in the highest degree by the acquisition of expensive accomplishments, as they are called. This vanity is destined either to be gratified or to be mortified, and under these circumstances comes the great struggle of the mind and the moral feelings, in which the nervous system becomes unduly excited; and when they are called upon to suffer disappointment, then it is that this undue development of the nervous system proves a predisposing cause, upon which we find hysteria mainly to depend. The relation of the uterus to hysteria is very important. Important as this function is in the female, no great change can take place without the uterus being affected; and where the function is affected, so as to be interrupted or disturbed in any way, it is no wonder that this re-acts as a cause of still further disorder, and hence there is no wonder that the aggravations of hysteria should cease when the disorder of the uterus is diminished or relieved; and in advanced life, when the uterine period ceases to be active, and likewise in some cases of pregnancy; it is from these circumstances that the common form of hysteria arises. The best remedy for hysteria, is for females to marry and bear children. This is explicable in a very obvious way; the mind as well as the body becomes occupied by proper objects; the common purposes of life are not those, generally speaking, that draw out to a high degree or unduly develop the nervous system; other matters are to be attended to, which prove a healthy stimulus to the mind and body, which are both actively employed; the body is physically engaged in the function of parturition, and so forth. In many cases, however, a fruitful marriage is not a cure for hysteria, particularly where it has been exhibited most decidedly in connection with a nervous temperament. I have known women who have remained hysterical even after a fruitful marriage. There is another proof that the uterus is not essentially the cause of hysteria: we find uterine disease of every description, both functional and organic, without hysteria. It is very common in *amenorrhœa* accompanied by *anæmia*. It is extremely rare to find hysteria developed much in connection with organic disease of the kidneys, or of the ovaries, or even inflammation of those organs. Uterine disorder obviously, sometimes, causes hysteria in an indirect way, not by mere sympathy, by supposing that it is the sole origin of the hysterical symptoms. For instance, suppression of the catamenia is apt to be followed by hysteria, but that is by producing a plethoric state of the system. It has been followed by coma, or paralysis in other instances. Menorrhagia or amenorrhœa has been sometimes followed by nervous symptoms, nearly in the same way as other great disturbances, by exhausting the body. Hysteria is sometimes present without any sign whatever of diseased uterus, either functional or structural, whereas other functions are disordered; as for instance, the alvine function, the stomach and the intestinal canal, which is frequently the source of disorder of the uterine function; and it occurs in connection with constipation of the bowels. There are symptoms called hysterical, often conjoined with disordered circulation; partial congestions of the different organs occurring in a nervous temperament, produce what are called hysterical affections. The same thing occurs with regard to structural disease, particularly of the heart and lungs. Persons who are not nervous men, have a great

amount of structural disease of the heart without presenting any symptoms of hysteria. The exciting causes of the symptoms of hysteria, are sometimes the predisposing causes I have mentioned, and there are others that operate as exciting causes of the convulsive form, particularly imitation, and this has been observed to prevail in schools. Hysteria appears to be essentially a disorder of some function of the nervous system, either congenital or as the result of disease, or circumstances unduly exciting the nervous system; outward circumstances affecting the health, or inward circumstances affecting the mind and the moral feelings, even when there is no serious disease in the nervous system itself. But this excitability of the nervous system sometimes produces symptoms, more or less marked, of serious disease. There is a changeability or mutability in persons who have exhibited always, more or less, of these nervous properties, and they go on week after week, month after month, year after year, without leading to any serious results, which would occur were the disease what it appears to be. I have adverted to the fact, that not only the bodily functions, but the mental also may be seriously involved in these morbid affections of the nervous system, and there can be no doubt that there are some kinds of mental derangement of an imperfect and irregular kind which solely arise from this. Hysterical delirium, for instance, is a very common symptom in hysterical subjects. There is a remarkable development of different feelings connected with sympathy: persons are exceedingly anxious to attract notice to excite sympathy, and to feign diseases, in which they exhibit an astonishing degree of ingenuity; they have been found to blister parts in a secret way, to run needles into their limbs in order to deceive others; this is something bordering on monomania.

The diagnosis of hysteria is very difficult. Attention to the previous history, of there having been exhibited some proofs previously of nervousness, observing whether the nervous symptoms predominate, and comparing the nervous symptoms with other derangements in the body; the mutability and the varying character of the nervous affections, are the means of arriving at a diagnosis, or whether it is of a fixed kind, such as hysterical affection in the knee joints, or hysterical pain in the side. In cases of convulsive hysteria constituting fits, it is distinguished from epilepsy by the attack coming on less suddenly, being preceded by nervous symptoms, such as *globus hystericus*, by there not being the scream, which often occurs in epilepsy, by there being some remains of consciousness during the paroxysms, and also by the care which the patient takes of herself, never biting her tongue nor falling down in an uncomfortable or indelicate position. Again, the pupils may be observed to be more sensible to light, and not contracted nor dilated; no foaming at the mouth; the convulsions are more of the upper extremities than of the lower—throwing about the arms and the hands, and rolling the head, more than tetanic and violent convulsions. There is, too, a disposition, on recovery from the fit, to laugh and cry, with hysterical sobs; there is also a remarkable excitement of the mind, which is absent in epilepsy. But it must be remembered that hysteria may pass into epilepsy, and in some cases into apoplexy, but this is extremely rare. The diagnosis of the local affections of hysteria which simulate the other diseases I have alluded to, is to be distinguished chiefly by the absence of much heat and the predominance of nervous symptoms, and excessive sensibility, causing the patient to cry out before being touched, and extreme sensibility when attention is directed to the part. In sleep the part may be touched with considerable force without waking the patient, which can never be done in cases of real inflammatory pain. The symptoms that are present are altogether too intense for the other signs of the disease.

The prognosis of hysteria is extremely variable, but generally speaking, the symptoms are in undue proportion to the real disease, and therefore the prognosis is favourable as to its fatal termination; although there is scarcely any risk of their terminating fatally, it is exceedingly difficult to get rid of these hysterical affections, which are extremely tedious.

The treatment varies according to the causes, and the constitutional states in which the disease occurs, and according to the different forms that are presented. The general treatment should be applied more or less, in every case; that is, the exalted or nervous properties are to be treated, to deaden the sensibility, and quiet the excito-motor function, and to strengthen the tone of the whole system, so far as it can be done. The indications are often opposing ones; it is often indicated to restore the strength, and to diminish the excitability of the nervous system, at the same time that the functions of digestion and deglutition are so weak, that we have not the means of accomplishing the end; hence it is, that frequently the treatment of hysteria becomes exceedingly tiresome and distressing. In convulsive hysteria, where the fits come on in a more regular form, cold affusion on the whole body will often stop them, it being both a physical and a moral agent. Cold affusion on the head and face will suffice, and this acts partly as a physical agent, by diminishing the determination of blood to the head and neck. Anything producing any very strong impression will do; a smelling bottle, a pinch of snuff, and ammonia will restore a sensitive girl to consciousness. The same thing may be said with regard to valerian, assafœtida, or fœtid spirits of ammonia. In case of trismus, turpentine injections have been found to be useful, and it is a very good remedy particularly in tetanic hysteria; where there is any plethora, and the fit seems to be connected with fulness of the whole habit, it may be necessary to draw blood. To prevent the recurrence of the paroxysms, anything to draw off the attention of the patient will frequently succeed. Excessive pain should be treated according to the state of the circulation, and in females in relation to the uterine function. The uterine function has a very important relation to the whole frame of the female. If the menstrual discharge be defective, the treatment will vary, according to whether the body is plethoric, and if not, tonics should be given with mild purgatives and derivants, to cause some determination of blood to the neighbourhood, and promote the return of the discharge. Iron and aloes are useful in some cases; in many cases iron is not good, and in these, iodide of potassium in combination with decoction of aloes is very useful. Sometimes together with the absence of the catamenial discharge, there occurs congestion, and a tendency to hæmorrhage, and under these circumstances sulphuric acid, and saline aperients, together with bitters, are to be employed. In cases where the catamenial discharge is absent, and there appears to be weakness, connected with a congested state of the uterus, local depletion is very useful. A generous diet, and regular exercise, as much as the patient can bear, particularly on horseback, are highly beneficial when the function of the uterus is defective. In some cases I have found hysterical symptoms occur in connexion with a too frequent or too copious menstruation, sometimes connected with weakness, produced in other cases apparently by uterine irritation. The patients in such cases should confine themselves to the horizontal posture, using saline and alkaline purgatives. In cases of dyspepsia connected with hysteria, it may be treated according to its kind. If it is of an inflammatory nature, blue pill, hydrocyanic acid, and carbonate of soda, with local depletion are useful remedies; and very soon for these may be substituted remedies of the tonic kind. In cases of hysterical spasm of the glottis, or hysterical asthma, the various anti-spasmodics are to be used, belladonna, stramonium, oxide and sulphate of zinc, and in anemic cases, preparations of iron. Hysterical headache is generally of the congestive kind, accompanied by imperfect circulation, and this is relieved by stimulant remedies, cold to the head, and warmth to the feet. Pain at the left side is often very troublesome, and may require the application of a blister; it is not desirable to draw blood, in most cases. In connexion with feverishness, blistering the part may be necessary, and in many such cases, where there are local pains, local blood letting may be applied to that part of the spinal column, where the pain is. Retention of urine may be remedied by turpentine injections and tincture of cantharides. Palpitation may be removed by hydrocyanic acid and other anti-nervous remedies. Hysterical affections of the joints may be relieved by counter-irritants, such as the camphor liniment, with tincture of opium. No treatment is so effectual with regard to the hysterical diathesis as that which tends to reduce the nervous sensibility, by relaxing habits, early hours, not sleeping too much, open air exercise, and cold bathing.

COURSE OF LECTURES ON SKIN DISEASES,

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

Gentlemen,—The next disease which I shall take up will be impetigo, though in doing so I deviate from the arrangement which I have marked out for myself, according to which porrigo should come first; however, for reasons which I shall hereafter explain, porrigo will be left to the conclusion of pustular diseases. I have already made you acquainted with the characters of the pustules which appear in impetigo; these are of the kind called psydracious. I shall not on the present occasion plague you by going over them again, but shall merely remind you of a fact which I have endeavoured to impress upon you before, that in no other disease but impetigo, do you ever meet with the psydracious pustules. This disease is very frequently met with in Lying-in-hospitals and children's dispensaries; it attacks persons of all ages, and every part of the body; children are those in whom it principally appears, and the face and scalp the quarters it usually selects. In these plates you have it as it appears on the latter situations, constituting the crusta lactea of Bateman. In these plates of Alibert's you may perceive the peculiar appearance of the pustules of impetigo, before the scabs have been removed by any application; they are of a greenish yellow colour, softish, and slightly elevated above the skin by a deposition of successive layers of scabs formed by purulent matter secreted from the cutis vera. In this drawing, taken from a child labouring under the disease, you have an opportunity of seeing the appearance presented when the scabs have been removed. You can almost see every pore of the raw and reddened surface which has been exposed, pouring forth the peculiar viscid and honey-like secretion which is thrown out to form the scabs in this disease. Looking at these children, this one in particular (holding up Alibert's plate), you would at once say that it could not escape without very great deformity. But this does not occur; no matter what length of time the the disease may exist, whether for one month or for four (and do your best, and try what you can with it, it sometimes takes the latter period of time to remove it), or no matter how thickly the face may be covered with it, still it never leaves the least deformity or mark behind it. The reason is obvious, when we know that it is the cutis vera which continues to secrete the pus during the progress of the disease. The inflammation does not travel beyond this, consequently no cicatrices are formed to mark the child. It is easy to understand, that owing to neglect on the part of mother or nurse, a child affected with impetigo may, by scratching, produce ulceration of the cutis vera and parts beneath, thus giving rise to cicatrices: but this is not the effect of the disease. This disease is said in books not to be contagious; now, I assert the very reverse, and say that it is, as I have seen it spread from one member of a family to another; even these drawings prove to you its contagiousness. We perceive pustules produced on the cheeks by the dropping upon them of the matter secreted on the forehead, and we find the neck becoming encircled with a pustular belt by the dropping of the purulent secretion from the chin on the latter part, and in many instances, we find it conveyed by the child's fingers from one part of the body to another.

This disease is peculiarly liable to appear in spring, when, unless guarded against by rigid cleanliness, it will attack all who may come in contact with it; by its occurrence in spring it would seem in some measure to support the popular belief, that this season predisposes us to eruptive diseases, and, indeed, more or less to diseases of every sort. How to account for this fact I am at a perfect loss, but am well satisfied of its accuracy. I know a young patient, in whom the disease appears as regularly as the spring comes round; a few pustules appear on the face, which would very soon spread further, were they not removed by appropriate treatment. I also know another, who, in spite of all I could do for her, remained affected with it for five years, until beyond the reach of every source of irritation from teething; her first dentition was not complete until she had acquired the above age.

According to systematic writers there are a great many varieties of impetigo, but by bearing in mind the grand criterion of the disease, you can never mistake any of its forms.

There is a form of it, or rather, a connecting link between it and eczema, named eczema impetigenodes, where we find the skin rising off in scales, while a scattered pustule here and there over the part, exhibits its analogy to impetigo. This form generally attacks the extremities, as you see in this drawing, taken from a case in the Whitworth Hospital, to which I have already called your attention. Impetigo may assume any irregularity of shape on the body; and again we often find it assuming forms as tortuous as the patches of psoriasis gyrata.

When called in to treat this disease at its first appearance, you will in general find it yield to the employment of mild alteratives. The medicine which I am in the habit of ordering on those occasions, is one composed of two grains of hydrargyrum cum creta, with four or five grains of bicarbonate of soda. This is to be persevered in every night regularly for some time after the disease has disappeared. Along with this you will derive a very great advantage from the use of an ointment of carbonate of lead, employed as long as any irritation exists. I have heard a great deal of the danger of using preparations of lead over such an extent of surface as is exposed in this disease, but I must say, that I have never seen any such, and until I am convinced from experience that such does ensue, I shall continue to employ them, and I advise you to do the same, as you would derive more benefit from their use, than from any other application which you can prescribe. When the existing irritation has been removed by the remedies just now recommended, you may, with advantage, add to this ointment some slight stimulant, and the one which I find answer best, is carbonate of soda, in no greater proportion than five grains to an ounce of cerussa ointment; along with these means of subduing the disease, you will derive very great advantage from the use of a bran bath; this is made by throwing a few handsful of bran into some boiling water, straining it frequently, and, after some time, adding it to the water of the bath, to which it imparts a slight glutinosity; this acts as a mild sedative to the exposed portions of true skin; but there are cases where, as I have remarked already, this plan of treatment will fail, and when, notwithstanding all you may do, the disease will continue for a length of time. Here you must have recourse to an alterative of higher power than the one before recommended. In this state of things, I know of none better than hydrargyri bichloridum given in very small doses, and continued for a length of time. For a child of two years old, the dose should not exceed 1-36th of a grain three times a day. Recollect that you do not want to induce salivation, you only require a medicine capable of completely altering the child's constitution, and this you possess in corrosive sublimate given as I have directed. It is unnecessary for me to mention that the strictest cleanliness must be enjoined, and that the members of the family who may have caught the contagion should be carefully kept apart from the rest. In any case of severity or long standing, you should, if possible, have the child sent into the country.

The last disease, gentlemen, of the class pustule is porrigo; this I have kept for the last, for reasons which I shall presently mention. In none of the books on medicine which I have read, or am acquainted with, have I ever met with a genuine and true description of porrigo, this disease either having been mistaken altogether, or confounded with others with which it has not the slightest affinity, and from which it should be kept widely separate. Porrigo is stated by writers on skin diseases to be contagious, while impetigo is said not to be so; but this I deny, and maintain the converse, that impetigo is contagious, while porrigo is not at all so. It is to expose, as I trust satisfactorily to you, the errors which have crept into systematic works on this subject, that I have deviated from the arrangement which I proposed to myself at the commencement of these lectures, errors which have led persons to claim credit for remedies of various kinds as possessing the power of curing genuine scald head, a power which has been erroneously ascribed to them, and which they do not possess; it is to correct these errors, and to prevent you from attaching any credit to such statements, that I proceed to address you upon the subject of porrigo; and the remarks which I shall offer are the result of observations of this disease, carefully made, and drawn from a practical acquaintance with it, as extensive perhaps as that of most medical men.

All the writers on skin diseases, from Willan to Bateman, and from Bateman to Biett, have erred in their description of porrigo; in fact, they seem to know nothing whatever about it, for under the head of porrigo, they have described various diseases, differing from it in every particular. Under the name of porrigo they have described various forms of impetigo, as it attacks the scalp and other parts of the body, while they have not given a history of porrigo as it really presents itself. Though the above-named writers have made the matter bad enough, still they fall far short of that confusion into which Mr. Wilson has thrown this subject, whose work on Skin Diseases I believe is the latest extant. This gentleman has invested the matter with such an air of learned obscurity, that the man who could recognise genuine porrigo from his description, should indeed possess extreme clearness of comprehension. You will read in it that this disease is one of very great frequency; now, if such be the case, it is wonderful how any one could err in describing it; we shall, however, by and by see, that so far is this from being the case, that on the contrary it is singularly infrequent above all other skin diseases, and almost equally singular in its difficulty (I should rather have said impracticability) of cure. Bateman, in his clever work on Skin Diseases, has made no less than five varieties of porrigo, namely, P. Larvalis, P. Favosa, P. Scutulata, P. Decalvans, and P. Lupinosa. Let us examine each of these varieties, and in so doing test the Doctor's accuracy of description in this disease. Let us take his own description of each of the first three varieties, and we shall find them to be neither more nor less than so many varieties of impetigo, differing in its characters according to the parts of the body on which it may appear, or according to the shape it may assume. The P. Larvalis of Bateman (his own crusta lactea) is nothing more than impetigo affecting the scalp, and has no relation whatever with porrigo. The next, P. Favosa, has just as much claim to rank with porrigo as the first, being in fact, nothing but impetigo attacking the scalp, and presenting the characteristic soft, greenish yellow scab of the latter disease. The next, P. Scutulata, has been most absurdly named from the shape which the clusters of pustules may assume when they scab over; this, too, possesses all the essentials of impetigo, and not one of the marks of genuine porrigo. It would be just as proper for a writer to make varieties of pneumonia from the number of lobules of lung affected, whether these might be one, two, or three; or to invent a thousand new and previously-unheard of divisions of small pox, based on the number of pustules which might be grouped together, as these might chance to be in threes, or fours, in twenties, or thirties.

These varieties may be blotted out of the list altogether. The next variety, P. Decalvans, is merely atrophy or wasting of the bulbs of the hair, when the hair falls out, and the person becomes bald. This disease to which the name of porrigo has been most absurdly given, is all through its progress completely free from the slightest trace of pustulation. It is really too bad to find authors, writing ostensibly for the instruction of others, committing blunders, which the merest tyro in the study of diseases could not possibly be guilty of; you take up one of these works on skin diseases, you open it at the heading of pustules, you find certain rules laid down there by which you are to recognize this class of diseases whenever you meet them, yet in another part of the same work, you find the author describing as a pustular disease, one which by his own description, confessedly does not possess a single character to entitle it to rank with the above class of diseases. No wonder, that the student on perceiving such inconsistencies, should become altogether disgusted with the subject, and throw up its study in despair. Into an error such as I have mentioned, Bateman has fallen. The fifth variety, P. Lupinosa is really porrigo, but in his description of it, Bateman has committed inaccuracies. Here I must put you on your guard, and inform you that this P. Lupinosa of the English is the P. Favosa of the French writers. It would seem as if the sole object of every writer on skin diseases were to try which of them could puzzle us most by inventing the greatest number of new names for new varieties. Just do as follows: recollect that there is such a disease as porrigo. Make yourselves masters of the means of distinguishing it when you meet it (and which, let me tell you, will not be very often,)—just do this, and never mind the varieties.

Were I inclined to make any alteration in the existing arrangement of skin diseases, it would be that of removing porrigo altogether from the list of pustular diseases, and forming it into a class by itself. This, the very peculiar character which it possesses, would fully entitle it to. Porrigo is an affection, which having once seen, you cannot by any means forget. Its whole appearance is so characteristic, and so completely different from that of any other disease, as to stamp it with an impression which you cannot ascribe to any other malady. It is liable to attack all and every part of the body, and to assume every fantastic variety of form which marks the patches of lepra or psoriasis.

In fact, as I have just said, it may appear in any variety of shape. Do not be led from this to make new varieties of it. Recollect that no matter where it may appear, or what forms it may assume, it is still porrigo. Here you may perceive the disease in a chronic state, (holding up a drawing) where from the accumulation of scab upon the scalp above the hair, the head presents a white powdery mealy appearance, or this appearance may, with more propriety, but less elegance be likened to that presented to you, were a piece of mortar stuck on the head and allowed to dry there. On friction, part of it would be reduced to fine white powder, and would present the appearance which I have endeavoured to convey to you, and which this drawing so admirably represents. This is the P. Lupinosa of Bateman. Some years ago, (and I do not know, but the custom still exists) it was usual for paupers to go round the country with their heads shaved, and exhibiting these masses of porrigo, for the purpose of exciting compassion. I fancy that at present they would gain but little by such a system of exhibition.

I shall now proceed to tell you, how porrigo appears in all its stages. When by poultice or any other means you remove this coat of scab, you find the skin beneath red and seemingly healthy; this drawing shows it very well (handing it round); this series of drawings was taken in the Whitworth Hospital from a young man affected with porrigo, (Peter Conran ætat 17.) This state of the parts may continue for a fortnight, or perhaps longer, and you may suppose the person well: but if you now examine the skin of the affected part, you will perceive a number of minute yellow pustules rising all over it, these pustules generally presenting in the centre of each, the root of a single hair; this latter is of no consequence. The mat-

ter which is thrown out in these pustules (but they can scarcely be called pustules) becomes solid after it has been effused for some short time, often as soon as twelve hours, and again, not for a lapse of two days. You never by any chance find in or beneath the incrustations of porrigo, the smallest quantity of fluid matter. This is the grand criterion of the disease above all other cutaneous maladies, with which it might be confounded. You examine the scalp, and you find these appearing; they in general are but little elevated above the skin, sometimes on a level with it, and occasionally they are depressed below it, or, to speak more correctly, the centre of each pustule is depressed, while its edges are elevated to a level with the skin. This gives the pustules a cuplike appearance. When these appear in a circular form, they encroach upon one another, and in so doing, obey a law which all circular bodies do when they impinge upon each other; that is, the form of the circle is changed to that of a hexagon, so that the surface on which the eruption may appear, presents a similar appearance to that of a honeycomb viewed laterally, Let us pause here to examine the diseases with which it may be confounded. Systematic writers, as we have already seen, describe impetigo for it, and it may be mistaken at this stage for eczema of the scalp, or for sycosis attacking the same place. Just keep the characters of each in mind. If you are in doubt as to the nature of the straw-coloured softish scab of impetigo, remove it with a poultice, when you will find the skin beneath pouring out the honey-like fluid, which when dry, constitutes the scab. Now take off the white powdery scab of porrigo, and you have the red skin not secreting matter, but which, in ten or twelve days, will be again covered with pustules as before, and the solid nature of their contents will place the question beyond all doubt. Eczema also presents a moist surface, and sycosis of the scalp will be easily recognised by the phlyzacious character of the pustules. When this stage has continued for a few days, the scabs gradually acquire additional thickness from layer after layer of the solid matter being secreted underneath. Observe what a difference in the appearance of these two drawings (one of crusta lactea, the other of porrigo of the face) no one could possibly mistake them for one another. This disease, porrigo, differs not only from all others in the character of the pustule which is solid, but also in the chemical nature of the matter secreted. This consists of a mixture of coagulated albumen, carbonate, and phosphate of lime. In this drawing, admirable even as a work of art, you have a capital delineation of the disease as it appears on the trunk. Not only has the artist succeeded in representing the disease faithfully true to nature; but, more difficult still, he has succeeded in hitting off admirably the peculiar expression of countenance presented by those labouring under the disease. You cannot but observe in all this series of drawings an expression of countenance betokening, if not fatuity, at least a very great want of intellectual power; they are all persons of a heavy stupid look.

Once for all bear in mind, that the characters of porrigo, are, an eruption of minute pustules, the matter in which after a day or so becomes solid, this collection of matter becoming larger and larger every day from new secretions, until at length the whole mass, if the scalp be affected, rises above the hair, presenting a white powdery surface. Remove this incrustation, which you can easily do with a poultice, and, in a few days more, you will find a fresh crop of pustules springing up to run through the same course as the previous ones. This disease is said to be contagious. I deny this, for were it so, it would be a disease of much more frequent occurrence than it really is. Nothing can exceed the facility which the customs of persons in the lower ranks of life afford to the transmission of the disease, were it contagious. If it were so, it would appear very frequently in them from the habit they have of wearing their hats, caps, &c. in common, as well as the other articles of dress, which are used indiscriminately among them. Whenever impetigo appears in a family, it is sure to run through the whole of them. If one child only use the brush, comb, or towel, which had been previously used by the affected child, he is sure to have it. It is even propagated by contact with the child's hands, in consequence of their being imbued with the matter of the pustules. Even the nurse or mother will be sure to suffer from this cause, if very great care be not taken. I can confidently state that I have never seen porrigo attack two persons in the same family. My experience of it has not been very extensive; but meagre though it be, I reckon it equal, if not superior, to that of any other medical man in the city in the same disease. For many years I enjoyed opportunities particularly favourable to the study of skin diseases of every sort; and though possessing such advantages, I can confidently assert that, in all that time, I have not seen more than a dozen cases of it; and were I to limit myself to half the number, I think I should be nearer the truth.

We shall resume this subject on another evening.

SYPHILIS IN INFANTS.—Dr. King, of Eltham, Kent, has sent us the details of the following cases, as illustrating the paper by Mr. Acton, read at a late meeting of the Royal Medical and Chirurgical Society. The cases were alluded to by Dr. King at that meeting. Mrs. P——, the mother of several healthy children, about the latter part of the year 1842, was delivered of a child, which was covered with extensive syphilitic blotches, with the cartilages of the nose thickened, and a difficulty of breathing from this cause, to such an extent, as nearly to prevent its taking the breast; it died about the tenth week from its birth, not having been cured of the eruption. The father of this child, unknown to the mother, had about twelve months before been labouring under secondary syphilis, and had not undergone a course of medicine sufficient for his safety, being satisfied with the cessation of the pains in his bones, and the disappearance of the eruption on the surface. About a day or two after the death of this child, a lady, Mrs. I——, living in the neighbourhood, and who had twins, very healthy female children, six months old, whom she was suckling, finding that she was scarcely strong enough to continue this with the two, applied to the mother, Mrs. P——, to suckle one of the twins; thus things went on very well for about a month, when the nurse child became covered with syphilitic blotches, which in the course of six weeks were completely removed by the child's taking eight grains of Plummer's powder in the twenty-four hours, and as much of the fluid extract of sarsaparilla as could be got down, its mother, Mrs. I——, having during this time taken it again, and suckled it along with its twin sister for three months longer. This child has been in good health ever since, and at no time had any soreness of the mouth, nor its mother any sores or excoriation about the nipples. Moreover, the mother of the child that died, says she never had sores about the nipples, but weakness from want of sufficient nourishment, her husband being often out of work, and she was also perfectly unconscious of the nature of her child's malady till a few days ago, when in the presence of her husband's mother, Dr. King informed her of all the circumstances, and that he wished her not to vaccinate her present baby, five months old, as there were some spots about its neck, mouth, and arms, which would require some previous treatment. These copper-coloured blotches, she says, have only made their appearance within the last month, and the child otherwise is plump, healthy, and cheerful, and is suckled by her. This is her second child since the death of the one above alluded to, at ten weeks, and the child next after it died at twelve months from mesenteric disease, she being very unequal from debility to give it sufficient nourishment; it had no blotches on its surface, but had however very dark coloured and inveterate red gum. She and her husband are now in good health, and have nothing to complain of, and the question may with some propriety be asked, is Mrs. P.'s child now labouring under secondary syphilis from the father or the mother. The opinion Dr. King formed in 1843, when she communicated the syphilitic disease to Mr. I.'s twin child, was that the milk was the only medium, as there was no proof that it was otherwise. The "experimentum crucis" would most certainly be to have a healthy child now suckled by Mrs. P——, but this Dr. King is not prepared to try. If it is reasonable to suppose that diseases can be communicated by morbific matters conveyed by the lungs or the surface to the circulating medium, how much more so then must the fœtal circulation render the mother obnoxious to any diseased state of the fluids of the child she is pregnant with, and it is probable also the mother's health may be much influenced through the fœtal circulation, according as the father is a person in sound or in delicate health, thereby rendering the fœtus in utero more or less robust.

REPORTS ON DISEASES OF FEMALES

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

Inflammation of the Cervix Uteri.

Mrs. R. B., æt. 32, mother of two children, but still born.

June 13th, 1842.—Stout, and flabby. Abdomen large, from dyspeptic flatulence; much gastric derangement. Tongue patchy, from mucous irritation. Headache; aching limbs; urine turbid; bowels confined; evacuations light coloured; suffers from piles. Has lancinating pains in the pelvis, and through the mammæ; suffers acute pain during sexual intercourse, and during the passage of solid fæces; albuminous leucorrhœa.

In her first confinement, the child was delivered by perforation, owing to the size of the head. The second was born by the natural powers, after a severe struggle, but died immediately after its birth. She thinks she had an abortion seven weeks ago, and has missed one menstrual period since; but (query) is not this attributable to her anœmic weakly condition.

Examinatio per vaginam.—Os uteri high up and backwards, hard, and intensely painful.

Hirudines viij. ori uteri.

℞. Extracti sarzæ comp. fluid. cochl. med. i., ex lactis et liquoris calcis partibus æqualibus.

℞. Sulphuris precipitati et magnesiæ carb, aa cochl. min. j.; om. mane ex aquâ.

June 20.—Lancinating pains in the pelvis quite relieved, but are still felt occasionally through the breasts; complains of vertex headache: bowels gently acted on by the sulphur and magnesia. As she resides on the sea coast, let her take a short walk every morning before breakfast, and drink a small tumbler of sea water whilst walking.

Contin. sarza c. lacte et liquore calcis.

29th.—Feels better; has continued the medicine regularly, and also her draught of sea water every morning, which has acted gently on the bowels. Has had two warm sea water baths, and has also sponged herself morning and evening with cold water, according to instructions; takes a short walk every morning, and a drive in the afternoon. No leucorrhœal discharge. Occasional darting pain through the breasts; slight pain of stomach, and left hypogast. Urine natural. Tongue much better.

Let her continue the sarsaparilla, and sea water.

℞. Ext. taraxaci cochl. min. ½, o. n. ex lacte.

July 8.—Has menstruated naturally for two days, and feels better. Pergat.

25.—Complains of weakness, want of appetite, &c., which are evidently the result of deranged stomach, from taking too much food. She takes an egg twice a day in milk, besides sarsaparilla three times a day and her ordinary meals, at which her husband continually presses her to take wine and ale, "to keep up her strength," as he supposes; in other respects, she is better.

Omitt. ova cum lacte, et mist sarzæ.

℞. Hydrarg. chloridi gr. iv., extr. hyosc. gr. vj., M ft. Pil. ij., h. s. s.

Seidlitz powder to-morrow morning.

℞. Acid. nitrici dil.: tinct. hyosc. aa. M xv., syrupi aurant ʒj., infus. gentianæ co. ℥iss., M ft. haust. ter die sumendus.

August 1.—Calomel acted only once. Evacuations of a dark green colour. Seems better, but has been suffering under a good deal of mental depression. Repet. hydrarg. chloridum hâc nocte; et cras, horâ somni, sumat ferri sulph. gr. ij.,

extr. lupuli gr. viij., M. ft. Pil. ij. om. nocte sumendæ; as she complains of feeling weak, let her take the morning dose of sea water only when the bowels require it.

16.—Has had a natural return of the catamenia, with, however, a slight degree of pain; evacuations of the same dark greenish colour. Omitt. pil. ferri sulph. Rep. hydrarg. chloridum hâc nocte. Rep. extr. taraxaci h. s. et mist. acidi nitrici dil. ex infuso gentianæ co. ter die.

22.—Calomel produced much nausea, and she vomited a considerable quantity of bile; states that the evacuations are very healthy, but that she still feels a dull pain of the side, which she has not thought worth noticing; let her repeat the calomel pills on the 26th. Rep. mist. acidi nitrici c. gentianâ.

30.—Calomel purged her smartly, but did not make her sick; pain of side has disappeared: is better.

Rep. extract. tarax., et mistura.

Sept. 19.—Her health seems much improved; menstruation has gone on regularly.

This is also a case of inflammation of the cervix uteri, complicated with considerable gastric derangement. Both the habit, as also the habits, of the patient strongly predisposed her to this affection—the stout and flabby appearance, the large and distended abdomen, constipated bowels, and existence of piles, showed an overloaded and sluggish abdominal circulation, and considerable pelvic congestion, as an almost necessary consequence. She was of a peculiarly restless habit, and in spite of frequent requests to the contrary, was frequently upon her feet, even for hours at a time. Moreover, if she was correct as to a very early abortion having taken place, this was, of itself, a strongly predisposing cause of congestion and inflammation of the cervix uteri.

The symptoms of this affection were well marked; the acute pain during sexual intercourse, and the passage of solid fæces, the lancinating pains through the pelvis, sympathetically affecting the breasts; the albuminous leucorrhœa, and the hard and intensely painful state of the os and cervix uteri upon examination, plainly showed the nature of the case.

On a visit previous to the first report, when I had only made out the general facts of considerable gastro-intestinal derangement, I had prescribed her some Pil. Hydr., with a laxative, and some nitro-muriatic acid, to be taken during the day; but it was not until my second visit, at which the report commences, that I was able to elicit from her the uterine symptoms, which, from a false feeling of delicacy, she had previously concealed. I mention this to account for the non-appearance in the report of any mercurial laxative, which otherwise would have been decidedly indicated. I was induced to put her upon sarsaparilla, with milk, and lime water, from the state of her tongue.

Although stout, the application of the leeches to the os uteri were sufficient to bring on anæmic headache; but as her appetite was good, and she was returning to her home on the coast of Kent, I saw no reason to alter her medicines. I may cite this case as a good illustration of the excellent effects of sea-water taken gradually, and whilst walking about, as mineral waters are. Its action is decidedly more than that of a mere saline laxative; it also possesses alterative qualities to a considerable extent.

Under this treatment the general health improved satisfactorily, the catamenia appeared naturally, and she had no return of the lancinating pains from the time that the leeches were applied. The subsequent gastric derangement was solely the result of her own indiscretion as regards food, and it required several brisk doses of calomel to set her right. The liver was evidently a torpid organ, and prone to congestion, as has since been shown to her cost, she having had since this report two severe attacks of hepatitis, the last of which was during a visit to London, and came under my charge.

Miss W——, ætat. 28. small, dark, sallow.

September 28, 1844.—Complains of constant pain at the orifice of the urethra, sometimes dull, at others sharp, with sensation of dragging, throbbing, tension, swelling, and heat about the part, coming on in paroxysms of flushing, at which times it is so much swollen and gorged with venous congestion, as to be almost livid.

Has pain in the direction of the right kidney, extending to the urethra, increased by pressure or a full bladder; when this latter is much distended, she has a dragging pain about the umbilicus. The dragging pain about the urethra is entirely relieved by lying down. She has no pain on passing water, but leaves off without the sensation of having emptied the bladder. Long standing albuminous leucorrhœa. Severe internal pain in the direction of the os and cervix uteri, much increased by sitting down on a hard seat, or by the passage of solid fæces. Has lancinating pains occasionally in this direction, especially before and at the menstrual period. The catamenia are very irregular, coming at intervals of never more than three weeks, and sometimes only ten days; they are dark, sparing, and sometimes with clots, and the commencement of the period is attended with intense pain, like labour pains. Much hæmorrhoidal congestion; aching limbs; confined bowels. On examination, the orifice of the urethra was found much swollen, forming a soft, vascular and highly sensitive tumour round its edge. I applied some argenti nitr. freely to the part.

℞ Pil. hydrarg., extr. coloc. co., extr. hyoscyami aa. ℈j. M. ft. pil. xij.; sumat ij. om. nocte.

℞. Acid. nitrici dil. tinct. hyosc. aa M. xv., syrupi aurant ʒi. infus. gentianæ co. ℥iss. M. ft. haust. ter die sumend.: lotio plumbi orific. urethræ applicand. Sinapism. epigast. horâ somni.

October 5.—Suffered a good deal from the caustic, but is much relieved since, and has had none of the flushings of heat about the part of which she previously complained, although the sense of dragging at the orifice of the urethra continues. Feels much improved in her general health; the tonic draughts seem to refresh her. Pulse weak; evacuations at first were very unhealthy, but have gradually improved. The leucorrhœa continues. When there is no leucorrhœa, she is tormented with severe internal heat and sense of dryness of the vagina, which she describes to be sometimes as if a large boil were forming there. Expects the catamenia next week.

Hirudines vj. ano. Rep. Medicamenta.

9.—Leeches bled well, with great general as well as local relief. The symptoms of inflammation of the cervix uteri were instantly removed. The tongue is still dry, but the general health is much better. The sallowness of face is greatly diminished. Bowels more healthy.

Rep. Medicamenta.

15.—Catamenia were expected on the 12th, but have not yet appeared; has still a few slight lancinating pains (two or three in a day), and pain on pressing the perineum; there is a slight degree of hæmorrhoidal congestion, and still a feeling of dragging at the umbilicus, and sense of weight about the orificium urethræ; but she can hold and pass her water better. Much tenderness over the right kidney, and corresponding pain on pressure in front, as if the kidney were enlarged. Headache; takes no exercise. Rep. pil. et haustus.

10.—Much better; less bearing down in front, and less pain of perineum; all her other symptoms are better. Has had one or two lancinating pains to-day. The catamenia appeared yesterday morning, preceded by severe pain. The hot semicupium which I had desired her to take on this occasion increased the pelvic pain greatly, but removed it from the lower extremities, and the discharge soon followed. Pergat.

November 1.—No particular change. Bowels slightly confined. Pergat, et sumat confect. sulphuris co. o. m.

8.—The orifice of the urethra is becoming more tender; has still lancinating pains occasionally, and symptoms of prolapsus vesicæ. Much flushing of the vagina. Urine turbid; no pain in the region of the kidney; bowels natural; no throbbing about the anus; has pain only occasionally on sitting down suddenly; little or no leucorrhœa; has neglected the cold sponging and the use of the salt towel which I had recommended. Exam. orificii urethræ:—the swelling has disappeared, and the orifice is nearly natural.

Hirud. vj. ano. Rep. pilulæ.

℞. Liq. potassæ m. x. in decoct. sarsæ co. ter die.

December 5.—Thinks that the mixture did not agree with her. The symptoms connected with the orifice of the urethra have been more troublesome; they fluctuate very suddenly, and at times disappear almost entirely. Has been suffering from lancinating pains, and a good deal of throbbing about the anus. Did not apply the leeches as the catamenia appeared.

Hirudines vj. ano. Rep. pilulæ. Haust acid. nitrici ex infuso gentianæ co. et confect. sulphuris co.

December 13.—Leeches bled moderately, but with great relief. No darting pains, internal flushings, or pain in the direction of right kidney; states that the orifice of the urethra is swollen and tender. Catamenia appeared on the 9th, after an interval of little more than a fortnight, with much pain, but without coagula or previous bearing down.

Rep. haust acidi nitrici c. gentiana.

℞. Ferri sulph. gr. j. extr. gentianæ, extr. hyosc. aa. gr. iv. M. ft. pil. ij. h. s. s. ℞. Sodæ potassio-tart. ʒiss. o. m.

In the absence of any vaginal examination, it might be asked on what grounds have I brought this case under the head of inflammation of the cervix. I would answer, that there were sufficient proofs of its existence, complicated as the case was, to warrant this conclusion. The severe deep-seated pain in the direction of the cervix uteri produced by sitting down suddenly upon a hard seat, and by the passage of solid fæces; the occasional darting pains in the same direction, increased just before and during the menstrual periods, the albuminous leucorrhœa, form a group of symptoms which mark the nature of the complaint.

The swollen, vascular and highly sensitive condition of the orificium urethræ is frequently met with among women, and appears to result from a deranged and irritating state of the urine, in consequence of an early and insidious stage of renal disease. This is certainly the case in some instances, but in others it appears more doubtful. In the present report the pain over the region of the right kidney was well marked. The sense of dragging, which the patient experienced about the urethra, was probably connected with the engorged and therefore heavy, uterus, descending slightly in the pelvis, and thereby putting these parts into a state of painful tension. To the same cause must be attributed some indistinct symptoms of prolapsus of the bladder which existed, such as the dragging pain about the navel, the frequent want to pass water, and the leaving off without the sensation of having emptied the bladder.

The application of lunar caustic to the orificium urethræ was a painful remedy, but it fully answered, and removed the morbid sensibility of the part. The hæmorrhoidal congestion, the long standing, and severe gastro-intestinal derangement, and the vaginal flushing (Nov. 1st), all show a seriously disordered state of the assimilating functions; the irregular condition of the catamenia, both as to time, quantity, and mode of appearance, and the recurrence from time to time of symptoms, indicating the presence of an inflamed cervix uteri, combine to give but an unfavourable prognosis of her future health.

ORIGINAL RESEARCHES ON THE FRONTAL SINUSES, WITH OBSERVATIONS ON THEIR BEARINGS ON THE DOGMAS OF PHRENOLOGY,

By Sir W. Hamilton, Bart., F.R.S.,
Secretary to the Senate of the University of Edinburgh.

II.—Indication of the Sinus.

Fact.—There is no correlation between the extent and existence of a sinus, and the existence and extent of any elevation, whether superciliary or glabellar; either may be present without the other, and when both are co-existent they hold no reciprocal proportion in dimension or figure. Neither is there any form whatever of cranial

development which guarantees either the absence or the presence of a subjacent cavity.

To this fact the phrenologists are unanimous in opposing the following

Fiction.—The sinus, when present, betrays its existence and extent by an irregular elevation of a peculiar character, under the appearance of a bony ridge, or crest, or blister, and is distinguished from the regular forms under which the phrenological organs are developed.

Authorities for the fiction.—It is sufficient to adduce Gall(1) and Spurzheim,(2) followed by Combe,(3) and the phrenologists in general. In support of their position, they adduce no testimony by anatomists, no evidence from nature.

Proof of the fact.—All anatomical authority, as will be seen in the sequel, is opposed to the fiction, for every anatomist concurs in holding that the sinuses are rarely, if ever, absent; whereas, the crests or blisters which the phrenologists regard as an index of these cavities, are of comparatively rare occurrence. It must be admitted, however, that some anatomists have rashly connected the extent of the internal sinus with the extent of the external elevation. The statement of the *fact* is the result of my own observation of above three hundred crania; and any person who would, in like manner, interrogate nature, will find that the largest sinuses are frequently in those foreheads which present no superciliary or glabellar elevations. I may notice, that, of the fifty skulls whose phrenological development was marked under the direction of Spurzheim, and of which a table is appended; the one only head where the frontal sinuses are noted, from the ridge, as present, is the male cranium No. 19,—and that cranium, it will be seen, has sinuses considerably beneath even the average extent.

III.—Frequency of the Sinus.

Fact.—The sinuses are rarely, if ever, wanting in any healthy adult head of either sex.

To this fact, the phrenologists oppose the three following inconsistent fictions:—

Fiction I.—The sinuses are only to be found in some male heads, being frequently absent in men until a pretty advanced age.

Fiction II.—In women, the sinuses are rarely found.

Fiction III.—The presence of the sinus is abnormal; young and adult persons have no cavities between the tables of the frontal bone,—the real frontal sinuses occurring only in old persons, or after chronic insanity.

Authorities for fiction I.—This fiction is held in terms by Gall.(4) The other phrenologists, as we shall see, are much further in the wrong. But even for this fiction they have adduced no testimony of other observers, and detailed no observations of their own.

Proof of the fact, in opposition to this fiction.—All anatomists—there is not a single exception—concur in maintaining a doctrine diametrically opposed to the figment of the phrenologists, that the sinuses are, even in men, frequently or generally absent. Some, however, assert that the sinus in a state of health is *never* wanting; while others insist that though *very rarely*, cases do occur in which it is actually deficient.

Of the *latter* opinion, Fallopius(5) holds that they are present "in all adults," except occasionally in the case of simous foreheads, an exception which Riolanus(6) and others have shown to be false. Shulze,(7) Winslow,(8) Buddeus,(9): "that they are *sometimes* absolutely wanting in cases where the cranium is *spongy* and *honeycombed*." Palfyn,(10): that "they are sometimes, though *rarely* absent." Wittich,(11): "that they are *almost always* present, though it may be admitted, that in *some very rare cases* they are wanting;" and Stalpart Van der Wiel(12) relates, that "he had seen in Nuck's Museum, preserved as a *special rarity*, a cranium without a frontal sinus." Of more recent authorities, Hippolyte Cloquet(13) observes, "that they are *seldom wanting*;" and the present Dr. Monro(14) found, in forty-five skulls, that while three only were without the sinus, in two of them (as observed by Schulze, Winslow, and Buddeus) the cavity had merely been filled up by the deposition of a spongy bone.

Of the *former* opinion, which holds that the sinus is always present, I need only quote, *instar omnium*, the authority of Blumenbach,(15) whose illustrious reputation is in a peculiar manner associated with the anatomy of the human cranium, and who even celebrated his professional inauguration by a dissertation, in some respects the most elaborate we possess, on the Frontal Sinuses themselves. This anatomist cannot be persuaded, even on the observation of Highmore, Albinus, Haller, and the first Monro, that normal cases ever occur of so improbable a defect; "for," he says, "independently of the diseases afterwards to be considered, I can with difficulty admit, that healthy individuals are ever wholly destitute of the frontal sinus; on the contrary, I am convinced, that these distinguished men have not applied the greatest diligence and research." In this opinion, as observed by the present Dr. Monro(16), Blumenbach is supported by the concurrence of Bertin, Portal, Soemmering, Caldani, &c. Nor does the fiction obtain any countenance from the authors whom Blumenbach opposes. I have consulted them, and find that they are all of that class of anatomists who regard the absence of the sinus, though a possible, as a rare and memorable phenomenon. Highmore(17) founds his assertion on the *single* case of a female. Albinus(18) on his own observation, and on that of other anatomists, declares that "the sinuses are *very rarely* absent." The first Monro,(19) speaking of their infinite variety in size and figure, notices as a remarkable occurrence that he had "*even seen cases* in which they were absolutely wanting." And Haller(20) is only able to establish the exception on the case of a *solitary* cranium.

My own experience is soon stated. Having examined above three hundred crania for the purpose of determining this point, I have been unable to find a single skull wholly destitute of a sinus. In crania which were said to be examples of their absence, I found that the sinuses still existed. In some, indeed, I found it only on one side, and in many not ascending to the point of the glabellar region, through which crania are usually cut round. The only instances of its total deficiency are, I believe, those abnormal cases in which, as observed by anatomists, the original cavity has been subsequently occupied by a pumicose deposit. Of this deposit the only examples I met with occurred in males.

Authorities for fiction II.—This fiction also is in terms maintained by Gall.(21) Neither he nor any other phrenologist has adduced any proof of this paradox, nor is there, I believe, to be found a single authority for its support; while its refutation is involved in the refutation already given to fiction I. Nannoni,(22) indeed, says:—"the opinion of Fallopius that the frontal sinuses are often wanting in women, is refuted by observation;" but Fallopius says nothing of the sort. It is also a curious circumstance, that the great majority of cases in which worms, &c., have been found in the sinus, have occurred in females. This is noticed by Salzmann and Honold.(23)

My own observations, extending, as I have remarked, to above three hundred crania, confirms the doctrine of all anatomists, that, in either sex, the absence of this cavity is a rare and abnormal phenomenon, if not an erroneous assertion. I may notice, by the way, the opinion of some anatomists,(24) that the sinuses are smaller in women than in men, seems to be the result of too hasty an induction; and I am inclined to think, from all I have observed, that proportionally to the less size of the female cranium, they will be found equally extensive with the male.

Authorities for fiction III.—This fiction was maintained by Spurzheim while in this country, from one of whose publications(25) it is extracted. It is, perhaps, one of the highest flights of phrenological fancy. Nor has it failed of exciting emulation in the sect. "While a man," says Sir George Mackenzie,(26) "is in the prime of life, and healthy, and manifests the faculties of the frontal organs, such a cavity *very seldom* exists"(!) * * * * "We have examined a GREAT MANY skulls, and *we have not yet seen* ONE having the sinus, that could be proved to have belonged to a person in the vigour of life and mind."(!!) Did Sir George ever see any skull which belonged to any "person in the vigour of life and mind" without a sinus? Did he ever see any adult skull of any person whatever in which such a cavity was not to be found?

Proof of the fact in opposition to this fiction.—This fiction deserves no special answer. It is already more than sufficiently refuted under the first.

It is true, indeed, the doctrine that the frontal sinuses wax large in old age is stated in many anatomical works. I find it as far back as those of Vidus Vidius and Fallopius, but I find no ground for such a statement in nature. This I assert on a comparative examination of some thirty aged skulls. In fact, about the smallest frontal sinus that I ever saw, was in the head of a woman who was accidentally killed in her hundred and first year. (See also the appended table.) I take this indeed for one of the instances in which anatomical authors have blindly copied each other; so that what originates in a blunder or a rash induction, ends in having, to appearance, almost catholic authority in its favour. A curious instance of this sequacity occurs to me. The common fowl has an encephalon, in proportion to its body, about as one to five hundred; that is, it has a brain less, by relation to its body, than almost any other bird or beast. Pozzi (Puteus), in a small table which he published, gave the proportion of the encephalon of the cock to its body, by a blunder, at about half its amount; that is, as one to two hundred and fifty. Haller, copying Pozzi's observation, dropt the cypher, and records in his table, the brain of the common fowl as bearing a proportion to the body of one to twenty-five. This double error was shortly copied by Cuvier, Tiedemann, and, as I have myself noticed, by some twenty other physiologists; so that, at the present moment, to dispute the fact of the common fowl having a brain more than double the size of the human, in proportion to its body, would be to maintain a paradox, counter to the whole stream of scientific authority. The doctrine of the larger the sinus the older the skull, stands, I believe, on no better footing. Indeed, the general opinion, that the brain contracts in the decline of life is, to say the least of it, very doubtful, as I may take another opportunity of showing.

As to the effect of chronic insanity in amplifying the sinuses, I am a sceptic; for I have seen no such effect in the crania of madmen which I have inspected. At all events, admitting the phreno-

(1.) Anat. et Phys., t. iv. p. 43, sq.; and, in the same terms, Sur les Fonct.
(2.) Phys. Syst., p. 236; Exam. of Object, p. 79; Phren., p. 115.
(3.) Syst., pp. 32, 35, 308.
(4.) As quoted above.
(5.) Opera.
(6.) Comm. de Oss., p. 468.
(7.) De Sin. Oss. Cap. Acta Phys. Med. Leop. Caes., vol. i, obs. 288.
(8.) Expos. Anat. tr. des os Secs., sec. 30.
(9.) Obs. Anat. Sel., obs. 1.
(10.) Ost., p. 105.
(11.) De Olfactu, p. 17.
(12.) Obs. rar. Cent. Post. pars prior, obs. 4.
(13.) Anat. Descr., sec. 153, ed. 1824.
(14.) Elem. of Anat. 1, p. 134.
(15.) De Sin. front., p. 5.
(16.) Elem., vol. i, p. 133.
(17.) Disq. Anat. L. iii, c. 4.
(18.) Annot. Acad., L. i, c. 11, et Tab. oss.
(19.) Osteol. par Sue, p. 54.
(20.) Elem. Phys. v, p. 138.
(21.) As above.
(22.) Trattato de Anatomia, 1788, p. 55.
(23.) De Verm. e, Nar. Excuss. (Haller Dispp. Med. Pract. i, n. 25.)
(24.) *Instar omnium*, v. Soemmering De F. C. H. i, sec. 62.
(25.) Answer to Objections, &c. p. 79.
(26.) Illustrations, p. 228.

logical fancy, it could have no influence on the question, for the statistics of insanity show, that there could not be above one cranium in four hundred where madness could have exerted any effect.

IV.—Extent of the Sinus.

Fact.—While the sinus is always regularly present, it however, varies appreciably in its extent. For whilst, on the average, it affects six or seven organs, it is, however, impossible to determine whether it be confined to one or extended to some seventeen of these.

This fact is counter to three phrenological fictions:

Fiction I.—The frontal sinus is a small cavity.

Fiction II.—The frontal sinus, when present, affects only the organ of locality.

Fiction III.—When the sinus does exist, it only extends an obstacle over two organs (size and lower individuality), or at most, partially affects a third (locality).

Authorities for fiction I.—Mr. Combe(27) maintains this fiction, that the frontal sinus "is a small cavity."

Authorities for fiction II.—Gall(28) contemplates and speaks of the sinus as only affecting locality; and the same may be said of Spurzheim, in his earlier English works.(29)

Authorities for fiction III.—This fiction is that into which Spurzheim modified his previous paradoxes, when in 1825 he published his "Phrenology."(30) Mr. Combe allows that the sinus, in ordinary cases, extends over locality, as well as over size and lower individuality.

All these fictions are, however, sufficiently disproved at once by the following:—

Proof of the fact.—The phrenologists term the sinus (when they allow it being) "*a small cavity.*" Compare this with the description given by impartial anatomists of these caverns. Vidus Vidius (31) characterises them by "spatum *non parvum*;" Banhinus(32) styles them "cavitates *insignes*;" Spigelius, (33) "cavernæ satis *amplæ*;" Laurentius, (34) sinus *amplissimi*;" Bartholinus, (35) "cavitates *amplissimæ*;" Petit, (36) "*grands* cavités irregulieres;" Sabatier, (37) "cavités *larges* et *profondes*;" Soemmering (38) "cava *ampla*;" Monro, (39) primus, "*great* cavities;" and his grandson,(40) *large* cavities."

The phrenologists further assert, that in ordinary cases the frontal sinus covers only two petty organs and a half; that is, extends only a few lines beyond the root of the nose. But what teach the anatomists? "The frontal sinuses," says Portal,(41) "are much more extensive than is generally believed." "*In general,*" says Professor Walther(42) "the sinuses ascend in height nearly to the *middle of the frontal bone.*" Patissier (43) observes, that "their extent varies to infinity, is sometimes stretched upwards to the frontal protuberances, and to the sides, as far as the external orbitar apophyses, as is seen in many crania in the cabinet of the Paris Faculty of Medicine." Bichat (44) delivers the same doctrine nearly in the same words; which, contradicted by none, is maintained by Albinus(45), Haller(46), Buddeus(47), Monro primus(48) and tertius(49), Blumenbach (50), Soemmering(51), Fife(52), Cloquet(53), Volpeau(54)—and, in a word, by every osteologist; for all represent these cavities as endless in their varieties, and extending not unfrequently to the outer angles of the eye-brow, and even to the parietal bones. To finish by a quotation from one of the last and best observers:—"In relation," says Voigtel,(55) "to their abnormal greatness or smallness, the differences, in this respect, whether in one subject as compared with another, or in one sinus in relation to the opposite of the same skull, are of so frequent occurrence, that they vary almost in every crania. They are found so small, that their depth, measured from before backwards, is hardly more than a line; in others, on the contrary, a space of from four, five, to six lines (*i. e.*, half an inch) is found between the anterior and posterior wall. Still more remarkable are the variations of these cavities, in relation to their height, as they frequently rise from the trifling height of four lines to an inch at the glabella." M. Velpeau, speaking of this great and indeterminable extent of the sinus, adds: "this disposition must prevent us from being able to judge of the volume of the anterior parts of the brain by the exterior of the cranium;"—an observation sufficiently obvious in relation to phrenology, and previously made by the present Dr. Monro.(56)

On the sinus and extent, two anatomists only, as far as I am aware, have given an articulate account of their inductions—Schulze and the present Dr. Monro.

The former(57), who wrote a distinct treatise "On the cavities or Sinuses of the Cranial Bones," examined only ten skulls, and does not detail the dimension of each several sinus. After describing these cavities, which he says, "plerisque hominibus formantur," he adds that "when of a middling size they hardly extend towards the temples beyond the centre of the eye, where the orbital vault is highest; and if you measure their height, from the insertion of the nasal bones, you will find it equal to an inch. Such is the condition of this cavity when moderate. That there are sinuses far greater, was taught me by another inspection of a cranium. In this case, the vacuity on the right did not pass the middle of the orbit, but that on the left stretched so far that it only ended over the external angle of the eyebrow, forming a cavity of at least two inches in breadth. Its depth was such as easily to admit the least joint of the middle finger. Its height measured from the root of the nose on the left side exceeded two inches, on the right it was a little less; the left sinus was however shallower than the right. On the left side I have said the cavity terminated over the external angle of the orbit. From this place, a bony wall ran towards the middle of the *crista Galli* and thus separated the sinus into a posterior and an anterior cavity. The posterior extended so far towards the temples, that it reached the place where the frontal and sincipetal bones and the processes of the sphenoidal meet. It covered the whole arch of the orbit, so that all was here seen hollow," &c.

After describing sundry appearances which the sinuses exhibited in another skull, he observes: "It was my fortune to see and to obtain possession of *one* cranium in which of neither of the frontal nor the sphenoidal cavities, was there any vestige whatsoever. In this specimen the bones in which these vacuities are seated were thicker than usual and more cavernous;" an observation as we have seen made by other anatomists. However subversive of the phrenological statement, it will soon be seen that Schulze has understated the usual extent of the impediment.

Dr. Monro (58) after mentioning that there "were forty-five crania of adults in the Anatomical Museum, cut with a view to exhibit the different sizes and forms of the frontal sinuses," says:—"I measured the breadth or distance across the forehead; the height or distance upwards from the transverse suture, where it divides the frontal bones and bones of the nose; and also the depth of the frontal sinuses; in nine different skulls in which these sinuses were large." Omitting the table it is sufficient to say, that in these crania the average is as follows:—*Breadth*, within a trifle of *three inches*; *height*, *one inch and five-tenths*; *depth*, above *one inch*. Here the depth seems not merely the distance between the external and internal tables, but the horizontal distance from the glabella to the posterior wall of the sinus. These nine crania thus yield an average, little larger then an indifferent induction; and though the sinuses are stated to have been large, the skulls appear to have been selected by Dr. Monro, not so much in consequence of that circumstance, as because they were so cut as to afford the means of measuring the cavity in its three dimensions.

(To be continued.)

(27.) System, p. 32.
(28.) As quoted above.
(29.) Phys. Syst., p. 236, and Exam. of Obj. p. 79.
(30.) p. 115.
(31.) Anat. L. Lib. ii, c. 2.
(32.) Anat. L. iii, c. 5.
(33.) De Fabr. L. ii, c. 5.
(34.) Hist. Anat. L. ii, c. 9.
(35.) Anat. L. iv., c. 6.
(36.) Palfyn An. ch. i, p. 52.
(37.) Anat.
(38.) De Fab. i, sec. 35.
(39.) Osteol. par Sue, p. 54.
(40.) Elements.
(41.) Anat. Med. i, pp. 102, 238.
(42.) Abh. v. trokn. Kn., p. 133.
(43.) Dict. des Sc. Med., t. 51, p. 372.
(44.) Anat. desc., c. i, p. 102.
(45.) Annot. Acad., L. i, c. ii. (?)
(46.) Elem. v, p. 138.
(47.) Obs. Anat., sec 8.
(48.) Osteol. par Sue, p. 54.
(49.) Elements.
(50.) Anat.
(51.) Anat. Descr. t. 1. sec. 153. edit, 3.
(52.) Traite d' Anat. Chir.
(53.) De Sin. fr., p. 3.
(54.) De Fab. c. ii. t. sec. 94.
(55.) Path. Anat. i, p. 289.
(56.) Elem. p. 133.
(57.) L. c.
(58) Elements 1, p. 134.

PATHOLOGY OF EXPECTORATION.

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Thick mucous sputum. (*a*) *transparent.*—This is a form of expectoration which is often met with in acute diseases of the respiratory organs. Its pathognomonic indications are remarkable for their correctness and constancy.

Appearance and Qualities.—Thick mucous sputum of the transparent kind, differs from ordinary mucus, only in being more dense and tenacious. It is sometimes transparent and glairy, like the white of an egg, and is the "pituita vitrea" of the ancients; in other cases it exhibits a very slight degree of opacity and much frothiness. It is generally tasteless, but occasionally saline. Its usual re-action is neutral or alkaline, but it may be acid. Its specific gravity is, of course, very variable, and is directly as the severity of the inflammatory symptoms which accompany the secretion of this sputum. The tenacity of it is also an exact measure of the amount of inflammatory action. In severe cases it sometimes contains uncoagulated, never solid, albumen; and it never contains pus. Not uncommonly its surface will be finely streaked or dotted with red bright blood, but I believe it is never uniformly tinged, nor rusty-looking. In some cases, it is expectorated with much difficulty, in masses of a semi-globular form, which are scarcely detachable from the sides of the vessel; (1.) in others, it is more easily discharged, more diffluent, and perhaps intermixed with a thinner mucous sputum.

Pathognomonic relations.—The expectoration of the sputum we have just been describing, is always an indication of inflammatory action in the aerial passages. This action is almost invariably confined to the bronchi. I have once or twice remarked this sputum for a few hours after the supervention of pneumonia upon bronchitis, but it quickly passed into the variety which we shall have next to consider. I have never seen it in pneumonia which had not been preceded by bronchitis, and it is rarely distinct when the two diseases are in concert.

(1.) Andral says of this sputum, which is generally attendant upon bronchitis, that, "it does not dissolve in water even by agitation, but remains suspended in the form of long greyish filaments, transparent, and which speedily fall and form a sort of cloud or web at the bottom. Ammonia dissolves this sputum. Sulphuric acid, aided by heat, dissolves and blackens it. At the end of some hours its transparency is restored, and a grumous abundant deposit is found at the bottom of the vessel." *These.*

The commencement of the bronchitic attack is usually attended with a painful dry cough; in a few hours there is a scanty secretion of very tenacious and excessively frothy mucus, having the appearance of white of egg that has been beaten up; this may continue indefinitely, or, as is generally the case, will be succeeded by the sputum of which we are now treating. It is always glairy and tenacious in the direct ratio of the inflammatory symptoms. The frothiness arises from an admixture of air bubbles, derived in the act of respiration and coughing, and is a pretty correct measure of the difficulty with which these functions are performed, and of the quantity and consistency of the mucus contained in the air tubes.

A subsidence of inflammatory action is always denoted when the sputum passes into the opaque variety, or when it acquires a salt taste and an increase of fluidity. And conversely, there is always an aggravation of symptoms in proportion as it returns to its original character and consistence.

The cough, pain, and difficulty of breathing, are generally relieved according to the amount of expectoration, and are augmented in the ratio of its subsidence. Its sudden cessation is an almost certain forerunner of death. In the majority of cases it terminates by passing into the "thin insipid mucous," into the "thick opaque mucous," or into the "saline," sputum. The first is commonly observed amongst young plethoric subjects, the second in the aged or infirm, and the third in people of scrofulous or cachectic habit. But I need not say that these distinctions, though common, are not constant.

Local symptoms and physical signs.—Cough, incessant or intermittent; tickling sensation at the bifurcation of the trachea, aggravated by the recumbent posture; infarction of the chest, dyspnœa, and deep-seated pain behind the sternum, all increased during the act of coughing; heaving respiration; and, perhaps, lividity of the lips, cerebral congestion, intermittent pulse, &c. Percussion often elicits natural sounds, but in severe cases, and in the advanced stage, there is generally more or less dulness in the lower portions of the lungs. When the inflammation is confined to the larger bronchi, auscultation detects a mucous *râle*, gurgling and unequal; and according to the degree and kind of constriction, a sibilant, sonorous, grave or cooing *rale*. In some cases, between constriction and tumefaction, the passage of a bronchus will be obliterated, and in the portion of lung to which it leads, respiration will be inaudible. (2) When the inflammation extends to the smaller bronchi, we have a muco-crepitating *rale*, small and sharp, with incomplete respiratory murmur; and but that the *rale* is slightly liquid and whiffing, that the stroke-sound of the chest is little impaired, and that there is an absence of bronchial respiration, such a case might be easily mistaken for pneumonia. As the sputum becomes purulent, or less viscid, the râle is less intense, and more bubbling; all of which are symptoms of recovery.

Pathology.—The origin of this sputum is essentially inflammatory. The inflammation is of that kind which usually attacks strong, healthy, sanguineous subjects, and which is neither marked nor modified by concurrent disease, nor by constitutional depravity. This sputum, in its pure form, is very rarely met with in the inflammatory affections of scrofulous or cachectic subjects; nor is it usual in the bronchitis which supervenes upon catarrh, fever, or any of the exanthemata. It is chiefly confined to acute, idiopathic, uncomplicated bronchitis. (3)

The morbid appearances vary with the extent and intensity of the inflammation. They chiefly consist of shades of vascularity, from a rosy blush to perfect blackness, either limited or diffused throughout the lining membrane of the bronchi; tumefaction of this membrane, often extending to that of the trachea, and narrowing the aperture of the glottis; more rarely softening or ulceration; constriction, circular or flattened, of the bronchial tubes, which constriction sometimes amounts to obliteration so extensive as to prevent the collapse of the lungs, when the thorax is opened; frothy liquid in the bronchi, in very severe cases tinged with blood, and in unhealthy diatheses, with purulent matter.

Treatment.—The remedial measures employed in these cases should always be prompt and energetic. Bleeding, blistering, mercury, and antimonials, are chiefly to be relied upon, and they must be continued until the character of the expectoration be changed. The glairiness and viscidity of the sputa are unerring guides for our plan of treatment. Active purging, especially with hydragogues, should be avoided. The patient should be kept in an equable and conveniently warm temperature, and, from time to time, should respire the vapour of hot water, containing a little camphor, or other narcotic sedative. This is often of admirable service, in subduing the bronchial inflammation, and diluting the viscid adherent mucus. (4)

Thick Mucous Sputum. *b, opaque.*—This is a form of expectoration which occurs more frequently than any other to the notice of the practitioner. There is scarcely any affection of the respiratory organs, either acute or chronic, which, at some period or other of its course, is not represented by this sputum. And though its services in diagnosis are only of limited availableness or application, it yet deserves a prominent place in the varieties which constitute our tabular arrangement.

Appearances and Qualities.—The characteristics of this sputum are anything but constant. It is sometimes almost semi-transparent, and dotted, streaked, or patched with opaque mucus; and again, its opacity will be perfect, its colour varying from pearly white to every variety of shade of yellow, red, brown, green, blue, and black. In some cases, it is coughed up free of froth, and in masses varying in size from that to a sixpence to that of half-a-crown; these are either distinct or diffluent in the spitting-vessel. The distinct varieties have either ragged or rounded edges. (5) In other cases, it is frothy only on its surface; whilst, in a third instance, it will be frothy throughout, and will not exhibit its accustomed appearance until after rest and exposure. It is usually insipid, but is sometimes nauseous, bitter, sour, or saline. Its ordinary reaction is alkaline, but it may be acid, or neutral. Its range of specific gravity is very considerable, for at one time it is expectorated alone, and in a dense form, (6) and at another, it is discharged floating in a thinner mucus. It consists, for the most part, of mucus,

(2) It has happened that the obliteration of the bronchial passages by this viscid mucus has produced fatal asphyxia. Andral relates a case (*Clin. Med. trans.*, by Spillan, p. 301): "A labourer, fifty-three years of age, entered La Charité in consequence of articular rheumatism: he had also, for about the last two months, an obstinate cough, with expectoration of thick tenacious sputa. The chest, being percussed several times, always yielded a clear sound. The respiration was heard very distinct on all the left side, and with a mixture of mucous *râle* in the upper and middle lobes of the right lung. There was no dyspnœa. He had been already several times bled in consequence of articular inflammation, when, one day, in the midst of a violent fit of coughing, the patient was seized all at once with extreme difficulty of breathing. The remainder of the day, and all the night, there was orthopnœa, and almost continual efforts at coughing. The following morning there was imminent asphyxia, face swollen and violet, extremities livid, pulse nearly extinct. The patient, with difficulty pronouncing some words with panting, intreated that we would relieve him from an enormous weight, which, he said, he felt on a level with his right breast, and which was smothering him. The sonorousness of the chest was not diminished. The respiratory murmur was *puerile* over all the left side; on the right, posteriorly, some mucous *rale* was heard in several points; but on this same side, anteriorly, from the clavicle to a little below the breast, and behind in the supra-spinous fossa, neither the respiration nor the *rale* was heard, though the chest was elevated with force; we supposed there was *pulmonary emphysema.* We had hardly quitted his bed when he expired.—*Post mortem.*—The lungs engorged, as in several dead bodies; presented, however, a tissue which floated in water. Nothing remarkable in the larynx and trachea. We were in total ignorance of the cause of the symptoms, and of death in particular; nothing explained to us the absence of the respiratory murmur recognised during life in the upper part of the right lung, which absence we had referred to emphysema. But on cutting into the bronchi, the blunt point of our scissors met, at the origin of a large air tube, a mass of concrete half-solid mucus, which closed like a stopple this membranous tube, and extended into its interior. It was from this bronchus, thus obliterated, that the branches arose which carried the air into the upper lobe of the lung. The bronchial mucous membrane was also very red." The case immediately following this (*Op. Cit.* p. 302) was one of "chronic bronchitis." The man died suffocated. After death, the bronchi on the left side of the chest were found "livid, red, and filled with puriform mucus. On the right, precisely as in the patient in case II, the principal bronchus, which distributes the air to the upper lobe, was found completely obstructed by tenacious mucus. This mucous concretion extended, like polypous and vascular concretions, into three or four bronchial branches."

(3) This rule, however, is not without its exceptions. I lately attended, in consultation with my friend, Professor Langston Parker, a female, ætat. 39, in whom bronchitis of the severest kind occurred suddenly, as a metastasis of acute rheumatism. I never saw bronchitic sputa more tenacious, transparent, and seemingly characteristic of idiopathic bronchitis. On a re-accession of the rheumatic pains, the cough and expectoration ceased, and the breathing became easy, and marked by only a feeble mucous râle. After the lapse of some hours, the bronchitis recurred suddenly and as severely as before. I am at this time attending an elderly gentleman for an attack of gout. About a fortnight ago, a cessation of the pain in his extremities was followed by pain in his chest, acute mucous and subcrepitant râle, and an expectoration of the purest kind of bronchitic sputa. A dose of Dover's powder at bed-time produced nausea, with profuse spitting, and on the following day, the chest was easy, but the gout had returned to the joints.

(4) The vapour of water in which onions have been boiled is recommended by Dr. Wilson for the same purpose.—(*Treatise on Febrile Diseases*, London, 1803.)

(5) This is the "nummular" sputum of some authors. Louis speaks of it as an almost invariable accompaniment of phthisis. I have watched the career of many a case of phthisis without having observed this variety of expectoration, and again, I have often met with nummular sputum in other than consumptive patients. In some cases, this sputum will acquire the consistence and exact aspect of tolerably thick paste. This form of expectoration was first described by Stoll. It is usually met with in consumptive patients. Doctor Badham says he has met with it in bronchitic affections.—(*Essay on bronchitis.*)

(6) Its density is sometimes extraordinary. Lieutaud speaks of a variety of mucus so hardened as to be almost stony, (Historia Anatomico-Medica. 1767.) I have seen it approach so nearly to solidity as to bear a cutting with a knife, and to preserve distinctly the line and edge of its section. There was no albumen present, and only an average amount of saline and earthy matter. Mucus of this consistence is sometimes expectorated in a perfectly globular form, and of a size varying from a pin's head to a pea. Fourcroy called it *bronchial mucus*; Laennec, from its resemblance to pearls, and to distinguish it from other varieties of pituitous expectoration, denominated it *pearly sputa, sputa margaritacea.* It is generally discharged on rising in a morning, and for an hour afterwards, by dyspeptic and asthmatic people. It often contains fatty matter, and not unfrequently has an excessively offensive odour. In these cases it is yellow and opaque, and resembles the fœtid secretion of the tonsils. It is the chief cause of the matutinal fœtid breath which is common to some subjects, and is only relieved by expectoration.

with a variable proportion of muriate of soda, phosphate of lime, and other salts. It often contains fatty matter, which is separable by ether; blood, bile, and other casual ingredients in indefinite quantity. It is frequently a critical expectoration, and constitutes the *crisis optima* of Stoll.

Pathognomonic relations.—This kind of sputum is common both to acute and chronic affections of the chest. In the former it occurs critically, and is of uniform consistence; in the latter it is discharged casually, and in distinct flattened or globular masses. It is met with as a sequela of acute catarrh, and is sometimes one of the first and most favourable indications of a subsidence of the disease. It often alternates with the thin mucus common to this ailment, and each sputum is a faithful index of the amount of inflammatory action. The glairy viscid mucus of acute bronchitis usually passes into this variety as the patient advances to recovery, of which it is in general a sure sign. In its most transparent and adhesive form it is met with in commencing pneumonia, and is then sometimes so tenacious as to be with considerable difficulty dislodged. I have seen a spitting-vessel containing more than a pint of this sputum, turned upside down, without the contents escaping. Its tenacity is generally in the direct ratio of the amount of inflammatory action. Its degree of transparency is to a less certain extent an index of this action. It is never, however, so transparent as the sputum of bronchitis. In its clearest state it has an appearance like that of horn. It is generally met with, after the commencement of the first stage of pneumonia, of a reddish or rusty hue: this colour, which is due to an intimate admixture of blood derived from the engorged pulmonary vessels, always distinguishes the severer forms of pneumonia. In old subjects, and in very sudden accessions of pulmonary inflammation, this characteristic sputum is sometimes wanting. An uniform red tint is a worse sign than is a partial or patched colouration of the sputum. The pathognomonic indication is good, when the expectoration of the first stage of pneumonia is opaque, with little tenacity, and of a bluish, greenish, or yellowish tinge. As the inflammation subsides, the sputa become more opaque and diffluent, and resemble, to a great extent, those of chronic mucous catarrh. A return of the inflammation is always marked by an increased viscidity of the sputa. As pneumonia advances to the second stage, and even during the period of hepatization, the sputa may either retain the tenacity and rusty tinge of the first stage, (7) or may become thinner and more opaque or may cease altogether. In the third stage, the expectoration, if any there be, is generally very thin and sanious-looking,(8) especially in cachectic subjects; it consists of ill-conditioned mucus, with a little colouring matter of blood, but it rarely contains distinct pus. As pneumonia proceeds towards resolution, the sputa become less bloody, and are, finally, either opaque and pearly-looking, or thin and watery: sometimes these varieties are intermixed. At such time blood itself may be expectorated, alone, or accompanied by other sputum, but the latter is never *uniformly tinged* with blood.

The viscosity and rustiness of sputa of pneumonia, generally occur in their most distinct characters about the second or third day—if later, the indication is favourable. Often, they are evident almost immediately upon the commencement of the attack: this is a bad sign, for under such circumstances the disease rarely terminates by resolution. A sudden and spontaneous cessation of discharge from the lungs, at the height of pneumonia, marks an increase of inflammation which is not likely to be subdued; in the more advanced stages it is a sign of approaching death.

(7) I have repeatedly observed, that how tenacious soever the masses of sputa derived during the second stage of pneumonia may be, *inter se*, yet that they differ from the sputa of the first stage, in adhering little, or not at all to the spitting vessel.

(8) Sometimes they will become suddenly black.

These rules have their exceptions, but they are rare. Andral mentions a case of pneumonia, in which, at the height of the disease, the expectoration suddenly ceased, yet the patient recovered. (9) In other cases, which are very uncommon, the characteristic sputa of the first stage of pneumonia will persist long after the cessation of the crepitating *rale*, and of the other ordinary symptoms of pulmonary inflammation. (10) But we find that the patient either continues stationary or makes very slow advances to recovery; and on listening at his chest, though we may not recognise the distinct crepitation of pneumonia, we detect a sharp muco-crepitating rattle, and an imperfect respiratory murmur, which tell us that the inflammatory action has not yet ceased in the extreme bronchi. In such cases the inflammation readily returns to the parenchyma of the lungs, and the patient generally falls a victim to the relapse. These, and other like facts, indicate how paramountly of consequence it is to regard well the matter of expectoration in pneumonia. Indeed I have more than once experienced the advantage of abiding by the evidence of the sputa, after the failure of all other sources of diagnosis, in detecting and treating obscure inflammation of the lungs. In anomalous cases of pneumonia, expectoration may fail to be present; (11) but being present, it never fails to indicate the amount of inflammatory action.

(9) Recherches sur l' Expectoration dans les differentes maladies de poitrine. Thèse, Paris 1821, p. 35.

(10) Andral gives a case, (Op. Cit. p. 33) in which the viscid expectoration continued for eight or nine days after the disappearance of the crepitating *rale*, and of the other more common signs of pneumonia.

(11) If such cases terminate favourably, the absence of expectoration is generally atoned for by a supplemental action of the kidneys or skin, as observed by Cullen and Frank. I have seen a spontaneous salivation critical of recovery from pneumonia.

OBSERVATIONS ON VARIOUS DEBATABLE QUESTIONS ON THE PRINCIPLES AND PRACTICE OF MIDWIFERY.

By Dr. Clay, Piccadilly, Manchester.

No. V. Second Series.

SUBJECTS: *Remarks on Dr. Churchill—On Irregular Contraction—Ergot not a Cause of Irregular Contractions of the Uterus—Peculiar Action of the Ergot—Effects of Pelvic Pressure—Haste of Practitioners in Hour-Glass Contractions condemned—Cases of Irregular Contraction overcome by Pelvic Pressure—Cases of Irregular Contraction overcome by Ergot—Conclusion.*

In my last remarks, I was about to draw the reader's attention to the chapter on "Irregular Contractions of the Uterus," in Dr. Churchill's excellent volume on "Practical Midwifery;" I there said, the chapter alluded to did not enter so fully or so ably into the question as I was led to expect, from the very able manner in which almost every other part of his work was written. Dr. Churchill states at page 380, edit. 1842, that "irregular contractions of the uterus, after delivery of the child, are *attributed (not without justice, I think,) in some cases, to the action of the ergot of rye.*" Now, with every deference to the worthy author's opinion, I believe practical demonstration will prove the very reverse of the above statement to be the fact. I was one of the earliest in England to introduce the ergot into obstetric practice, *vide London Medical and Physical Journal*, 1823-4, and few practitioners have had as frequent opportunities of testing its utility, and observing the peculiarities of its action, as I have. The whole amount of my experience, then, goes to prove (as well as all I have heard or read, with the above exception) that the action of the ergot is upon the longitudinal fibres of the uterine structure, and the result is, expulsive efforts, more or less strong; on the contrary, irregular action of the uterus after delivery is not with the *longitudinal* fibres, but the *transverse*, and, therefore, to produce the natural action of expulsive efforts, that are at this time called for, it is far more necessary to exhibit the ergot to counterbalance the irregular efforts present, than to attribute to it the cause of irregular action, when I think it can be plainly demonstrated that action is on the opposite series of fibres to those which predominate in all those cases called irregular contractions of the uterus, after the child has been expelled. Again, I believe no axiom in obstetrics is better substantiated than that which states the great majority of cases of irregular contraction after delivery, to be owing to some undue interference, (or what is still more probable, rapid deliveries, in the absence of the medical attendant). Now, if we were to admit the exhibition of the ergot as a cause, it would be at once to admit the presence of the accoucheur, in most cases of irregular contraction, as it is well known the ergot as yet is only exhibited by the medical attendant; when it becomes as common as bohea, we shall, perhaps, hear more of its abuses. I am, however, pretty confident, that we shall not have to class the excitement of the transverse fibres of the uterus among its mal-applications, simply because its influence is over the expulsive fibres, viz. the longitudinal. Accoucheurs know very well, that where *there is expulsive action, it is the height of bad practice to exhibit the ergot at all.* It is only when there are no pains, or very slight transverse pains, *with sufficient dilatation*, that the ergot is justifiable, as a means, to produce what? Expulsive efforts of the longitudinal fibres, over which, from some cause, difficult to explain, the transverse action has predominated, causing a too quiescent state (not paralytic) of the expulsive fibres. The varied forms of irregular contraction, mentioned by authors, are but more or less of the transverse fibres brought into action, and having their action predominating over those of the longitudinal.

It has been my object, in this series of papers, to prove: 1st, the distinct action of the two very different classes of uterine fibres; 2nd, that their exciting causes of action are very different from each other; 3rd, the result of each action differs equally widely; 4th, that either of the classes of fibres excited to undue action is at the expense of the opposite class, robbing the latter of its energies, and causing its fibres to be quiescent, and requiring an extra stimulating power to counteract the irregular, and restore the lost or absent action of the quiescent fibres.

I have also endeavoured to shew: 1st, that a certain degree of tension is the exciting cause of the action of the transverse fibres; 2nd, that pelvic pressure is the exciting cause of action to the longitudinal fibres, producing expulsive efforts, but having no influence whatever over the transverse action; and lastly, that the ergot of rye has not the slightest effect on the dilating process, viz. the transverse, but has a most direct effect on the expulsive efforts of the uterus, and, therefore, it never can be esteemed the cause of an irregular action, over which it has not the slightest control. I shall conclude this division of my subject with a case or two, not the only ones illustrating this latter part of the subject, that have come under my notice, but sufficient to establish the points under consideration. I have often been surprised at the haste exhibited by practitioners to extract the placenta in cases of hour-glass, or irregular contractions of the uterus. There can be nothing to fear from hæmorrhage; the action of the uterus though partial is too energetic for hæmorrhagic discharges, and I have in my recollection a case where the irregular contraction existed for some time, and without any interference of extraction; the character of the pains changed, the longitudinal fibres came into action, and the placenta was expelled by natural efforts. I believe, this would often be the case, if a little more patience were exhibited by the accoucheur. The following case exemplifies the effects of simple pelvic pressure:—Mrs. Jones, Addington-street, in May, 1843, was delivered of a male child about half an hour before I arrived to her assistance; the pains had continued from the birth of the child to be very strong, but were not accompanied with any feeling of bearing downwards, as she had done

when the child was *to be* born. On examination, I found the os uteri, as well as cervix, relaxed, but a decided stricture of the transverse fibres of the uterus, through which the umbilical cord passed. The pains since delivery were strictly characteristic of this irregular contraction; whilst ascertaining the nature of the case, I introduced the whole hand into the vagina (a matter of easy accomplishment after the delivery of the child). My hand introduced, I closed it, and with the fist formed something analogous to a child's head, and with this I pressed gently and steadily upon the inner sacral curve; this manipulation had the immediate effect of producing longitudinal bearing-down pains, and in a few minutes, the placental mass was expelled without the slightest traction of the cord. It is quite evident, if this method was in practice, inversion of the uterus could scarcely ever take place, as it sometimes does, by indiscreet attempts at traction of the cord. It is unnecessary to give more cases on this point, although I have, in my practice, three or four equally satisfactory of pelvic pressure stimulating the dormant longitudinal fibres, and restoring the true natural action of the uterus, as a whole. Before I was sufficiently aware of the beneficial effects of simple pelvic pressure in cases of this description, I had observed, in some half dozen instances, the good effects of the ergot under exactly similar circumstances; it had the effect of restoring the longitudinal action, and of expelling the placenta without having recourse to that violent scheme of boring the hand, in the form of a cone, through the stricture of the uterus, the very act of doing which, tends to excite a greater degree of rigidity in the transverse fibres; so that, in fact, it becomes a trial of strength between the accoucheur and the muscular efforts of a single organ in his patient. Taking the cases of my own practice, and those in the practice of others who have allowed me to suggest the means here laid down, I may, without the least hesitation, state, that I have seen the placenta, or known it to have been expelled in twenty cases that were decided irregularities of contraction, or what is generally called hour-glass contraction, without any traction of the cord, and all the cases would have been deemed such as would require the usual mode of extraction by dilating the stricture. In conclusion, I think the evidence direct as to the ergot of rye and simple pelvic pressure, artificially applied, having the power of stimulating the action of those fibres which are dormant, but which it is necessary to restore before the uterine contents can be expelled. Both these exciting causes act only on the longitudinal fibres,—and I trust I have shewn the uterine action to be in accordance with the practical demonstrations here laid down.

ON UTERINE CONTRACTION, AFTER PARTURITION.

By ROBERT LEWINS, M.D., Fellow of the Royal College of Physicians, Edinburgh, and late Censor, &c. &c.

> At vindicta bonum vita jucundius ipsa,
> Nempe hoc indocti.
> Quippe minuti
> Semper, et infirmi est animi, exiguique voluptas ultio.
> JUVENAL.

Letters have been called the tongue of the world; and science may be regarded in the same light. They supply common objects of interest, in which the selfish unsocial feelings are not called into action, and thus they promote new friendships. Through them, distant people become capable of conversing; and losing by degrees the awkwardness of strangers, and moroseness of suspicion, they learn to know and understand each other. Science the partizan of no country, but the beneficent patroness of all, has liberally opened a temple where all may meet. She never allots a higher or a lower place from exaggerated national claims, or unfounded national antipathies. Her influence on the mind, like that of the sun on the chilled earth, has long been preparing it for higher cultivation, and further improvement. The philosopher of one country should not see an enemy in the philosopher of another: he should take his seat in the temple of science, and ask not who sits beside him.

These generous and harmonizing sentiments, (so diametrically opposed to the feelings of the idle, the ignorant, the envious and vicious members of our profession, and of their aiders and abettors), uttered by Mr. Lawrence, in the theatre of the Royal College of Surgeons, upwards of twenty-five years ago, were brought vividly to my remembrance, by finding myself placed in juxta position with Dr. Clay of Manchester, in the columns of the MEDICAL TIMES, of Saturday last.

In his lucid article, written expressly for the MEDICAL TIMES, entitled Observations on various debateable questions on the principles and practice of midwifery, Dr. Clay has well expounded the laws of uterine action. By his pertinent practical remarks, and simple but expressive diagramatic figures, he has, satisfactorily settled the disputed point, concerning the "hour-glass contraction" of the uterus.

The late Dr. Mackintosh, of Edinburgh, Lecturer on Midwifery, was the first to deny that the form of uterine condition, known by the name of hour-glass contraction, *even* exists—and he continued to do so, until the day of his death. Had the acute and candid physician referred to, lived to read Dr. Clay's paper, he would, I am convinced, have altered, or modified his opinion. Dr. Mackintosh maintained, that what has been called hour glass contraction of the uterus is merely a premature spasmodic action of the cervix and os uteri, before the expulsion of the partially detached placenta—and that accoucheurs mistake the diminished uterine aperture for a spasmodic state of the body of the womb—conceiving the upper part of the vagina to be the lower compartment of the uterus! a mistake, undoubtedly, sometimes committed.

It is quite evident that the views and opinions of Dr. Mackintosh were consistent with, and corroborative of, the reasoning of Dr. Clay.

Tiverton, Devonshire, May 20, 1845.

POISONING BY FISH.

To the Editor of the "Medical Times."

SIR,—Desirous of encouraging the investigation of that department of Toxicology, which treats of the morbid effects resulting from the contact or sting of several individuals of the fish species, I transmit the following case for your perusal, (and should you consider it worthy of publication) for a portion of your valued Journal.

It may be said that as a case it only forms one of that numerous family which contribute to perplex the student and encumber medecine with anomaly. But where inquiry is stagnant and requires the stimulation that such cases as the following are calculated to produce, I may be excused for its contribution, when its subject is allowed to be involved in neglect or obscurity.

Early in the year 1844, I was engaged in the performance of duties as surgeon of an East Indiaman then at anchor in Port Louis, Mauritius, and during the prevalence of weather that indicated an approaching hurricane. The morning was usually characterized by the serenity and beauty of a tropical sky, but as evening approached, the weather rapidly assumed the boisterous nature peculiar to the monsoon. The rain fell in torrents, and the wind suddenly rose and continued with unabated fury, until the hour arrived when its violence was exchanged for a sultry and oppressive night.

It was during one of those evenings when the storm had been unusually brief in its duration that a considerable portion of the ship's company were permitted by the chief-mate in charge of the boat, to proceed to a distant and more inviting situation than the harbour afforded, for the purpose of bathing. Such a spot was soon selected, but as soon relinquished, when the mate after his first plunge regained the shore with difficulty, and complained of a most acute and stinging sensation in the thumb of the left hand. The men lost no time in returning with their officer to the ship, and I had therefore an opportunity of seeing him soon after the infliction of the wound. His countenance, always the index of rude and vigorous health attracted my early attention, as he was now pale and anxious, and presented rather the indications of excessive pain than those of fear. Although his constitution was hitherto perhaps a stranger to the invasion of disease, it was ill fitted to resist the more severe effects of morbid poison. Highly sanguineous and plethoric, he early manifested the symptoms of its rapid diffusion. On examination, I found the wounds were minute and punctured, on the distal palmar surface of the thumb, and in regular order. To these I applied nitrate of silver, but with no relief to the acute pain of which he complained. The patient, however, was not long in bed before the brain partook of the general disturbance. The skin became hot and febrile, and the pulse was quick and small. The arm now rapidly tumefied, and the course of the lymphatics was distinct and defined; I scarified the arm and fore-arm very freely, and by means of the cupping glasses obtained a considerable quantity of blood, directing the administration at the same time of pills containing camphor and opium, and it was not until a decided impression had been made on the circulation by the depletion, that the functions of the brain regained their healthy action, as the restlessness, apprehension, and incoherence of the patient had hitherto been constant and urgent. The bleeding was encouraged by hot fomentations and poultices, which were repeated, and continued for several days, but were subsequently replaced by cold evaporating lotions.

It is unnecessary to be more diffuse in the details of treatment, as its success was attributable to the early use of depletory measures, and was latterly devoted to the relief of small abscesses, occurring on the arm, and to the restoration of freedom in the use of the thumb, which from long disuse, had become weak and wasted. The weakness was overcome, but the difference in the size of the thumbs remained apparent, and unaltered.

The information which I endeavoured to obtain from residents on the Island, with reference to this poison was unsatisfactory, as I understood that the victims of similar accidents, were to be found chiefly among the humbler class of natives, who possessing and applying their own peculiar remedies, seldom resorted to Europeans for advice or assistance. The fish is known to the Creoles, as the Laffe, and although I had no opportunity of seeing or procuring a specimen, I am induced to present this instance of the danger attending its attack to your attention, from the importance which such cases assume, when plethoric and susceptible individuals are their subjects.

I am Sir, &c.,

VANS. C. CLARKE, M.D., R.N.,
H.M.S. "Daring."

Plymouth Sound.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, May 22, 1845

Orchitis.—In two of my former letters (vide *Medical Times*, Vol. X. p. 493., and Vol. XI. p. 59.). I mentioned the method which has been successfully adopted by Dr. Vidal de Cassis in the treatment of this affection; in the present article I purpose relating two cases which occurred in the practice of Professor Velpeau at La Charité, and describing the mode of treatment adopted by this distinguished surgeon. John Dangle, servant, ætat. 23, in general enjoys good health, strong constitution; the disease commenced eight days before his admission into the hospital, but was relieved by the use of a suspensory bandage; in consequence, however, of the imprudence of the patient, who walked about a great deal, the swelling increased, and was accompanied by insomnia, constipation, vomiting from time to time, and very painful erections. These symptoms increasing in intensity, the patient was admitted into La Charité on the 25th of June, 1844; he then presented the following symptoms:—discharge *per urethram*, mucous rather than purulent, which the patient affirms to have appeared only the day before; no pain in the canal, no scalding while passing the urine, which flows as easily as before the attack; pain in the groin very slight in the recumbent, more so in the erect position; glands

neither tumefied nor painful; skin of the scrotum red, not very tense; veins not swollen; no infiltration in the envelopes of the scrotum; pasty feel of the parts; tunica vaginalis distended with liquid; as to the tumour formed by the testicle it is impossible to ascertain its exact size, nor whether the swelling is seated in the testicle or epididymis, but, in all probability, it is the former, as the most painful part is the antero-inferior, and as the spermatic cord is not in the least so, even when touched. Three punctures were made with a lancet; about a table spoonful of bloody serum escaped; the tumour, however, did not diminish much in volume. Cataplasms moistened with the liq. plumb. acet. were ordered to be kept constantly applied to the part.—25th. Swelling diminished one third, heat and redness less; not so painful on pressure, nor so hard; discharge *per urethram* ceased; slight pain at the meatus urinarius immediately after micturition. Contin. catapl. cum liq. plumb. acet.—26th. Pressure no longer painful; heat and redness nearly disappeared; volume considerably diminished—compresses wet with Goulard water to be kept on the part.—27th. The improvement continues, but as the tunica vaginalis still contains a small quantity of liquid, two punctures were made with a lancet, and a small quantity of sanguinolent serosity escaped. Cataplas. cum liq. plumb. acet.—28th. Improvement continues. Goulard water.—29th. All the inflammatory symptoms have disappeared; there remains only a slight tumefaction, which is not painful when touched; no discharge.—July 1st. The right testicle is still somewhat larger than its fellow, and has slight elevations on its surface. Though not quite recovered, he left the hospital. *Remarks.*—The patient declared that the orchitis preceded the gonorrhœa; although not probable, still it is not impossible; orchitis supervenes when the inflammation has reached the prostatic region; now this takes place generally at an advanced stage of gonorrhœa, but if the disease commenced near the prostate, owing to excess of venery, it might extend itself immediately to the testicle. Case 2nd.—Edward M——, aged 29, tailor, general health good; about four years ago was affected with chancres, which were methodically treated by Dr. Ricord; since that period he contracted gonorrhœa twice, of which he asserted he was cured before the attack which brought him to the hospital; he also suffered a year ago from orchitis on the right side, which continued twenty days, and was successfully treated at la Pitié.—July 11th. On admission, there was a tumour on the right side of the scrotum 3¾ inches in height, and 6½ inches in circumference transversely, of a brighter red than the opposite side, not painful, nor very hard anteriorly, but very much so posteriorly, the hardness extending upwards in the spermatic cord for about three inches; epididymis very hard, not very painful on pressure, in fact, the only part which was painful was anteriorly and inferiorly; no œdema of the envelopes; the swelling commenced a fortnight ago, was very painful, but by means of emollient cataplasms diminished to one half its original size; he had a mucous discharge *per urethram*, but referred the attack to considerable bodily fatigue. The part was punctured with a lancet, which allowed about a table-spoonful of liquid to escape. Catapl. cum liq. plumb. acet.—12th. Hardness still in the cord and epididymis; diminution in size; symptoms less severe. Goulard water.—13th. Continues to improve; no pain, even on pressure; cord and epididymis in the same state. Goulard water. ℞. Ol. ricini ℥iss.—14th to 17th. No change.—18th. Epididymis somewhat harder; general aspect satisfactory; a second puncture was made in the scrotum, which allowed a small quantity of reddish serosity to escape. Frictions with the ung. hydrargyri fortius on the cord.—19th. The patient left the hospital not quite cured, inasmuch as the epididymis and spermatic cord continued hard; in general, when orchitis is complicated with great hardness in the cord, it seldom can be cured by punctures, because the phlegmasia has proceeded too far.

Abscesses in Various Parts of the Body Consecutive to Labour.—D——, ætat. 34; was confined on the 10th February at the Lying-in Hospital; immediately after which she was affected with colic and diarrhœa, and some days after with violent pain and swelling at the posterior and inferior portion of the left leg, and with indolent tumours on the outer side of the fore-arms; the patient left the Maternité on the 24th and returned home, but as she continued to suffer from considerable pain and swelling in the right hand, she came to Necker Hospital, and was admitted into Professor Trousseau's wards on the 25th February.—The right hand and part of the fore-arm were tumefied, red, painful, and œdematous; the small tumours already mentioned, were red and indolent, and presented evident fluctuation; when opened with a lancet, healthy pus escaped; posteriorly on the left leg from about the middle of the calf to the malleoli there was a painful red pasty tumour uncomplicated with œdema of the foot or leg; superficial veins swollen; not much fever; abdomen not painful; suppression of the lochia; tongue moist, foul; anorexia; thirst; abundant diarrhœa:—℞. pulv. ipecac. ℈ij. statim sumend.—28th. Vomited frequently; hand not quite so swollen; other symptoms *ut antea.*—1st May. Tumefaction and redness of the fore-arm increased; fluctuation could be felt in two spots; opened on the 2nd; about a tablespoonful of pus escaped.—4th. Fever and diarrhœa still continue; the tumour of the left leg presented evident fluctuation, and an opening having been made, a considerable quantity of serous pus escaped, its discharge being facilitated by pressure on the calf of the leg.—℞ Hydrargyri protochlor.; gr. x.; opii gr. i. M. pulv. statim sumend. —5th. The patient complained of pain in the muscles of the fore-arm, and on examination a small tumour was perceptible; fever not very great; two copious stools; thirst not so intense;—6th. Same state: abundant suppuration from the abscess on the leg; fluctuation was evident at the upper and inner part of the fore-arm;—10th. Several abscesses similar to those already described at the lower part of the arm, which were opened successively, soon healed up.—17th. No new formation of abscess; she labours now only under weakness; after remaining some time longer to recover her strength, the patient finally left the hospital quite well.

On Diseases of the Eye.—By Professor Velpeau, (continued.) The symptoms enumerated in the preceding lecture are sufficient to enable the practitioner to recognize iritis in the first stage. But as the disease advances, certain modifications in the existing, or new, symptoms may be observed, and these are so important as to be worthy our most serious attention. Thus, when the inflammation has existed four or five days, the cephalalgia may have become very intense, so much so as to cause in some cases continual insomnia, in others on the contrary it acts on the digestive organs, disturbing their functions and producing a dislike for food, anorexia, nausea and foul tongue, and on the circulation, giving rise to fever. These symptoms are highly important, inasmuch as it is only in inflammation of the globe of the eye or in iritis that they are observed; for, as was already stated when describing blepharitis, conjunctivitis, and keratitis, no fever exists. Finally, the cephalalgia may affect only one side of the head, and may assume a neuralgic form.

2nd stage.—Photophobia and epiphora unchanged; colour of the iris presents various tints; for instance, when naturally blue it becomes of a reddish brown; when grey, dark grey; when black or brown, it assumes a velvety aspect and a darker hue: in fact, it may be asserted that when in this disease the iris changes its colour, it becomes of a deeper hue than in its normal state. In some cases, small vessels, which are not visible in the healthy condition, become apparent, that is, there is a vascular injection of the iris. While speaking of keratitis, this symptom was said to be sometimes present, and its existence in iritis is more readily conceived, inasmuch as the iris is far more vascular than the cornea. The surface of the iris presents a velvety, thickened appearance as if fungous; small tumours are sometimes visible in its parenchyma, produced by effusions of various kinds, of blood, pus, or plastic lymph. However extraordinary this fact may appear, still it is no less true, and I have seen two, three, four, and even five such tumours in the same individual simultaneously; in general they are situated on the margins of the iris. In a patient now in my wards there is a tumour near the outer margin, which appears to be formed by an effusion of blood; in another, there is, near the larger circumference also, an abscess about the size of a hemp-seed. It is, therefore, certain that one or more effusions and abscesses may take place in the iris in this stage, not in the former, for reasons too easily understood to need explanation. When the disease has lasted some time, different changes are perceived in the pupil; thus its mobility is diminished or lost; it becomes smaller, or is closed altogether, producing what is is called *synizesis* or *phthisis pupillæ*; the iris may also contract adhesions by its anterior or posterior surface, *synechia anterior* or *posterior*. These different phenomena are easily explained, on reflecting on what occurs, when the iris is inflamed. Thus the membrane will be pushed backwards or forwards, according as the effusion caused by the inflammation is greater anteriorly or posteriorly, in the camera anterior or posterior. When this phlegmasia is more intense on the anterior face of the iris, the aqueous humour increasing in quantity will produce synechia posterior, on the contrary, if the uveal aspect is the seat of the affection, synechia anterior may be the result. There appear likewise in this stage, other phenomena, as sequelæ to the inflammation; thus, pseudo-membranes may be formed in the pupil, sometimes like a net-work, at others like a cloud or white, yellowish, milky, or reddish spots. These results are by far the most serious, for it is by them defective vision is caused, and even blindness. The various complications are also far more frequent in this period; such as inflammation of the membrane of the aqueous humour, deep seated keratitis; small spots deeply situated as if in a cloud, or just before the capsule of the crystalline lens; they are formed by the organic lamellæ situated near the phlegmasia, which are slightly inflamed. Iritis may exist alone for eight or ten days, after which it is generally sooner or later complicated with inflammation of the other membranes of the eye. Another sign, which does not exist in the other diseases which have been examined hitherto is here met with; it is a peculiar brilliancy of the surface of the eye, owing probably to the super-secretion of tears, and at the same time a perfect transparency of the membranes. Something analogous may be observed in keratitis, but it is then accompanied by a greenish, or water-green tint, whereas in iritis, with the brilliant aspect, the eye retains its normal colour. The patient complains of a feeling of fulness, as if the eye were compressed, this sensation being caused by the over-distension of the organ; the mode in which this is produced is similar to that observed, when a ring put on a finger, causes the portion situated below it to swell by its constriction: the sensation is evidently the same, though the causes are very different. In iritis there is an increase of the fluids of the eye—aqueous humour, vitreous humour, &c.—which, owing to the resistance presented by the sclerotica to its distension, produces a painful sensation. The mode in which the pain is caused may be explained by the distension of the sclerotic coat, and the pressure from within outwards by the humours on the retina, choroid, sclerotica, and the nerves situated between them; the more so, as it is in direct proportion to the inflammation and therefore to the quantity of liquid effused, and may irradiate towards the sub-orbitar region, following the ramifications of the nerves. The pain in iritis affects principally the forehead, temples, and brain by sympathy, whereas in keratitis, the mucous membrane of the nose and corresponding maxillary sinus, is usually acted upon. Finally, iritis may be accompanied, as before stated, by disorder of the functions of the digestive organs.

In the next lecture the differential diagnosis between simple and specific iritis will be examined.

On Hydrarthrosis.—In a preceding letter (vide *Medical Times*, Vol. IX., p. 402,) the mode of treatment adopted by Dr. Gimelle in this affection, was made known; in the four following cases, observed in the wards of Dr. Malgaigne, at the Hospital St. Antoine, it was successful in one instance,

whilst in the rest, other remedies proved equally efcacious. Case 1st.—A sawyer, ætat 43, was brought to the hospital on the 21st of Feb., on account of a violent contusion of the left leg, caused by a blow from a beam while at work. The inflammation which followed the accident, continued during eight days, and the swelling was so considerable as to lead to the supposition that phlegmonous suppuration had taken place, were it not that throbbing pain and shiverings did not exist. All at once, on the 1st of March, the symptoms of hydrarthrosis in the knee set in, and at the same time all the untoward signs in the leg disappeared. Two days after, there existed considerable effusion in the articulation; tartar emetic was in consequence prescribed in the dose of gr. vj., which was increased gr. ij. daily, until grs. xiv. were administered; this dose was given for three days, and then gradually diminished, and finally, four days after was omitted altogether, the effusion at this period having been absorbed so that the circumference of the knee was only a line more than that of the opposite one. The remaining enlargement disappeared completely on the patient's getting up and walking about. The tartar emetic produced the first two or three days abundant vomiting and stools, which ceased after some time, though the dose was increased. Case 2nd.—N——, ætat. 17, printer, was seized, without any appreciable cause, with tumefaction of the right knee; no pain; movements of the limb difficult; fluctuation; semi-flexion; circumference of the knee an inch and a half larger than its fellow. Tartar emetic having been administered as in the preceding case, for thirteen days, without producing any beneficial effect, the following treatment was adopted:—a large blister was applied on the knee, and a second a few days after, followed by emollient cataplasms on the denuded surface. On the sixth day, the blisters being healed, the knee was measured and found to have diminished nearly an inch, and two days after the patient left the hospital quite well. Case 3rd.—J. ætat. 48, after the consolidation of a fracture of the leg was affected with hydrarthrosis, in all probability owing to a slight degree of irritation produced by the motion necessary to overcome the stiffness of the joint. Two temporary blisters were sufficient to cause the absorption of the effused fluid. Case 4th.—As in the preceding, the affection was here produced by the movements necessary to over come the stiffness of the joint, consecutive to a fracture of the lower third of the femur in an old man, seventy years of age, the apparatus having been kept on the limb for fifty-eight days. There was great pain on the least movement; the circumference of the articulation had increased about two inches; pulse hard and frequent; twelve ounces of blood were drawn from the arm, and emollient cataplasms and baths were had recourse to, under which treatment the patient soon recovered.—*Gaz. des Hopitaux.*

Academy of Sciences. Sitting of the 19th of May, M. Elie de Beaumont in the chair.—Received, "Calcutta Journal of Natural History," edited under the superintendence of Mr John M'Clelland, Bengal Medical Service, for Geology, and Zoology, and of Mr. W. Griffith, F.L.S., Madras Medical Service, for Botany, Nos. 17, 18, 19, 20. April, July, October, 1844, and Jan. 1845.

On a Parasite of the Ear, by M. L. Berger. The author considers as erroneous the opinion generally admitted in physiology, that the cerumen is intended by nature to prevent insects entering that organ, since he discovered in the ear an animalcule of the genus *Tardigrade,* whose dimensions are enormous compared to the other *infusoria* of the human body. After giving a minute description of this animalcule—which is a species of elongated worm—the author concludes by stating that he has also discovered its larvæ.

On the Manner in which Animal Diastasis acts on Fæcula, by M. Mialhe. The author, in reply in M. Lassaigne, after quoting several passages of his preceding memoir, concludes—1°. That uncooked as well as cooked fecula, may be rendered soluble and capable of assimilation by means of animal diastasis.—2°. That without the presence of animal diastasis, fæcula would never be absorbed, as was proved by the interesting experiments performed by M. Payen on plants.

On Deafness.—M. Pappenheim writes to rectify some errors in his memoir presented at a late sitting.—1°. That chloresterine was found in the internal and middle ear, not as the result of catheterism, but of typhoid fever.—2°. That it is not the existence (as it is always present), but the abnormal increase of carbonate of lime in the internal ear, which causes deafness.

On the Epidemics reputed by turns Contagious or non-contagious, by Dr. Hombron.—Epidemics form a class of diseases to which the denomination of pestis may be given, because it really is their origin; they may be divided into two classes—1°. The affections caused by external infection, at first local, and propagated by inoculation.—2°. Affections by internal infection, or general from the commencement, and propagated by means of the respiration and cutaneous absorption; variola is the connecting link between the first and second. The latter may be subdivided into—(*A*), those poisoning by miasmata—(*a*), variola and its varieties—(*b*), rubeola, scarlatina, and their varieties—(*B*), those poisoning by effluvia—(*a*), typhus of Europe or of the Levant—(*b*), typhoid fever and its varieties. Finally, the author, from the comparative study of various epidemics concludes, that their origin and mode of development are almost identical; that if one which presents no pathological excretion is contagious, all those similarly situated must be so likewise, but that contagion here is an hypothesis—that quarantines being useless, are necessarily injurious—that like scurvy, the yellow fever is not contagious, and cannot be considered as a species of typhus.

On the Physiological Phenomena Observed whilst Ascending Mountains.—By Dr. Castel, M.A.M. The physiological phenomena remarked by travellers when ascending mountains are produced by the diminution of atmospheric pressure, not because this diminution, as some authors have asserted, increases the rapidity of the circulation in the small arteries and veins, but because it exercises a direct and constant influence on the contractility, to which the circulation is always more or less subjected. A modification in the one must of necessity be followed by an anomaly in the other. Contractility is more and more diminished as the atmospheric pressure becomes less, and it is in considering the subject in this light that the phenomena mentioned by M. de Pileur in a memoir presented at a late sitting, can be satisfactorily explained. There is not one which can not be attributed to the disturbance of the circulation; this disturbance in its appearance and progress is in proportion to the rarefaction of the air. Thus at a height of from 9850 to 11,590 feet above the level of the sea, the travellers experience, fatigue, vertigo, nausea, evident signs of commencing atony;—from 11,590 to 13,200 feet, dyspnœa, somnolence, colics, faintings, syncope, produced evidently by the dilatation of the vascular extremities owing to the blood not circulating, and afterwards by pressure on a portion of the nervous system—from 13,200 to 15,000 feet, anhelatio, faintness, pain and extreme weariness in the limbs. Why? because the distension of the vessels is carried beyond all limits, and anhelatio is the most prominent symptom, the respiratory organs being the most vascular. The loss of power in the muscular system is a proof of the diminution of the contractility, and is it not from a similar cause that the loss of muscular power in several varieties of fever constitutes one of the most dangerous symptoms? Finally at 16,500, the dilatation of the vessels and the sluggishness of the circulation extend to the venous trunks, and even to the heart; here in addition to the phenomena already enumerated are remarked, palpitations; pulse accelerated, and frequent in a direct ratio with its feebleness, as is sometimes observed just before the fatal moment; distension of the vessels, and the absence of all restraint often causes the rupture not only of the extremities of the arteries, but also of the larger vessels, as in the case recorded some years ago in the *Journal des Savans,* of M. Plantade, *Ingenieur Geographe,* who died from hæmorrhage on the summit of the Pyrenees. It is well known that elevated sites do not agree with weak-chested individuals. The same causes may produce apoplexy, for are not the vessels of the brain, like those of the other cavities, subjected to dilatation and obstruction owing to the rarefaction of the air? Is it necessary to add that this is according to the elevation, and *vice versa*? M. Amontons has demonstrated by precise calculation that if a column of air could be increased *ad libitum,* its lowest layers would present the density of mercury. According to the relation of density and pressure, nature has established differences in the volume and power of the respiratory and circulatory apparatus in the different classes of the animal kingdom. Thus in birds the volume of the heart with respect to the size of the body, is as 1·168—in quadrupeds, it is as 1·263—and in fishes as 1·1360; consider now what is the respective density of the various media in which these animals live, and the influence they exercise on the contractility which, it may be added, is the primum mobile of all our functions.

These are the means by which physiology ought to explain the phenomena experienced when ascending mountains. The causes are uniform, differing only by the degree of intensity; thus the distinction proposed by M. Le Pileur, with respect to the rarefaction of the atmosphere and muscular motion, is, in my opinion, not founded; for, if they act with greater violence on persons on foot than on those on horseback, it is because in the latter the greater part of the muscles are inactive, whilst in the former they are constantly in motion.

On the Ioway Indians, by M. Jacquinot. According to the author, North and South America were peopled by the same race of men, whose various colonies, issuing from the same stock, present the same anthropological characters, and differ only by very slight shades, which far from constituting marked races or species, present only the slight individualities generally met with in all the nations proceeding from the same parent stock. The Esquimaux and some of the black tribes of California, may, perhaps, form an exception, as, according to some travellers, they present marked differences; this fact deserves confirmation. But independently of the analogy which exists between the inhabitants of north and south America, they have likewise a striking resemblance with the inhabitants of distant parts; for instance with the Polynesian islands. This observation (which the author thinks has never yet been announced) is not grounded on some distant relations, on some analogy in the manners, customs, and language; but on the most exact resemblance in the features, in short in all the physical characters.

On the utility of the diapason in deafness, by Dr. Bonnafont. From his experiments the author ascertained, that when in any given part of the cranium a certain note could not be heard, the lower ones could be distinctly perceived—that in proportion as the sensibility diminishes, the ear loses the faculty of hearing a high note, whilst it retains that of perceiving the lower ones—that whenever the sensibility of the acoustic nerve is diminished, deafness commenced by the higher notes, the ear losing more and more the power of perceiving the lower ones as its sensibility decreased—that it was by means of this method, that the various degrees of deafness and incurable cases were discovered.

Academy of Medicine.—Sitting of 20th May.—M. Caventou in the chair.

Nomination of Dr. Longet.—Dr. Pariset, perpetual secretary, read the ordonnance of his Majesty, confirming the nomination of Dr. Longet as member of the Academy.

Incident relative to Dr. Fontan's memoir on the mineral waters of Bagneres de Luchon. Dr. Gerardin.—In requesting to be heard, I wish to be understood that my demand has nothing exceptional; it is spontaneous, and free from all foreign influence. In the last sitting, while speaking of mineral waters in general, I spoke against the mercenary system, which has, of late, been introduced into the different establishments, which to attain their end, sacrifice the interests of medicine, the dignity of our art, and the respect due to the Academy. With respect to the memoir read on the waters of Bagneres de Luchon, I blamed the mode in which the facts were brought forward, and in this respect, I made use of my right as a member of the Academy. It would seem that my words were interpreted very differently, and raised feelings which I did my best to allay. In this

of the question, I now declare that the words I uttered, and which I do not retract, had nothing personal, and in making this declaration, I wish it to be perfectly understood, that I do it of my own free will. Dr. Dubois d'Amiens.—I will add that in the preceding sitting, the president stated to Dr. Fontan, that such was Dr. Gerardin's meaning. Dr. Louis.—I am happy to hear the explanations given by Dr. G., the more so as I am intimately acquainted with Dr. Fontan: none of the remarks were applicable to him, who is one of the worthiest persons I know, and whose scruples in a scientific point of view are carried to the extreme.

On Secret Remedies.—M. Boudet read several official reports on this subject. Conclusions. None worthy of approval (adopted.)

Artificial Anatomy.—Professor A. Berard read a report on the anatomical preparations in leather, presented by M.M. Cartaux and Chailloux. These preparations are very advantageous, on account of the resemblance they have to the parts they represent, their solidity, and the length of time they last, are superior to all hitherto invented, and consequently are deserving of the Academy. M. Bussy asked what colouring matter was employed, whether mineral or vegetable? The conclusions are postponed until the sitting, in order to enable M.M. Cartaux and Chailloux, to place specimens before the Academy.

On the Contagion of Typhoid Fever.—Dr. Bricheteau read a report on a memoir presented by Dr. Patry, (Indre et Loire,) who considers typhoid fever as contagious, and quotes several cases in support of this opinion. After giving an analysis of the memoir, the reporter states, that he agrees with Dr. P. as far as small localities are concerned, and if such is not the case in large cities and hospitals, it is because the rules of hygiene are more strictly attended to; that the uncleanliness and carelessness of the peasantry are causes sufficient to account for its propagation by contagion, although the disease originates in infection. *Conclusions.*—Thanks to the author; request that he should continue to pursue his interesting researches; and to place his name on the list of future correspondents. Professor Moreau.—I agree with the author, and consequently differ in opinion with the learned reporter. I do not think typhoid fever contagious by infection, but *per se*; and among the numerous facts on which this opinion is founded, the following may be quoted. The daughter of a farmer in easy circumstances, residing eighteen miles from Paris, fell ill of typhoid fever, and died on the 21st day, in spite of the utmost care and attention. Her brother, a robust young man, 24 years old, who resided at a neighbouring farm, came to see his sister, and finding her so ill, refused to leave her. Two days after the funeral, on his return home, he was in his turn affected, and eight days after, was no more. The mother who had attended the two during their illness, fell sick likewise, on the fourth day after the death of her son, and the disorder terminated fatally on the tenth. Medical care was not wanting here, for not only the physicians of the place were in constant attendance, but also Professor Chomel and myself saw the patient several times. Here the disease was evidently propagated by contagion, not infection. Dr. Bricheteau in reply, stated, that his opinion was not so much at variance with that of Professor Moreau as he imagined; since he (Dr. B.) thought that there is first contagion, and then infection. Dr. Rochoux.—I do not think that the diseases of small localities differ from those observed in large cities; the dothinenteritis seen in the former, is in every respect similar to that of the latter. If, however, it is contagious in one, and not in the other, it is evidently not the same affection. What is supposed to be contagious dothinenteritis, is not this disorder, but typhus; the more so, as for the last thirty years, there has not been one authentic case of dothinenteritis propagated in Paris by contagion. A disease cannot be contagious or non-contagious according as it affects the inhabitants of a village, a small town, or a large city, and, in all probability, it was typhus, not typhoid fever, which was observed by the author of the memoir. The following fact comes in support of this opinion: in 1813, a patient affected with typhus, was received in the *Maison Royale de Santé*, and communicated it to four individuals; two of them died; at the same time, several hundred persons suffering from typhoid fever were likewise received, and notwithstanding that large number, the disease was not propagated in the establishment. Dr. Bricheteau differed in opinion from Dr. Rochoux as to the impossibility of there being a dissimilitude between the same diseases when observed in the country, in small towns, or in large cities, like Paris. As to the disease under consideration, it was evidently a dothinenteritis, as any one may be convinced on reading the description given by the author, and there is no reason why it should not be contagious, according to the localities. Dr. Collineau has had repeated opportunities of observing typhoid fever in Paris, and in the country, and never saw any difference in the symptoms: as to contagion, he never observed it in Paris; whilst country practititioners affirm that it frequently occurs. Dr. Castel.—No disease can be said to be propagated solely by contagion, as this depends on accessory phenomena, which do not constitute a disease. It would indeed be far better were both terms struck out of medical works. The propagation of a malady depends more on its duration, than on its nature, besides which, other causes exist, such as want, uncleanliness, influence of climate, season, &c., so that an affection which is not contagious in one instance, or clime, may become so in another. Contagion ought, therefore, only to be considered as an epiphenomenon. Dr. Rochoux.—In my opinion, contagion forms the fundamental character of certain diseases; variola, syphilis, hydrophobia, &c., but is it the same with dothinenteritis? Evidently not, for as I have already stated, there has not been one authentic case occurring in Paris, for the last thirty years. Dr. Gaultier de Claubry mentioned, that in a work published by him, the differences between typhus and typhoid fever were examined at length, and that he would present a *resumé* shortly to the Academy. The conclusions were adopted.

Amputation of the Leg just above the Malleoli.—Dr. Lucien Boyer presented a child, whose leg had been amputated by him by this method; the little patient, with the aid of the artificial foot, constructed by Dr. Martin, was able to stamp his foot on the ground, and move about with perfect facility.

On Inoculation of Variola.—Dr. Auzias Turenne presented a monkey, whom he had succeeded in inoculating with the variolous virus. The idea was suggested on reading a lecture of Professor Chomel, in which this distinguished Professor regretted, that when the eruption was doubtful, inoculation could not be had recourse to, as before Jenner's discovery. Two small incisions were made on each upper lid, and variolous matter was inserted. Six days after, two pustules appeared, and on the tenth day, the animal died, after having, a short time previously, offered an eruption of imperfectly formed pustules: at the *post-mortem* examination, the mucous membrane of the respiratory organs was somewhat injected. Since this first experiment, Dr. Auzias Turenne performed the following, on the 14th inst. The matter was introduced into two incisions made on the lids. 17th.—Redness around the wound. 20th.—On the left side there was a small scab, probably because the animal had scratched the part, and on the right a pustule; the animal was not so lively, and was evidently feverish. This experiment was performed in the wards of Dr. Huguier, where the monkey may be examined.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
Honorary Physician to the Spanish Embassy.

Letters from India announce the death, in his 35th year, of Mr. William Griffiths, who has for years been ardently engaged in the botanical examination of that country, and has transmitted home many valuable communications on the subject, some of which are published in the transactions of the Royal Society. Mr. Griffiths has fallen a victim to his labours, in the fatal climate of Malacca.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

Scarlatina Anomala, Symptomatica, et Critica.—A schoolmaster, ætat. forty-two, was seized on the 21st of Jan., 1842, with a gastrico-rheumatic fever, complicated with pleuritic pains on the left side. Large doses of tartar emetic and nitre produced vomiting and purging, and consequently removed the pleurisy. The fever, however, continued unabated, and even assumed a nervous character on the 29th, which, however, did not increase, in consequence of the administration of infusion of arnica and muriatic acid. On the 2nd of Feb. (the twelfth or fourteenth day of the disease) an erythematous redness appeared, first at the ankles, and spread thence, in a few days, over the calves, legs, trunk, chest, face, and upper extremities; even the palms of the hands and the soles of the feet were not spared. The exanthema appeared in the form of elevated red spots, partly resembling the measles, and partly scarlatina, and was accompanied by some affection of the throat and the Meibomian glands. Inasmuch as the febrile symptoms diminished after the appearance of the exanthema, the latter may be considered as critical. On the 9th of Feb. desquamation commenced, and followed the usual course as in scarlatina, the skin falling off in large shreds, particularly from the hands and feet. The general health of the patient was already so improved on the third day after the desquamation, that he complained of nothing more than restlessness when asleep. Convalescence was very protracted, the patient suffering from weakness of the legs for a long time. He was also affected with rheumatic pains of the extremities in the beginning of March, which extended to the neck and shoulders. A tumour formed on the left side of the throat, scarcely visible externally, but causing much irritation and difficulty of swallowing. It burst on the 17th, during a violent fit of coughing, and the patient expectorated a pint of matter, with great relief. On the 20th the cough had disappeared, and deglutition was easy. But the ultimate recovery was tedious, being protracted by a nervous irritation, which yielded only to the use of the baths of Constadt.—(*Dr. Camerer, of Langenau in Wurtemb. Correspond. bl.*)

Case of Inflammation of the Portal Vein.—A domestic, ætat. sixty-two, strong, tall, and healthy, became ill after the death of his master, which had affected him greatly. After he had suffered for a fortnight with insomnia, anorexia, sensation of pressure in the region of the stomach, &c., the author was called on the 5th of March. The abdomen was not painful to the touch, nor much distended. Bowels gently open from the use of Epsom salts. Tongue rather furred and dry. Pulse ninety-five, rather full and quick. Thirst great. On the 7th he had a rigor, followed by heat, thirst, and frequent pulse, but no perspiration. These attacks recurred daily, but not in any definite type. They were absent only twice in the course of the disease, and during the last three days of his life. His nights were generally sleepless without delirium. The patient took, emuls. inf. ipecac., and sometimes tartar. tartaris. In the night of the 9th of March, he had six thin, greenish-brown, flaky, offensive stools. Rumbling and great tenderness at the cœcal region were complained of. Chest and head free. As long as the diarrhœa was moderate, mucous remedies and aq. chlorin. were administered, but when he had forty thin stools in the third night, and twenty in the fourth, gumm. arab. with tinct. thebaic. was administered and afforded some relief. No tenesmus. Pulse frequent, small, and weak. On the 13th of March, quinine, alum, and camphor were ordered, but the weakness increased, the pulse became more and more frequent, and respiration more rapid, but without *rales*; aphonia. Pain and rumbling in the abdomen. Diarrhœa particularly frequent during the night, stools very thin and offensive. Decoct. lichen. Isl. with extr. cascar. clysters with acetate of lead, and alum whey were of no service. On the 16th, about noon, he became insensible, and died at three,

p. m.—*Post-mortem examination*: Larynx ossified, its mucous membrane pale, without mucus; but little serum in the pleuræ, cellular structure of the lungs dilated; an ounce of clear serum in the pericardium, a small quantity of liquid blood in the ventricles, and a dark red coagulum. The membranes of the vena cava ascendens in the region of the liver normal; in their cavity a large blue-red, loose coagulum was found. Brown ichor partly filled the abdominal cavity; the intestines were injected externally, covered with glutinous, thin exudation. The mesentery of the cœcum was thickened and contained several abscesses; the veins full of greenish-yellow pus; the larger veins were all filled with it, but did not contain any coagula; their membranes thickened, brittle, of a dirty yellow colour. The other part of the mesentery was free from pus; its veins contained dark liquid blood; fluid of a dirty yellowish colour was found in the vena porta. In the parenchyma of the liver towards the surface, brittle blackish spots were discovered, with small collections of pus. The portal branches of the liver contained a dirty yellowish liquid, and the gall-bladder a great quantity of thin yellow bile. The spleen was of normal size, of a brown-red colour, and without much blood. The mucous membrane of the duodenum was covered with black spots, the consequence of injected capillary vessels, and likewise distended. The mucous membrane of the intestinal canal was generally thickened through serous infiltration. The colon was also thickened, and its mucous membrane covered with a thin purulent exudation. Vena cava inferior filled with liquid blood, the membranes normal. The author mentions the distinct paroxysms of rigors as a characteristic sign of pyæmia; but pyæmia, produced by inflammation of vena portarum, is distinguished by the want of some usual phenomena accompanying the pyæmia produced by other diseases, such as endocarditis or inflammation of the lymphatic vessels. Other phenomena are peculiar to this particular pyæmia, such as the sensation of pressure in the abdomen, &c. The author also considers the non-affection of the sensorium as characteristic, and endeavours to explain it by the impediment to the circulation of the diseased blood met with in the hepatic capillary vessels, so that it cannot alter so easily the blood in the large organs, as in those cases in which pus proceeds from the lympathic vessels into the veins, and from the veins into the heart. The author likewise explains the changes observed in the other abdominal organs, such as capillary injection, and infiltration of the intestines, peritonitis, exudations, &c., from the same impediment of the circulation of the purulent blood in the liver.—(*Dr. Frey, of Mannheim, in Heidelb. Annalen.*)

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society, May 27th, 1845. Dr. George Burrows in the chair.

Case of Intus-susception, in which the Intus-suscepted portion of Bowel sloughed away, and was voided by the Rectum—Recovery of the Patient. By S. J. Jeaffreson, M.D. and L. M. Cantab., Physician to the Chelsea, Belgrave, and Brompton Dispensary.

The case was that of a young man, ætat. 17, to whom the author was called on the 26th May, 1844. He was labouring under general febrile symptoms: there was an anxious expression of countenance; the abdomen not tender under pressure, but becoming tympanitic; nothing could be retained on the stomach; the matters vomited had a grass-green appearance; there was painful tenesmus without evacuations. Calomel and opium, purgatives of senna, croton-oil, &c., with turpentine enemata were used up to the 28th without success. On that day, the author considered that decided symptoms of inflammation of the bowel and peritoneum had set in; the belly was generally tender, especially in the left hypochondrium, where a distinct hard tumefaction was observed. Leeches, fomentations, &c., were used in addition to the other means, but no evacuations took place until the 31st, when there were very copious and offensive discharges from the bowels, and the vomiting ceased. From this date the patient gradually recovered; copious evacuations took place, charged with much gelatinous-looking mucus, and on one occasion a small quantity of blood.

On the 8th of June there was discharged from the bowels, what the author supposed to be either a portion of the small intestines, or a cast of it (of coagulable lymph); it was about two and a half to three inches in length, and of a tubular form; most horribly putrid, and one or two minute points presented the appearance of sphacelus. After this, with some slight interruption, the patient recovered.

The substance voided was examined under the microscope by Mr. Toynbee, who stated that he found cellular tissue, traces of blood-vessels and nerves, and epithelium. Mr. Dalrymple, who also examined it, thought that involuntary muscular fibre might also be detected, but could not speak positively, from the preparation having been placed in spirit of wine for some time.

The author draws attention to one point in the treatment, viz.—the abstinence from any active depletion on the 28th, when symptoms of inflammation had decidedly set in. At this period he observes, a free evacuation of blood would, probably, have reduced the inflammatory action, and relieved the immediate sufferings of the patient, but it might also have masked the symptoms, and checked the reparative processes of adhesive inflammation, on which the recovery of the patient depended.

Dr. Webster agreed with the author of the paper that such cases were exceedingly rare, especially in those instances where recovery takes place after strangulation and separation of part of the bowel. He had been called in consultation with Dr. Webster some years ago to a case of the kind, which occurred at Dulwich. The symptoms at first were very obscure, but afterwards evidences of obstruction set in, followed by the separation and discharge of a part of the bowel, twenty-seven inches in extent. The patient recovered. The preparation is in the Museum of the University College.

Dr. C. J. B. Williams was rather surprised that the author of the paper and Dr. Webster had stated that these cases were exceedingly rare; it might be so with regard to each man's individual experience, but not so collectively. Many such cases had been recorded, not merely where inches, but feet of the intestines were expelled. He (Dr. C. J. B. Williams) had that day read an account in the Transactions of the Medical Society of Bombay, of several cases of dysentery, in which such an expulsion of a portion of the bowels occurred. And, indeed, it seemed in that disease to be the common mode of cure adopted by nature, when the disease had proceeded to a certain extent. Such cases may, indeed, be rare in relation to the ordinary proportion of disease, but they were not rare in reality.

Dr. Burrows was desirous to learn the experience of army surgeons, who had practised in tropical climates, with respect to this mode of termination of dysentery.

Mr. Fitzmaurice, as an old army surgeon in Ceylon, begged to express his opinion that it was by no means an uncommon circumstance: it almost invariably happened in severe cases of dysentery, occurring among the native soldiers, but not among the Europeans. The disease under those circumstances, was known by the name of sloughing dysentery; sometimes from eight to nine, twelve, and even eighteen inches of intestine were expelled. There were several preparations of this kind in the Museum of the Ordnance Department at Woolwich. They had been sent over by himself and other army surgeons.

Dr. Webster believed that such a result might occur much more frequently in the warm climates than in the colder ones.

Dr. Gregory remarked that not many weeks since they had discussed in that Society the subject of tubular formations in the intestinal canal, and, at a hurried glance at the preparation which had been sent round, he thought it resembled those productions. He would be glad to know in what existed the difference between them?

Dr. G. Burrows said, that he presumed the author of the paper based his opinion as to the nature of the expelled membrane, upon the statement of Mr. Toynbee, who had examined it under the microscope, and had detected in it epithelium, vessels, and involuntary muscular fibres, &c.

On a Systolic Murmur in the Pulmonary Artery, and its Application to Diagnosis, by Edward Latham Ormerod, Esq., scholar of Caius College, Cambridge. Communicated by George Burrows, M.D.

The general object of this paper was to shew the existence of a murmur in the pulmonary artery in certain cases, and to draw some inferences as to the nature of such cases. A murmur was presumed to have its seat in this artery, when it could be traced from the left edge of the sternum in a line from the third intercostal space, or a little higher, towards the middle of the left clavicle for about two or two inches and a half. To prevent any collusion from alteration of the size or situation of the heart, or confusion of sounds, cases of recent disease only were employed, and of these only such as allowed the murmur in the pulmonary artery to be accurately defined at one time or another.

There were two classes of these: those, namely, in which some or all of the murmurs had disappeared during the progress of the case, and those where no change had occurred, so long as the patients continued under observation. The different observations made of these cases were registered in a tabular form, which the nature of things did not allow being read to the society. The numerical analysis of the cases, as far as the murmurs were concerned, will not allow of abridgement, but it was shewn that the murmur in the pulmonary artery was one of the earliest to develop itself, and the last to disappear.

The cases were next considered as to the nature of the disease during which the murmurs appeared. They seemed generally divisible into two classes, namely into anemia with its kindred maladies, and acute rheumatism. The former class was passed lightly over, to allow more time for the consideration of the latter, on which indeed the practical interest of the paper rests.

It appears that a murmur of the pulmonary artery may, in an enormous majority of cases, be considered independent of organic disease, and further, that it is *possible* that the cause producing a murmur in the pulmonary artery may be identical with that producing a murmur in the aorta. It is generally admitted, as far as concerns adults, that murmurs are producible in the direct ratio of the attenuation of the blood, and such attenuation is known to attend acute rheumatism, depletion, and the use of mercury, as well as chlorosis. So there is at least a possible cause of a murmur in operation in these cases. All this, however, is to be viewed with great suspicion, when we remember the frequency with which the valves of the heart really are affected in acute rheumatism, and consider that there may be an anemic murmur in the pulmonary artery at the same time as an organic one in the aorta.

A general probability is rarely if ever applicable to an individual acute case, so that the recognition of this murmur cannot help us much under such circumstances; but when the acute stage is past, we may find in it a means of discrimination between the general and local effects of diseases—the curable and the incurable. The diagnoses between functional and organic murmurs of the heart, so far as auscultatory signs are concerned, rest chiefly on the variable or fixed situation of those murmurs. The value of this sign turns on its allowing us a more extended field of observation; and for a lengthened period. The acknowledged difficulty of the subject renders us willing to accept the assistance of a sign which is offered, not in disparagement of what we already employ, but in aid of them.

Dr. C. J. B. Williams remarked that it was not possible rightly to estimate such a paper as that which had just been read in abstract, as the cases and the tabular information would require careful consideration. If, however, he had not mistaken the meaning of the author, he implied that there was a certain mode of diagnosis between the murmurs resulting from a diseased state of the valves

of the pulmonary artery and the aorta. As he (Dr. C. J. B. Williams) was the originator of that plan of diagnosis, he would wish to state the results of additional experience both as showing how far that opinion was correct, and to what extent also he had been led to modify it. If the murmur with the first sound of the heart be heard at the middle of the sternum and along its upper part, and also in the carotids, it might be fairly regarded as arising from obstruction of the aortic valves, and that too whether it was heard the louder at the left or right margin of the sternum, as it may be heard in either situation, the variations depending on the position of the heart, the density of the intervening parts, &c. It is not, however, a necessary consequence that a murmur unattended by all these characters, should be pulmonic. When the murmur arising from diseased aortic valves is slight, it may be recognised at the middle of the sternum, and yet not be powerful enough to be audible in the carotids, unless something should occur to excite the heart's action, in which case it will be perceptible in the vessels of the neck, and its connexion with a diseased aorta rendered no longer doubtful. This state generally occurred in anemia, in consequence of the vessels being only partially filled, and therefore rendered bad conductors of sound; and such he (Dr. C. J. B. Williams,) was apt to believe was the case in the majority of Mr. Ormerod's cases, in which the pulmonary murmur was supposed to have occurred. He (Dr. C. J. B. Williams,) did not agree with Dr. Hope, on either anatomical or pathological grounds, that the pulmonary murmur could be heard in the situation of the valves, and to the extent of two inches and a half upwards to the left side; nevertheless, he still thought it possible to diagnosticate cases of pulmonary murmur. If the sound were audible in the middle of the sternum, and not below the left breast, nor at the summit of the sternum, nor in the vessels of the neck, at which, however, the natural double cardiac sound was nevertheless audible, then there would be reason to judge such murmurs to be pulmonary. He had met with a few cases in which this peculiar murmur could be recognised, but these were decidedly rare, thus corresponding to the rarity of lesions of the pulmonary valves discovered after death. He had also heard it in connexion with disease of the lungs, and sometimes accompanied by bellows-sound diffused at the root of the lung. In general, murmurs heard at the middle of the sternum originated in the aortic valves, and unless Mr. Ormerod could shew by additional evidence that his cases were not connected with a diseased state of that vessel alone, he, (Dr. C. J. B. Williams) could not regard them as substantiating his (Mr. Ormerod's) argument.

Dr. Copland was gratified at hearing the remarks which had just fallen from Dr. Williams, because he (Dr. Copland) had some time ago, in the article on "the Heart," published in his Cyclopedia, differed in opinion with Dr. Hope on the diagnosis of these murmurs, and he then gave a summary of the views which had just been stated by Dr. Williams, in every one of which he fully agreed.

Dr. George Burrows was desirous to draw Dr. Williams' attention to the fact, that the observations of the author related to the occurrence of pulmonary murmurs, produced by functional disorder, such as those produced by anemia, &c., and not by structural disease. Although the latter are certainly rare, functional disorder is far from being uncommon, and might give rise to the murmurs described by Mr. Ormerod.

Dr. Copland observed that the difficulty in these cases of referring the murmurs to their seat, arose from displacement of the heart, from various causes.

Dr. Theophilus Thompson was of opinion, that a source of error might be found in murmurs arising from the aorta, which from certain peculiarities they presented, might be supposed to originate in the pulmonary artery, and in illustration of his remark, he referred to the case of a young woman, who had been recently a patient of his, and in whom he could distinguish a murmur between the base of the heart and the left clavicle. It was not audible in the carotids, nor on the right side of the sternum, but was chiefly perceptible about an inch or more to the top of the sternum, and in the second intercostal space. He thought this sound was produced by some cause connected with the arch of the aorta, but there were several symptoms in the case which rendered even that opinion doubtful, and it was ultimately removed or at least masked by the puffing respiration caused by a large cavity in the lung. When the body was examined after death, the heart was found to be higher up than usual, but its inner surface and the valves were healthy. There was some deposit on the surface of the aorta. There was also a large cavity in the left lung, and a considerable effusion of lymph on the pleura, more marked at that part of the membrane which was in contact with the pericardium. Dr. Thompson thought that in this case, from the situation of the murmur according to the account given by the author of the paper, it might be regarded as produced by the pulmonary artery, and might therefore be taken as a proof that it is not always possible to ascertain precisely the situation of such a murmur.

Mr. Ormerod stated that the murmurs alluded to certainly were not in the aorta, and it remained for those who said they were not in the pulmonary artery to show where they were. That the situation of the pulmonary artery allowed its murmurs to be heard at least as clearly as did that of the aorta. And that such murmurs really could be heard there, was proved in the only two cases of disease of the pulmonary valves with which he was acquainted, by a direct diagnosis having been made by attention to the rules laid down by Dr. Hope. The preparations were in the museums of St. Bartholomew's Hospital, and Cambridge University respectively.

Dr. Williams in reply stated that the ordinary causes of murmurs arising from functional derangement are an attenuated state of the blood, and an inflammatory irritation of the cardiac orifices, both of which would have more influence on the aortic than on the pulmonary valves. The attenuated state of the blood would certainly be shown by murmurs at both orifices, but it would be more evident at the aortic, as the rush of blood was greater there than at the other; and the other cause, inflammatory irritation, would from the same reason, be more marked at the aperture of the aorta, and also because that part is more liable to take on inflammatory action than is the pulmonary artery.

Mr. Ormerod said, that as Dr. Williams justly remarked, the paper could not be judged of without examination of the facts recorded in the tables, but that there he felt sure proof would be found that all sources of fallacy had been obviated by a careful selection of cases. That it had been clearly ascertained in all these cases that a murmur could be heard definitely in the situation described, and that the position of the apex and sigmoid valves had also been carefully ascertained.

Dr. Kingston observed that the use of the stethoscope alone is not to be depended on in attempting to ascertain the situation of murmurs in the chest connected with the heart; the previous history of the case should also be taken into consideration, and by its means the difficulty of diagnosis between affections of the right and left sides of that organ would cease. If the sound which is heard has followed inflammation of a rheumatic origin, or other primary disease of the heart, it might in general be regarded as caused by a diseased condition of the valves of the left side, but if on the other hand it succeed chronic disease of the lungs, it is in all probability produced by dilatation of the right side, the result of obstruction to the circulation caused by the diseased state of the lungs. The character of the pulse, with other general and local symptoms, especially those connected with the carotid arteries and jugular veins, will aid very materially in forming an opinion as to the nature of the existing disease. The stethoscope should not be regarded in such cases as the sole means at the command of the practitioner to enable him to form his diagnosis of the case.

Dr. Burrows said that it should be borne in mind that the author had not attempted to lay down any rules for the diagnosis of diseases affecting the right side of the heart. He expressed his surprise that Dr. Williams was so diffident in pronouncing an opinion respecting these murmurs at the orifice of the pulmonary artery. In advanced disease of the heart it certainly was difficult of detection, but not in recent cases, such as those detailed in the paper. He (Dr. Burrows) could see no reason to doubt the existence of the pulmonary murmur in these cases. It had fallen to his lot to observe in certain stages of rheumatic fever, a murmur at the commencement of the pulmonary artery, which had not been previously described. He thought Mr. Ormerod's paper one of great practical importance, more especially if there could be found in his cases any one sign, by the occurrence of which we might be enabled to give a more favourable prognosis than usual.

Dr. Taylor observed that as the time of the society had just expired, he would detain them only while he made some brief observations on one or two points. With respect to one of the indications of the seat of the murmur, alluded to in several cases noticed in the communication which had just been read, he thought it had not been sufficiently considered by Dr. Williams. The murmur was said to have been heard on the left of the sternum, over the base of the heart, to the extent of from two inches and a half to three, in a line drawn from that part to above the middle of the clavicle. If then this murmur was caused by disease of the aortic valves, as it was heard so far in the course of the arch, it should be also audible in the carotids; if however it were connected with the pulmonary valves, then, bearing in mind the course of that artery, and its situation deep in the chest behind the aorta, it becomes probable that a murmur so loud as it must necessarily be, if it originated in the aorta, must be perceptible also in the vessels of the neck at the same time. He (Dr. Taylor) was fully persuaded, however, and in this he agreed with Dr. Williams, that the fact of a murmur heard in the middle of the sternum, and unaccompanied by the same sound in the carotids, did not of necessity show that disease of the aortic valves was not the cause thereof. He (Dr. Taylor) did not wish to express an opinion as to the correctness of the diagnosis in Mr. Ormerod's cases; there was some apparent doubt attending them, and it would be requisite before coming to an opinion, to institute a careful examination of the cases which were reported, but he thought it right to add that during many years in which he had paid considerable attention to diseases of the heart, he had never seen an instance in which the existence of a murmur could be traced to disease seated either in the tricuspid or pulmonary valves. He had found a diseased state of these valves after death in several cases, which perhaps, might during life have caused such a murmur as that described by the author of the paper, but as the heart had not been examined during the life-time of the patient, the existence of such a murmur had not been ascertained.

REVIEWS.

A Physiological Essay on the Thymus Gland.—By John Simon, F.R.S., &c. &c. Renshaw, 1845.

We need hardly remind our readers that a sum of £300. was willed by Sir Astley Cooper to be awarded, every three years, to the author of the best essay elucidating some of the dark points in physiological anatomy. The subject first fixed on was the Thymus Gland; one affording an ample field for research,—nothing definite being hitherto agreed on by physiologists. The author of the essay before us is the fortunate winner of the maiden prize, and in our judgment he richly deserved it.

Passing over the first chapter, which contains much historical research, we proceed to lay before our readers a summary of the facts elucidated, and the views our author has founded on them. The more minute details of the external anatomy of the Thymus glands are wisely omitted, being previously well known; and Mr. Simon at once proceeds to the mode of develop-

ment of its structure. The thymus gland may be seen by the naked eye, or at all events, in fœtuses by a simple lens, one and a half inch long; and by careful manipulation under the microscope, it may be traced in fœtuses of half-an-inch in length.

The earliest form in which I have discovered it has been that of a simple tube; lying in the animals I have mentioned, (swine and oxen) along the carotid vessels, and surrounded by the faint indications of nascent areolous tissue. The contents of the tube are seen, (with a magnifying powder of 400 diameters) to be granular and dotted, but do not as yet shew distinct corpuscles. Its figure is defined by the abrupt outline of the membrane, which constitutes its wall; an exquisitely delicate, transparent homogeneous tunic, presenting at regular intervals, slightly elongated thickenings in its substance.

Mr. Simon's researches refute the views of Arnold and Bischoff, that it is a process of the respiratory mucous membrane, or, that it has any connection with the thyroid body.

The second stage in the progress of its development is in analogy with the mode of growth attributed to the true glands; the tube bulges at certain points of its length on one side or the other; and gives origin to diverticula or follicles, which maintain their connexion with its cavity. * * * In the portions of the gland where they are most thronged together, these may be seen in profile forming a series of flask-like appendages to the tube.

The follicles next begin to ramify, two or four sprouting from the fundus of the old one. These again sprout, forming bunches, connected to the primary tube by the stem of the first follicle; so that the permanent structure of the gland may be named "*tubulo-vesicular.*"

Sir Astley Cooper by injecting the substance of the gland, and Mr. Simon by following its development, both arrive at the same opinion, viz., the persistence of a central cavity; i. e., "the above-described primary tube, which, though increased in size, is yet hidden from casual observation by the abundant peripheral off-shoots developed from it; and which, when exhibited by the former modes of preparation, had been seen with a deceptive exaggeration."

With regard to the important question of the period of its greatest development, Mr. Simon gives a table containing numerous experiments by Haugsted with twenty-four original observations, in all sixty-four; from these he deduces the fact, of its greatest development occurring after birth during "the age of early growth."

The general and rough results of the examinations in the human subject, seem to be the following · 1st. During the period next succeeding birth, the activity of the thymus is remarkable; it increases considerably in size, becomes tinged with secretion, and its specific gravity is lowered by the greater fluidity of its contents. This first growth is far out of ratio to the general increase of the body. 2dly. For several months, it continues to increase at a diminished rate, and merely in proportion to the general growth of the body; its further enlargement ceases about two years after birth. 3rdly. From this time, during a *very variable* number of years, it remains stationary, and, supposing the individual to be adequately nourished, gradually assumes the structure of fat. 4thly. The duration of its decay, and the epoch of its entire vanishing are still more uncertain; about puberty, it seems in most cases, to suffer its chief loss of substance, and to be reduced to a vestigiary form.

The full account given of the development, prevents the necessity of dilating on the mature structure; "for the arrangement of the cavity of the gland is but a complication of the tubulo-vesicular form of its early growth, and the wall that cavity is but the same homogeneous membrane, which bounded it from the first period of its distinct existence."

The cavity contains a fluid, floating an immense number of microscopical corpuscles. Chemical analysis shows the fallacy of the theories of Tiedemann, Arnold, and others, that the thymus is a receptacle for carbon before respiration has commenced, as it contains no more carbon than blood, muscle, &c. It is impossible to obtain a sufficient quantity of its secretion for chemical investigation, without some portions of the gland itself, but its ultimate composition may be almost expressed by the formula for practice. We may therefore, "venture to describe the secretion of the thymus gland in the young animal as nutrient matter."

To the study of the comparative anatomy of the thymus, Mr. Simon has devoted great pains, and the general result of his dissections is the discovery,—"That the thymus gland belongs, without exception, to all animals breathing by lungs, and to no others;" and in hybernating rodentia it becomes a persistent organ, and is filled with fat.

We have now a chapter in which our author passes in review the structure of the true glands in general, and their stages of cell development in order to compare them with the same processes, in the glands without ducts, as a natural family.

In the thyroid body, the habitual stage of all development is that of the dotted corpuscles, which are seen floating in the pellucid fluid that fills the natural cavities of the gland.

These are analogous to the cytoblasts of the true cells, and in some instances the cell membrane may be developed.

In the supra renal glands there is likewise a considerable range sometimes for differences of structural development. Generally, however, the cytoblast remains undeveloped. There may accordingly be traced in these bodies all the steps of cell growth. 1st. The free cytoblast, next the definite arrangement of molecules round it, as their centre; and thirdly, the inclusion of all within a membrane which completes the cell.

In the spleen cells never occur with any approach to perfectness; the well known Malpighian vesicles consist entirely of mere dotted corpuscles, lying bare within a capsule of arterial capillaries.

In the thymus, one would at first believe a similar low stage of cell development to be universal; for, in examining the contents of the gland in early life, one finds no trace whatever of complete cells. It is however shown, that under certain circumstances, the ultimate structure of the gland undergoes a change, in the course of which its dotted corpuscles evince their true nature in the clearest manner, by entering, as genuine cytoblasts, into the structure of nucleated cells.

The *limitary membrane* admits of demonstration in the glands without ducts, co-extensively with its existence in the true glands. In the thyroid body, where it is very strong and distinct, it assumes the arrangement of closed vesicles.

In the supra-renal glands, the limitary membrane has an inferior, though often distinct development.

In the Malpighian bodies of the spleen, the limitary membrane is absent.

In the thymus gland, the reader will identify it with that single diaphanous membrane, which, in early embryonic life, formed the primary tube of the nascent gland; he will remember how, by bulging and branching, it formed a ramified follicular system; and how it has been seen to constitute in the mature organ, the exact boundary of the parenchyma.

The ultimate distribution of vessels is the same in the glands without ducts, as in the true glands; it consists in "the distribution of a perfect capillary net-work around the assimilative elements."

The chief difference existing then between the true glands and those without ducts, is, that the true glands secrete cells as a general rule, whereas in the glands without ducts this is only exceptional, the cytoblast not being generally developed into the cell: and from the peculiar arrangement of the limitary membrane, the secretion is confined within the cavity of the gland.

Our author presents, therefore, the following general facts:—

First, that in most animals, the gland only occurs temporarily. The secreted matter then presents itself in a fluid form, and is related to the universal material of nourishment, the liquor sanguinis, by the closest affinity of ultimate chemical composition. Secondly, that in some animals, after discharging this temporary function, the gland gradually passes into the permanent exercise of a different, but analogous act of assimilation, and manifests its secretion *in the solid form of fat.*

The first occurs in young animals, the second in hybernating animals, previously to their winter torpor. "On a comparison of these instances, it is easy to say, what the conditions of hybernation and early life, have in common; in both, the waste of animal tissue is reduced to a minimum. The gland is never present without lungs, the period of its persistence bears inverse proportion to the muscular activity of the individual." Mr. Simon concludes therefore, "that the thymus gland fulfils its use as a sinking fund of nourishment in the service of respiration."

In conclusion, we must say, that from the close reasoning and general style of this monograph, as well as from the laborious research displayed, we have received a treat, such as does not commonly fall to our lot.

NOTICES TO CORRESPONDENTS.

A Subscriber, Bedford.—*The opinion of Dr. Davis has reference to the strict legal right to practice. But registration as Physician will depend, according to a letter from Sir James Graham, on the possession of a proper diploma as M.D. from any British or Irish Corporation, whose Charter empowers it to grant such a degree.*

Medicus, *referring to the "able and judicious letter" of Medico-Chirurgus in our last number, shares strongly in his condemnation of the plan of restricting to Physicians the title of Doctor, and maintains that in practice, clause 38 (making the assumption of the title, Doctor, by any but Physicians, a misdemeanour) could not be enforced—for the public feeling would be against it, and thousands may be Doctors without being Physicians. The possession of the highest diploma should not preclude—our correspondent maintains—the possessor from adopting that kind of practice which best suits the circumstances he is placed in.*

D. C. O. *has mistaken our meaning. We feel no hostility to the Glasgow "Faculty," but simply gave our opinion as to the state of the present law, and the probable effect of the New Bill on that body. The pamphlet was already in our possession, and as we do not know the name of our correspondent, we cannot return him the duplicate.*

W. P. D.—*The "Dublin Licentiate" will not register as a "Fellow of the Royal College of General Practitioners," unless resident in England. The steps to be pursued as to time and mode of registration, will be fixed by the New Bill.*

Acarus *sends us a sweeping denunciation of what he calls the "spiteful factiousness" and "miserable jealousy" of a "thick and thin" Medical Journalist, in Dublin. Our correspondent has not been well treated, but he stands precisely in the same case with all those who have been brought into similar unfortunate association. The extent of the circulation of the* Medical Times *in Ireland has entailed on us the tax of suffering the "jealousy" Acarus speaks of; but from studied silence—that speaks volumes—to unstudied vituperation that would utter daggers—we pass all by unheeded. It*

is the tooth of envy on the unhurt file. In the hope that Acarus will see, with us, the wisdom of patient forbearance, we shall postpone,—if we do not decline—his letter.

Mr. Greensell (Lewisham).—*The curriculum of the Royal College of General Medical Practitioners will be fixed by the New Council of forty-eight. What it will be we cannot yet of course say. We cannot, however, doubt that "Lectures" will be required.*

F. R. C. S.—*The sixteenth clause appears to us to give all General Practitioners who are forty years of age, the right,* ipso facto, *of being examined by a Royal College of Physicians, without any question as to the curriculum of study they may have gone through. M.D. and Physician are made equivalent in the Bill.*

Quiz *calls our attention to a resolution passed but in March last—three short months since—which Mr. Bottomely seconded. It run thus:*—"That this Meeting appreciating the laudable exertions of the Society of Apothecaries during the last thirty years, in the cause of medical science and education, and sensible of the advantages that have consequently been insured in the professional acquirements of the General Practitioner of Medicine—cordially acknowledges the benefits the Society has conferred both on the profession and the public. The Meeting desires further to express its thanks to that body for the disinterested conduct they have evinced in disclaiming any corporate or particular interest, while advocating the claims of the General Practitioner to *a separate and Independant Incorporation.* The Meeting trusts that the Society, at the present important crisis, will be ready to intimate to the Government its desire to be relieved as a Corporation, from any further control over medical affairs, and that it will use its best endeavours to forward the wishes of the great body of General Practitioners in securing their proper position in the present Medical arrangements of the Government." *Quiz asks, if the last College Manifesto, since published, was so satisfactory to Mr. Bottomely that it made him turn tail?*

Mr. Masters, Liverpool.—*The diploma of the "Faculty" at Glasgow will undoubtedly entitle the holder to register in England as a General Practitioner, and to charge for advice and medicine.*

M. R. C. S. and L. A. S.—*We have read this clever letter with much attention. We see nothing in the Bill to prevent gentlemen, now in practice, registering in a two-fold manner. First, as "Fellows of the Royal College of Practitioners," under clause fourteen; and secondly, under all their present titles, whether as Physicians, Surgeons, or Apothecaries in the Supplementary Register, under clause thirty-three. No arrangement can be more just—none more sensible—none more universally satisfactory—and Sir James Graham will have the less objection to it, as fees follow each registration. This is clearly the meaning of the Act, and the intention of Government. To complete the arrangement, however, a short clause would be useful to say, that the General Practitioners now in practice, might recover as such, though registered also as Physicians and Surgeons.*

The letter on "Medical Assistants" will be considered.

We are obliged to our Manchester Correspondent in reference to the hint about "Students," &c., and should more leisure offer, hope to communicate on the subject by letter.

Several correspondents address requests to the publisher in notes to the editor. The error causes much extra trouble in a quarter sufficiently visited by that unwelcome guest, and often frustrates the wishes of the writers. All requests about forwarding numbers, &c., should be addressed in special notes to the publisher.

Z. Z.—*Under the name of Associates, all Physicians, members of Colleges of Physicians—whether Fellows or Licentiates—appear to us to be included. The Fellowship of a Scotch College would give, apparently, the same degree as in an English College, on the removal of the possessor to this part of the country.*

Mr. Purdie's *advertisement about* £100,000, *required a shilling, he says, to be sent him, not a penny. Do our readers remember Canning's needy knife-grinder? We have not sent our shilling.*

The article on "Irish Asylums" shall receive attention.

H. A.—*An M.R.C.S. may register as General Practitioner.*

A General Medical Practitioner and Member of the College for Twenty Years *has heard the proverb, about looking "gift horses in the face." We must not be over-exacting. There is a point in the bead-roll of prayers and concessions when the most obliging gentlemen will turn restive. Our correspondent is in error in a few points. In our opinion, the "Preliminary Examination," which will not be* medical, *should be conducted by Members equally from the three Colleges, or by gentlemen totally unconnected with the Profession:* ex. gr., *some of the Examiners of the University of London. That no man without a good preliminary examination should be admitted to a learned profession, is a piece of obvious common sense.*

Dr. Nugent's *letter has been received. It shall be left at our office for the advertiser. We trust that our correspondent is not* very *sanguine about the* £100,000.?

A Second-Year's Student, Manchester, *who gives us his name, replies to a scurrilous attack on his professors, published in a "scandal-mongering" contemporary. The charges advanced are, we are assured, false and unfounded, and have no better support than the assertions of one or two first-year's students, irregular attendants of the hospital, and made splenetic by their failing to secure a third anatomical prize. The temporary stoppage in Mr. Davis's lectures arose from medico-legal investigations, which* forced *his attendance at Liverpool, and he offered to make up the missing lectures, but failed to muster a class for the purpose. The accusations against Mr. Turner and other gentlemen who have grown "grey in professional services," are said to be equally well-founded, and any incivility of the nurses only showed that the conduct of the recalcitrant "juniors" did not recommend them to that respect* gentlemen *can always secure from servants. With this analysis of a very elaborate letter, made in our anxiety to shield professional teachers from light or wanton accusations, we must end this unpleasant subject.*

A Subscriber.—*A Scotch graduate, by registering in the Supplementary Register, will retain all his present titles and honours. A youth under* 21, *practising before* 1815, *cannot, on that title, register as a General Practitioner.*

Mr. Butler Lane *has not correctly apprehended the meaning of clause* 15. *It does not refer, in* fact, *to existing* members, *who may register forthwith as "surgeons." The truth is, that Sir James Graham, to complete the harmony of his Bill, and carry out his own intentions, must make the Fellows of the Surgical College* Doctors *of Surgery. We are aware of the strong feeling of Sir Benjamin Brodie, and the Council generally, to the title of "S. D.," but they will find it impossible*—actually *impossible—to limit the term surgeons, either in this generation or the next, to Surgical Fellows. The gentleman who sets a fractured limb or amputates a thigh is a surgeon, and will be called so as long as words carry a meaning. In the former Bill there was a clear design shown to restrict the title "surgeon" to the Fellows. We denounced the project at once as palpably impracticable, as well as seriously unjust: and so strong was the feeling against any such design that an official assurance became necessary to the effect that existing members might retain their title of surgeons. This liberty continued, and expressly provided for in the present Bill, destroys every possible chance of restricting at any time, no matter how distant, the term "Surgeon" to the Fellows. If the "Fellows" must be registered as a class distinct from the Members, they have no choice but to register as "Doctors of Surgery." They cannot, and ought not, monopolize a term which, in its ordinary meaning, is applicable to every properly educated medical man. We are quite conscious that from the jarring claims and interests of so many classes of Practitioners, every arrangement must have its difficulty; but we much mistake if the old-fashioned arrangement we have suggested, would not simplify many troublesome complications, and leave the fewest persons dissatisfied.*

A Well-wisher.—*An M.R.C.S. with a diploma before the Bill become law, is allowed by the present scheme to call himself "Surgeon." The "Apothecary" may either so designate himself, or as "General Practitioner."*

Chirurgus *sends us some strictures on the* Medical Gazette, *which declined to publish a letter of Medico-Chirurgius, controverting that journal's policy. The censures seem to us—we regret to say—not entirely ill-founded, but pre-engagements preclude our admission of the letter.*

Mr. Davis.—*Gentlemen now entering as Students will depend on the decision of the Council of Health, as to the recognition of any claim to be exempt from the New Act.*

Numerous letters have been received, not here noticed. The writers will either find them answered in our other replies, or obtain consideration for them in our next.

Several communications have been received, which will be carefully considered. Some papers are unavoidably omitted, which will appear next week.

T. W. W.—*Yes.*

M.D.—*The new Physician will register as a Physician, and get the benefit of that registration; and no more.*

In answer to numerous correspondents, we have to announce that the action brought by Mr. Wakley against this Journal, is yet to be tried by "Writ of Inquiry." A question is now pending decision, whether that writ of enquiry shall be executed before the Court of Exchequer or not.

M. D. (Edinburgh).—We have no time to indulge in the luxury of sending private notes on public business. The questions put are answered in a former notice. Gentlemen must overrate considerably our love of writing when they fancy that in addition to the heavy mass of writing imperative duty imposes on us, we can gratify our cordial love to our tens of thousands of subscribers by addressing them private notes. It would be a great pleasure—but unfortunately is beyond our reach. We have not the arms of Briareus and when two eyes close, we have no others to see by.

A West Essex Surgeon can register as a General Practitioner if the Bill pass, or as a Surgeon—without any further examination.

Mr. C. S. (Greenwich).—The Jena degree will prove worthless, being simply the product of a purchase. It never was worth anything and never will be. C. S. may register as a Surgeon—or if he wish to register as a Physician—must procure a diploma as M.D. by examination before the bill pass.

THE MEDICAL TIMES.

SATURDAY, JUNE 7TH, 1845.

"Omnes qui magnarum rerum consilia suscipiunt æstimare debent, an quod inchoatur reipublicæ utile, ipsis gloriosum, aut promptum effectu, aut certe non arduum sit. Simul ipse qui suadet considerandus est adjiciatne consilio periculum suum; et, si fortuna cœptis affuerit, qui summum decus acquiratur."—TACITUS.

MONDAY is fixed on for the next Parliamentary movement on Medical Reform. We look forward to that evening's performances with an interest heightening as the drama approaches its *denouement.* The plot is palpably thickening; agencies coming into play more complicated and enchaining; incidents hourly multiplying; intrigue, hate, opposition, support, are assuming new aspects, and between us and the final wind up of the tumultuous comedy or tragedy, all is darkness! There stands between us and the *denouement*, a veil so impenetrable that even the lights and shades in the career of a Wakley, or the more fortunate Joseph Ady, might be safe under it.

Shall we have a bill or not? A new College or not? A settlement of medical grievances or not? These are the dark questions to be decided within the next four days, by fierce warfare between no uninteresting or weakly combatants. On one side is marshalled a diversified host—all who hate the Bill for any cause. *There* will be found the dignified Corporators, who, feeling things right for them, believe their creed, that things are right for all others,—optimists in faith, through the most irrefragible of convictions—interest, who resist the heresy of improvement with the fervour of martyrs. There, also, are the dreamy creators of Utopian perfections—worthy men!—who would reject heaven itself, if

their fancy could pourtray to them something better. And with them may be found your men of crotchets, who cut blocks with razors, and see a zigzag in the straight line of a mathematician. And your persons of weak intellect, who fear phantasies of their own conjuring, and take up the current delusion of the hour. And finally, there may be discerned your busy, vulgar fellows of low virtue, who have a traffic to make, or wounded vanity to avenge. Not small that moving flood of men, and not beneath a study the active head whom the fermentation of circumstances has worked up like unburdened froth on the topmost surface. Never was a man more fitted to command a low troop of political freebooters permanently, or to make even a larger and more diversified band effective for a sudden service. Not wanting energy—courageous to a fault, where there is no *personal* danger—unhampered by one needless punctilio as a gentleman—unfettered by one unnecessary scruple as a moralist—full of small expedients and *ruses* as a smuggler-leader or guerilla-general — capable from his intimate, sympathetic, knowledge of low human nature, of miraculously managing the most discordant group of *mauvais sujets* the Profession could muster for him; in short, a reduced and rather clumsy edition of Belial—except, of course, in all that is "infernal" in the description

——---- False and hollow, though his tongue
Dropped manna, and could make the worse appear
The better reason to perplex and dash
Maturest counsels, for his thoughts were low,
To vice industrious, but to nobler deeds
Timorous and slothful; yet he pleased the ear.

Such is the array—such the leader to be marshalled against the new Bill.

Who oppose them? The main mass of the Profession. The Physicians and Surgeons of Ireland and Scotland, almost without an exception, with a great proportion of those of England, including about two-thirds of the body of General Practitioners. The force for the Bill shews numbers and respectability, but no enthusiasm—not much energy—no great cohesion. They side for the Bill, but partially, and then on grounds different, and sometimes conflicting:—are not, in every case, proof to a sophism—rely on no man's honesty very implicitly, suspect, and soon have their confidence shaken, and though good sense and fairness form their general characteristics, and promise, for desert, a sustained, if not very obtrusive advocacy, it may yet be owned, that the metaphor of a rock will not be at all too weak to express the probable strength of their support. Outside the House these gentlemen own generally for their leader the Committee of the National Association—a body of straight-forward, pure-minded, and highly-respected citizens, whose maxim would appear to be—

Fais ce que dois arrive que pourra.

Quiet, gentlemanly, family men, unused to public broils, they shrink from, and in that proportion invite, the antagonism that circumstances force on them, and in a war carried on *à l'outrance* feel happy—possessing giant powers to a pigmy's—if they can maintain safely the defensive. Moderate to tameness, their forbearance is attributed to timidity, and honest and unguarded to simplicity, their virtue is ascribed to folly. But time teaches; repeated danger warns; the unused vigor that might have ended annoyance, must now be applied to save existence, and the Committee, forced at last to the critical struggle, may rise to the daring of owning friends with gratitude, repelling foes with energy, and securing not only safety for themselves, but shame and discomfiture for their assailants.

The Bill's fate rests on them; they have truly an important part to play; but, most of all, it rests on that Parliamentary Leader whose fortunes are as much in the struggle as theirs. Wary—armed at all points—an eye that, under the guise of easy carelessness, sees the least glimpse of a weak point, and a vigor of throw that sends the ready dart with fatal accuracy straight to the uncovered spot, his warfare will not be dangerless. Let the General Practitioners support his amendments against the mal-content corporators, and Graham will make small work of Wakley. As well set a brawny pugilist against the accomplished master of the rapier. Graham's polished sarcasm will pierce the noisy mountebank through and through—were sensitiveness even as case hardened as conscience. But will the General Practitioners stand by the Minister? Will they reward the industry—the amenity—the good disposition—the readiness to concede—which, taken altogether, he has largely shown in their service, by giving him the gratification of passing his Bill at last? This is the problem yet to be solved. Our opinion is, that the General Practitioners, feeling that he has come into their terms quite as far as we may reasonably expect that, in *one* law any *successful* legislator can, will rally round him, and—a few details apart—triumphantly carry the Bill.

SHALL THE BILL BE LOST?

Is it advisable that the further consideration of the medical question be deferred to another session? Deliberate reflection says no! The present opportunity must not escape us. If the General Practititioners miss it, *years* (who knows how many?) will elapse ere a conjuncture so favourable will again present itself. On the one hand, we cannot hope that such an amount of professional talent and energy will a second time be brought into the field, and, on the other, beset, as the subject is, with difficulties of a peculiarly intricate and harassing nature, the minister might not be sorry to avail himself of a reasonably good excuse for postponing it *sine die*. We cannot, therefore, agree with our contemporary *The Times*, that the General Practititioners have everything to gain by delay. They have risk—very perilous risk to gain and nothing else. Should Sir J. Graham throw up the subject in despair, who else is likely to entertain it? or, should any other person, at a future period, introduce a measure of his own, what prospect is there that he would propose as much for us—much less *more—successfully?* Legislation is like architecture. A low fellow of bad character may destroy fifty measures but cannot build up one. There are those who think that by delay the General Practitioners will obtain still further concessions from the Minister. Anxious as we are to see full justice done to that important body, we must not conceal from them our opinion that they have obtained far more than we could have anticipated. Circumstances have been extremely favourable to them. The concessions already made to secure their acquiescence have roused into activity the Councils of the Colleges and of the Pharmaceutical Society. Sir J. Graham has exasperated them to satisfy us. If any division arise in the ranks of the General Practitioners, Sir James will be powerless for resistance; our cause will be lost in his weakness; and we must henceforth be content to remain in the unsatisfactory and equivocal position we at present occupy.

Another motive, which induces many to desire a postponement of the question, is a lingering hope that a reconciliation may yet be effected with the Council of the College of Surgeons, and that that refractory junto may yet be the seat of a General Practitioners' incorporation. Until the promulgation by the Council of their last ukase or manifesto, or whatever else that extraordinary production may be termed, we too had entertained the same hope, but with that document before us, the hope, and the desire too, has vanished. The recent Charter having been granted, in compliance with the 'humble petition' and 'earnest prayer' of the Council, it could not, we believe, be modified or repealed without the consent of every individual composing that Council. But their final decision is doubly complete. It makes accommodation as impossible on our sides as on theirs. It is no longer even desirable. Such persons would be a dead weight on any institution. With men who have endeavoured to stamp with inferiority a large class of their professional brethren, and who 'in the eye of the light, and in the face of the sun,' have avowed a gross abuse of faith and confidence, making for fees surgeons one day, whom for their own repute they deny to be surgeons the next—with such men we feel there never can be established an alliance either close, or honourable, or useful. Whatever we hold from them and value, we have held at their despite; and *now* we would be sorry to hold it on any other tenure. They cannot dispossess the General Practitioners of any corporate privileges they now enjoy as members of their College, neither can the law,—but what are their *privileges* that *gentlemen* and men of science should stand on them? The right of assuming a title, "Surgeon," which those who give it say we do not deserve—the use of the library, and an access, in common with the public generally, to the museum! These, with the addition of one or two courses of lectures delivered every year, constitute the sum total of corporate (?) privileges enjoyed during the present century by the members of the College, and for these they have paid about ten thousand pounds a year! Now what are such privileges compared with those proffered and the prospects opened by the proposed new College? Electing, like freemen and gentlemen, their own governing body, enjoying, *commanding*, a professional home, where, instead of being admitted as valets, they *abide* as masters—where they may assemble, and as contingencies arise, discuss matters relating either to science or medical politics, in this view, each member will be conscious that he counts this present state of things for something, and will feel prompted to seek the distinctions and places now laid open to a free exercise of his intellectual energies. A College school would soon spring up, the posts of examiners would be warmly contested—a museum, dedicated to every department of medicine and the collateral sciences, would early make its apparition—a library equally comprehensive would follow—prizes would be offered—professorships and scholarships endowed—and Medical Practitioners be brought in view of a new scientific era. A College of General Practitioners thus garrisoned, comprising as supporters the most important and numerous class of the profession, commanding ample resources wisely applied, having a Council elected on a free and representative principle—a College thus founded and conducted would, we conceive, attain ere long an eminent position in the estimation of the profession and the public. As its resources multiplied and its strength increased, it would gradually sap the foundations of those corporate establishments persisting in their old exclu-

sive systems, and on the occasion of any future remodelling, called for by advancing science, might become the corner-stone of a great National Faculty of Medicine. Physicians and pure Surgeons, who really seek an improvement of their institutions, on the liberal principles that suit the present day, will be as much interested in the success and grandeur of the New College as its own members. In the scientific elevation of so large a portion of our body the whole profession would rise.

TO THE PRACTITIONERS OF MEDICINE AND SURGERY IN THE PROVINCES.

Gentlemen,—In addressing you at this crisis, I am reluctantly stepping out from that retirement which for some time past I had imposed upon myself, in the expectation that the labours of the Committee of the National Association would terminate auspiciously for the profession; and that my humble services would not again be of use, either to support a good cause or to denounce a bad one; but recent demonstrations have rendered it a duty incumbent on every man, not utterly apathetic to the issue of these stirring events, to declare his opinions on the main questions involved in the Amended Bill of Medical Reform.

I feel impelled to adopt this proceeding, since I find that numerous individuals of intelligence and spirit have declared in favour of the new movement at the Freemasons' Tavern; and who, while condemning the Bill, betray a singular mental mystification, if not a total ignorance of its provisions. Some of these gentlemen formerly subscribed for the establishment of a new and independent college, and now, with ridiculous inconsistency, revoke, "in toto" their former declaration, —others of a more hesitating character, but with more judgment, would still rejoice to see a new college instituted, provided equal terms with the existing colleges of physicians and surgeons were guaranteed.

Now, gentlemen, the first order of individuals should never have joined the National Association, and will do as little credit to any new society, as they conferred on the old one. Of impressionable characters, energetic dispositions, and without fixed principles, they are obedient to every new impulse, and willingly submit their judgments to the caprice of the moment, or to the dictation of abler men. That such men are, we lament; but if they do harm the fault is ours.

It may be said, and has been said, that many of these individuals joined the National Association with the view of declaring contrary views to those entertained by the committee, and authorized by the majority of the members. But this a mere sophism: and, if true, was not the most honourable mode of conducting a political warfare. I am satisfied, however, that this class of individuals is a very small minority of the profession, and does not possess the regard or the sympathies of the well-informed, intelligent, and single-minded persons of whom the profession can so proudly boast.

Now, gentlemen, let me draw your attention to the provisions of the bill, which you hold in so much distrust, and which you have esteemed so thoroughly obnoxious as, on this account, to withdraw from the National Association. Even if you should be right, this act of petulance must incur its own punishment. Respecting *your* opinions, I trust that you will give mine a patient consideration.

Let us cast away all paltry and narrow-minded jealousies,—all the wretched instincts of malevolence and suspicion,—regard each other with a generous and amicable spirit, and repudiate those heartless recriminations, and selfish intrigues which, as unwise as they are dishonourable, can injure those only who expect to make them the instruments of their own advantage. I say this without reference to individuals or to parties:—for which side can declare itself blameless?

Various protests against the Bill have come up from the provinces, and among these, one the most important from the practitioners of Manchester, in which objections are strongly directed against the constitution of the joint board; by whose influence it is feared the college of general practitioners will be placed in a degraded position. The universal demand is for the admission of a suitable number of general practitioners to this board, and I am confident that the demand will be conceded if pressed in a proper spirit and manner, through the representations of the committee of the National Association, sustained by the zealous support of their members. I will affirm, what is an old truth, but which of late seems to have been strangely forgotten, that by such united support, medical men will find themselves in a much stronger position to command such concessions, than if they work in distinct associations, with divided resources and divided objects. Nothing but injury, defeat, and dishonour can attend divided councils.

The sole aim of my struggles has been to combine all reformers upon some common ground,—to remove asperities,—to induce mutual sacrifices, —to grasp some general principle of agreement, and work harmoniously together for its accomplishment. I cannot, therefore, regard the present dissension without alarm. Revert to experience, —the evidence of a few months,—what real advancement was made,—what tangible and specific object was pursued, until the National Association organised their thousands under the banner of a new and independent incorporation?

This was, from the first, their declared object, however doubted or gainsayed; and in the committee of the "Medical Protection Assembly," I and other gentlemen, for the sake of union, and with an urgent conviction of the necessity and propriety of the movement, advocated coalition on this principle. Difficulties afterwards arose between these bodies,—evoking personalities and mutual suspicions; nevertheless I still entertain the opinions I then enforced, and since the National Association is the only one that could ever embody the principle,—give it an active and progressive power, and promise an early and honourable termination of our struggles, I have subdued every private feeling, and now earnestly advocate co-operation with that body,—not to support what is bad in the Charter or the Bill, but to remedy both, and to obtain as much good, and to avert as much evil as may be within the power of an united, intelligent, and consistent body of men.

Much has been said and written about the degradation under which the General Practitioners will labour by the grant of a "liceat" by the Joint Board of Examiners. I cannot whine in so doleful a tone—I hold no such melancholy views,—I am not a political hypochondriac;—my imagination is not blackened by dismal anticipations of future oppression, nor by the steaming exhalations issuing from the caldron of party prejudices. How can the General Practitioners be degraded by what does not concern them? If after the General Practitioner had received his testimonial of qualification from his own college, he were compelled to submit to another Board of Physician-Surgeons for his licence to practice, there would, indeed, be a degradation, and the bitterest language of condemnation would be justified by the enormity of the offence.

The preliminary examination is simply a *student's examination*;—the liceat is, in reality, the mere testimonial of the proficiency of the *student*,—and is an awkward legal phrase, as incorrect as it is awkward, to express a very simple fact. If there be any degradation in the matter, it is the physicians and surgeons who are degraded, to whom such a preliminary office is assigned. There can be no question that the Board of Examiners of the College of General Practitioners is the *superior* Board. While, therefore, I contend that there is no degradation attaching to the General Practitioner by the constitution or powers of this Board, I would urge as a *right* that the General Practitioners should be equally represented there. I will not dilate upon the vast advantages which in my opinion will accrue to the profession and the public by the operation of this Board. I merely wish to show that the constitution of the Joint Board is not so highly objectionable a matter that we should on this account, insanely forego the numerous benefits we shall otherwise derive from the Bill and the Charter; and that the readiest mode of obtaining a change in its constitution, is by pressing our wishes in this respect upon the Committee of the National Association, and still retaining our adhesion to that body.

Again, serious objections have been alleged, and with justice, against certain provisions of the Bill, in reference to the title of Surgeon: but still much misapprehension exists even on this point.

It is most important that Provincial Practitioners more especially, should retain the title of surgeon, inasmuch as, by virtue of their title, they hold their appointments as *surgeons* to provincial hospitals and infirmaries, and with the loss of their title would lose their offices. I am, therefore, not at all surprised that you should express yourselves in an imperative tone in this respect; but, after all, does this Bill authorize any suspicion that the present surgeon will be deprived of his title? Certainly not: one clause of the Bill distinctly provides that every physician, surgeon, or apothecary, upon the payment of 5s. may be allowed to register as such, retaining by virtue of such registration all his previous privileges and immunities, in no wise affected by the provisions of the Bill. The surgeon will be in no worse position by the Bill, and certainly he will not quarrel and secede from the National Association, because it has not succeeded in placing him in a better! This body must try its influence again, backed by the unwavering, resolute, and enthusiastic remonstrances of its four thousand members. Nothing less than this will accomplish the end.

A question may be asked, whether as surgeons they will be permitted also to belong to the College of General Practitioners? I can certainly see no provision in the Bill to prevent this;—or even a double registration with double advantages! At all events, these points should be cleared up; and do you think you can effect this by dis-membering the National Association?

I grant too, the injustice of depriving the General Practitioners of the opportunity of holding the offices of surgeon and physician to our institutions, since the bye-laws of these Institutions specify such individuals as are qualified by these titles, which the future general practitioners will not possess. It is true that facilities are opened to the General Practitioner, ambitious of these honours, of qualifying himself in either respect after twelve years' practice, or when he has attained forty years of age: but this is not sufficient:—it is exclusive, and unfair, and places the badge of inferiority on the General Practitioners by legal enactment:—*it must be resisted!*

Gentlemen, your resistance will be vain and futile if you are dis-united. I implore you to consider your position well, before you listen to rash councils, or throw yourselves into an unavailing conflict. I know that when men's passions are once fairly embarked, we might as well attempt to arrest the falls of the Niagara with our five fingers as to check their impetuosity, yet I am not so gloomy a materialist as to suppose that you have not more intelligence than a rushing stream, and that you would thoughtlessly precipitate yourselves into an abyss, where, indeed, you might excite a great commotion, and much clamour, but where, certainly, you would be of no utility. We might stand by and wonder that there should be so much noise, and so very little advantage.

Do you suppose that you will ever obtain that reformation of the College of Surgeons, on an enlarged basis and equitable terms, which many of you desire? Never. Have you not struggled for it for thirty years, and what have you gained! A charter fraught with injury and degradation to the unprivileged members! For eighteen months you have denounced, and petitioned against this charter, and with what success? The council in their last letter treated your denunciations with contempt, and your petitions with official insolence. Have you then approached one step nearer to your wishes? You know that you have not, whatever weak and sanguine men may declare. And will you still pertinaciously continue a conflict which can bring on you nothing but disappointment, vexation, contumely and disgrace? There can be no doubt that a bold, ample, and fundamental reform of the College of Surgeons, by which this body might be constituted a College of Medicine and

Surgery, would be a most desirable object,—the evolution of a noble principle,—the accomplishment of our brightest hopes; but I firmly believe that that event was never more remote, than at this moment, and never more impracticable.

If we wish to effectuate any substantial good for the profession at this crisis, we must not be infatuated with metaphysical principles, nor shackled by ideal abstractions. The auspicious concurrence of circumstances,—the tendency of the moment must be seized, and our principles without being changed or abandoned, must condescend to forsake the character of naked abstractions, however graceful, and to clothe themselves after such a mode, as the evident and inevitable course of events may make necessary and wise.

We are foolishly told that a new College must be a *third estate*,—a degraded institution,—the last joint in the tail of medical bodies,—a corporation that can neither receive honour nor confer it,—in short, the lexicon of vituperation has been exhausted of all its ingenious and graphic phraseology to illustrate the coming birth. The profession can afford to laugh at these things. Those who affect to scorn the new College, must necessarily scorn also the respectability, talents, and acquirements of their professional brethren. It is an ignoble office, and if merit meet with its reward, will be duly repaid.

I have implicit confidence in the glorious potentialities which under the fostering influences of a new *Alma Mater* will be evoked from the professional mind. I have confidence in its seminal energies,—in its free emulative spirit,—in its expansive powers,—in its devotion to science,—in its intrinsic greatness, its destiny and its genius. The profession does not desire to *receive* honour from any institution;—it seeks only the opportunity of *conferring* celebrity. If it be assumed that no institution can be eminent or honourable that has not the prestige of great names, or that is not presided over by the Council of Twenty-one—then past experience is a nullity, genius a mere phantom,—its claims visionary, and the profession ignorant, incapable, and factious, is utterly unworthy of the grand object for which it strives. This would be a monstrous conclusion, and yet the unavoidable inference to be derived from those vapouring denunciations which have often rung in our ears, but perhaps were never intended to penetrate deeper, and which, intended to amuse the fancy, would have retired with a duly sensitive horror at the eye of reason. The profession is endowed both with genius and learning, and have within themselves the power of raising any new institution to the summit of scientific renown. The Council of Twenty-one have no monopoly of intellectual wealth.

Let us, gentlemen, abandon this degrading opinion of the professional mind; let us entertain a higher opinion of ourselves, and exhibit a self-reliance that should warrant for us the possession of the privileges to which we aspire. Strange to say, the General Practitioners themselves have enunciated these sentiments: but I hope for the future, that if they continue to hold such unworthy opinions—and little men must necessarily indulge little thoughts—they will be ashamed to vow them.

I must entreat you once more, gentlemen, to pause before you dissociate yourselves from the National Association, satisfied as I am, that nothing but defeat can track such a proceeding.

I have, Gentlemen, the honour to be,
Your sincere well-wisher,
GEORGE ROSS.

Kennington, June 3, 1845.

THE NEW INCORPORATION.

To the Editor of the "Medical Times."

SIR,—We beg to inclose, and place at your disposal, copies of petitions to the House of Commons, Sir J. Graham, and to the Council of the Royal College of Surgeons, which have each been signed by ninety six out of one hundred and ten members of the College resident in this town, and to state that of the fourteen remaining members who *have not signed*, eight have had the *fellowship given to them*, two refused and four from home.

Liverpool, June 3rd, 1845.

The Memorial Sheweth:—"That your Memorialists are all Members of the Royal College of Surgeons of England.—That your Memorialists indignantly and decidedly protest against the plan which you have proposed for the separate incorporation of the General Practitioners in a third and an inferior College.—Your Memorialists are of opinion that a College of Physicians and a College of Surgeons are amply sufficient for the protection and government of the Medical Profession in England and Wales, which they are strongly of opinion could easily be effected by advising her Majesty to grant a new supplementary Charter to the Royal College of Surgeons of England; but if corporate rights are not to be acquired in the College of Surgeons, they are decidedly of opinion that a College of perfect legal equality with that of the Royal College of Surgeons, should be incorporated upon the representative principle, by which the governing power of the College might reflect the character of the constituent body.—That your Memorialists consider chartered rights entitled to respect so far only as consistency and the rights of others are respected; and that your Memorialists have been, with many other Members of the College, unjustly excluded by the Council of the College from the lists of Fellows, and they consider that, by so very important a distinction, great injury has been done to them.—Your Memorialists, therefore, urge upon you a reconsideration of the measure you have proposed for the regulation of the Profession, and to adopt an amalgamation of the interests of the Profession into two Colleges only, and the Education for the Membership of each College to be of one uniform standard.—That your Memorialists present their individual thanks for the great interest you manifest towards the Profession."

The petition and remonstrance are precisely in the same spirit.

We are Sir, Yours, &c., &c.
JAMES COOPER,
41, St. Ann Street.
EDWARD BRADLEY,
Falkner Square.

MEETING OF CHEMISTS AND DRUGGISTS.

A numerous meeting of the Chemists and Druggists of London and its vicinity, was held at the Crown and Anchor Tavern, Strand, on Monday, the 2nd of June; Mr Morson, Vice-President of the Pharmaceutical Society, in the chair.

The Chairman stated that the meeting had been called by the Council of the Pharmaceutical Society, in consequence of the introduction of a clause into the Medical Bill now before parliament, which, if passed into law, would seriously affect the body which they represented, in common with every other Chemist and Druggist throughout the country. The clause to which he alluded was as follows:—

"And be it enacted, that every person who, after the passing of this Act, shall act or practise as an Apothecary in any part of England or Wales, without having been registered by the said Council of Health as a General Practitioner in Medicine, Surgery, and Midwifery, shall for every such offence forfeit and pay the sum of Twenty Pounds, to be applied to the use of the said College, and to be recovered by the said College by action of debt, in any of her Majesty's Courts of Record at Westminster."

The Pharmaceutical Society had been established with the two-fold object, of promoting the education of the Pharmaceutical Chemists of this country, and of protecting its members against any unjust encroachments upon their accustomed rights and privileges. The council had always borne these objects in view, and, although unwilling, by appealing to parliament, to impose any obstacles to the settlement of the question of Medical Reform, yet felt it their duty to offer a strenuous opposition to the Bill in its present form. In doing this, however, they were anxious to avoid any collision with the other branches of the medical profession; they had no wish to interfere in any way with the General Practitioners; and he trusted that the meeting would set an example, by the temperate manner in which they expressed themselves, and by the moderate and reasonable nature of their demands, that might be followed with advantage by their brethren throughout the country.

Mr. Jacob Bell moved the first resolution,

"That this Meeting observes with regret and apprehension the alterations recently made in the Bill for Regulating the Profession of Physic and Surgery now before Parliament, and feels bound to offer to the Bill, in its present state, the most strenuous opposition."

Mr. Bell observed that the present Bill was more objectionable than that of Mr. Hawes, as the definition "acting as an Apothecary" was omitted, and this might be interpreted so as to subject Chemists to constant penalties. It was not the wish nor the interest of Chemists to become Medical men. This would result in their place being supplied by another class, and they would ultimately be as badly off as the Apothecaries whose position he contended was by no means enviable. But the Chemist was often called upon to give an opinion as to the doses and properties of medicines; in some trifling cases they were applied to by the poor who could not get medical advice, and in cases of emergency, such as poisoning, it was their duty to administer an antidote, or use their endeavours to give relief. In all these cases they would be liable to a penalty by the proposed Bill. The dispensing of prescriptions was also according to recognised authorities and definitions the office of an Apothecary, although practically it was performed by Chemists. In opposing the introduction of the obnoxious clause, the society ought not to be considered to be acting in opposition to the Government. On the contrary, the principles for which they contended were precisely the same as those of Sir James Graham as expressed in Parliament. The proceedings of the Society would tend to promote the modification of the Bill in accordance with Sir James Graham's views, which had been superseded in the committee of the house. Mr. Bell trusted that the chemists would studiously avoid any political agitation, and come forward calmly and temperately, yet firmly, in support of the accustomed privileges of the body. If Sir James Graham had received the deputation, much trouble would have been spared; as this had not been the case, Mr. Bell hoped the chemists would set a good example to the medical profession by abstaining from those disputes and dissensions, which unfortunately were too prevalent among other bodies.

Mr. Squire, in seconding the resolution, expressed his concurrence in what had been stated by the previous speakers. He thought Sir James Graham could not fully approve of the Bill in its present form, as it was entirely different from that originally introduced by him.

Mr. Barclay spoke in favour of the resolution, which was carried unanimously.

Mr. Bartlett moved the second resolution—

"That the term 'acting or practising as an Apothecary,' occurring in clause 36 D, may be construed to apply to acts which are necessarily involved in the daily avocations of the Chemist and Druggist, and that this clause, besides placing on the Chemist a restriction alike unjust to him, and injurious to the public, would be a source of continual litigation."

That meeting, he said, had brought to his recollection the occasion when they had assembled in that room some years ago, for the purpose of opposing Mr. Hawes' Bill, and he trusted that the measures they might now deem it necessary to adopt, would be followed with the same satisfactory result as those pursued on the former occasion. The clause which had been read to them was quite as objectionable as any in Mr. Hawes' Bill, and he thought if it were passed into law it would be impossible for the Chemist and Druggist to carry on his business without being constantly liable to the penalty imposed by it. He trusted that the council would be supported by the great body of the Chemists throughout the country, in the appeal they were about to make to parliament.

Mr. D. B. Hanbury seconded the motion.

Mr. Toswill reminded the meeting of the annoyance to which they had been exposed in reference to the sale of spirit of wine, arising principally from the difficulty of determining in what cases the Chemist was liable to the penalty for selling that article; and he contended that the clause now in question would be quite as much a source of annoyance and litigation in reference to the sale of medicines generally.

Mr. John Bell proposed the next resolution—

"That the dispensing of prescriptions, and the preparation of medicines in general, is now, and has been for many years, principally performed in this country by the Chemists and Druggists; and that, in the Apothecaries' Act of 1815, a clause was introduced for the purpose of securing to the Chemist and Druggist the rights and privileges which he had previously enjoyed, and exempting him, in the exercise of his accustomed business, from the penalties imposed by that Act."

Mr. Gifford seconded the resolution, which was carried unanimously.

Mr. Thomas Herring moved—

"That Chemists and Druggists be recommended to petition Parliament not to pass the Bill."

He was glad to find that so able an advocate of their cause as Mr. Warburton had consented to present the petition to the House of Commons.

Mr. Leacher seconded the resolution.

Mr. Pigeou moved and Mr. M'Culloch seconded, a vote of thanks to Mr. Morson for his conduct this day.

The Chairman returned thanks.

The National Association have just issued a pamphlet of great importance. They respond to several objections taken to the amended Bill, explain their views of the expected action of the New College, and give in parallel columns a reprint of the two Bills, that last proposed, and the one now before the House. We may say *en passant* that we protest energetically against any such title as "Surgeon-Apothecary," that we will resist any proposal to make the Council of Health, a board exclusively of Government nominees, and that we are convinced that the Preliminary board should either have General Practitioners placed upon it—or be formed of non-Medical Professors entirely. Practically we know that there is no substantial difference on these points between the Association and ourselves, and we are quite certain that the less *new* points of discussion that are offered the profession the better. Leave well alone. The document is drawn up with considerable ability and is highly important. Gentlemen wishing a copy have but to forward their address to the secretaries. Those of our readers not members may adopt the opportunity to enrol themselves. There is no fee required.

No. 299 **SUMMARY.** June 14.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

The next nervous affection to be considered is hypochondriasis. There is some sort of difficulty in fixing its seat; it is referable to the stomach, the intestines, and the adjoining viscera, and yet all that can be learned by their examination falls far short of the patient's description; in fact in many instances the individual has the aspect of robust health, and yet from his description one would suppose every part of his body was diseased. There are all manner of uneasy sensations, distention of the hypochondria, pain in the stomach, indescribable sensation of knawing, anguish, agony, sinking, heat and cold in the upper part of the abdomen. The tongue is very often much furred, but in some instances it is pretty clean; the appetite varies remarkably, in many cases; there are often eructations of different kinds, and the bowels are often costive; various sensations are complained of in the head, which are referred to the occiput or to the temples; sometimes there is intolerance of light and giddiness; a feeling of pressure or squeezing of the head; the eyes are suffused and the vision often impaired, and the hearing also; all sorts of noises are complained of, singing or rushing, or cracking, and there appear to be images before the sight. These are sometimes very loudly complained of, and the patient being quite engrossed by them and a thousand other feelings, becomes irritable, crabbed, and disappointed; brooding over these symptoms, he shuns society and avoids all sorts of excitement; he is impressed by the idea that he is dying, or going mad. Yet in the midst of all this, if by good luck any event happens which attracts his attention strongly, and he is drawn into interesting conversation, all at once he becomes cheerful, and converses as if nothing at all was the matter. This could not be the case if he were suffering, even to a slight extent, from the sensations described. It is curious to see how intermittent these sensations are, the sufferers at times seeming to enjoy life more than other people. Some of the most entertaining persons in society have been hypochondriacs; Matthews the Comedian, Liston, and many other persons of note, who have caused a strong sensation in public, have been subject to great depression of spirits. There is a difference between hypochondriasis and melancholy; though the symptoms are intermittent and not to be considered as mental, yet it is quite clear the mind is not right, and there is a disposition to dwell on the morbid feelings with an extreme intensity, so as to make the individuals both morally as well as physically quite miserable, and irrational on the particular subject connected with their health, making them the laughing stock of the unfeeling, but objects of pity to those who consider how much they suffer in mind. These people read medical works with great avidity, and think they have every complaint of which they read. They are continually seeking for advice, and after having gone the round of the profession, they apply to quacks and old women, or any persons who can suggest any remedy to them. Hypochondriacal patients are sad trials to medical men.

In some points, hypochondriasis resembles hysteria; there is something in the nervous system both in relation to the inward feelings, the sensorial powers, and likewise with regard to the sensation itself which exaggerates real impressions; it is more in relation to sensation than to the other properties of the nervous system. The excito-motory function is not much affected in hypochondriasis. It differs, too, from hysteria, in affecting the old more than the young, and men more than women; but it resembles hysteria in affecting nervous subjects chiefly; those who have a highly developed nervous system. The class of symptoms that predominate, are those referred to the stomach or the intestines. These affections are aggravated by strong medicine. The patients always refer the seat of their sufferings to the abdomen and the hypochondria. Like hysteria, too, this affection is accompanied by little structural disease, but perhaps there is more visceral structural disorder than is generally supposed. The patients who are affected with hypochondriasis suffer for a long time, and by and by die of some other disease. The morbid anatomy of hypochondriasis has not been investigated with that degree of attention it would have, were it fatal. In those persons who have died, supposed to be affected with hypochondriasis, there have been found various affections of the intestinal canal; chronic affections, thickening of the coats of the stomach, the duodenum and the colon, independently of a low form of inflammatory affection passing on to structural disease; ecchymoses, and congestion of the liver and the abdominal vessels. The gall-bladder is remarkably enlarged in some cases, and in some, the colon has been found displaced, sometimes occupying the left side, and sometimes found in front of the liver. This is observed in a few cases only. Hæmorrhoidal disease to a considerable extent has been found in connection with hypochondriasis. There is also a very dilated state of the colon and rectum. The heart is sometimes slightly diseased; there is dilatation, and sometimes valvular lesions, and various other slight visceral lesions are occasionally met with. Little or no morbid change in the head has been found to occur in this disease.

The predisposing causes that seem to excite this affection are nervous, melancholic, or sanguine temperaments; the depressing passions have induced it, and a change from active life to solitude causes many persons to become hypochondriacal; disappointed ambition has often led to it, and the abuse of certain condiments, opium, tobacco, alcohol, and mercury, and strong purgatives have been followed by hypochondriacal symptoms. Continued indigestion, constipation, with the addition of mental worry, is very apt to be followed by it. Dyspepsia is another cause, and mental employments, which induce indigestion, will give a hypochondriacal turn. The most common cause is the stoppage of the hæmorrhoidal flux, where it has gone on for a number of years, and has then been arrested. The worst cases I know of have been connected with the stoppage of a discharge of blood from the rectum, arising from piles, prolapsus, or a swelling of that kind. It does not appear that indigestion is essential to the production of hypochondriasis, and we find every form of indigestion occur without it; but the remarkable manner in which the symptoms of hypochondriasis are aggravated by strong purgative medicines, does seem to point out that the alimentary canal is the especial seat of disease. The symptoms, however, connected with it are obviously nervous symptoms in the highest degree, and it would appear to be produced by a highly exalted and nervous sensibility of the abdomen; this being connected sometimes with one condition, and sometimes simply with increased sensibility. Many persons have attempted to consider the disease as one essentially connected with the digestive organs; others that the brain is the seat of hypochondriasis; and others again that its seat is in the nerves of the stomach and the ganglionic system. I have mentioned that the symptoms of this affection bear a very strong resemblance to hysteria in the number of the functions it affects, but that it differs from it chiefly in affecting the sensitive function, and that really appears to be its essential character; that there is an unduly developed power which may sometimes arise from moral causes acting on the brain, and that there are simultaneously deranging causes affecting the digestive organs in the manner I have explained, just the same as engrossing pursuits that cause persons to fast for a very long time, and thus to injure the stomach, and unduly excite and irritate the nervous system; and we must consider that the causes, that operate in this way may operate simultaneously on both. When a state of hypochondriasis is once produced, these symptoms may be excited by opposite states of the digestive organs whether full or empty, and whether they have or have not the power of digestion. Most of these symptoms have a remarkable connection with a congested state of the abdominal viscera, and this is the part we have chiefly to act upon. Sometimes a fit of gout will put an end to these sensations, and sometimes spontaneous eruptions will come out and give relief. I know one gentleman, who, in seeking relief, at last got hold of the water cure, and he fancies he was cured in that way. Sometimes serious diseases have been known to work a change. For instance, a patient has been attacked with violent diarrhœa which lasted a long time and threatened his life; he recovered and had no hypochondriasis afterwards. Again, an attack of fever has been followed by the removal of the symptoms. Jaundice, too, has had a similar effect. On the other hand, after a long continuance of this affection, organic, structural disease may result.

The prognosis of hypochondriasis is very much like that of hysteria. It is not at all a dangerous disease, and the patient is alarmed beyond what

is necessary—ridiculously alarmed; but it is a disease over which medicine seems to have little control. It is not to be cured by one remedy, but to be attacked by remedies suited to divert the mind, by frequent changes from time to time. In hypochondriasis, dyspepsia is the chief obstacle, and, in many recent cases, if you cure dyspepsia you may cure the hypochondriasis. If there are symptoms of gastric dyspepsia or congestion of the abdomen or viscera, and the patient is not weak, leeches to the epigastrium, or to the anus, will often give considerable relief; this should be in combination with low or light diet, and mild aperients, just as in gastritic or duodenal dyspepsia—light tonics, mineral acids, and metallic tonics, nitrate of silver, and so forth. In cases of great weakness, mineral waters and salines. It is of great advantage to give the patient change of scene, and employment enough to satisfy his morbid desire to be taking care of his health. Where the symptoms are combined with great weakness and a low state of the vascular system, the treatment is more difficult and less susceptible of relief. In these cases tonics are not borne; the nervous sensibility is too much exalted. In such cases, in by far the greater number of confirmed cases, the treatment should be principally palliative; mild purgatives, rhubarb, castor oil, sulphur, sulphate of potash, cream of tartar, in a diluted form, to ensure the evacuation of the abdomen, and to relieve the distressing sensations. Antacids are of use too; alum and magnesia, hydrocyanic acid, creosote, nitrate of bismuth, and aconite, are also useful. Cold drinks in some cases give great relief, and this may be by relieving the congestion or determination of blood to the parts. I have known cold water injections produce great relief when the disorder affected the lower part of the canal. In most cases the great object is to improve the state of the whole system by such means as will reduce nervous sensibility, and to improve the state of the circulation in the abdomen and in the head. Besides the medicinal means I have mentioned, if there be general plethora, the habit of cold sponging, or the use of the shower or plunge bath, alternated with friction, is of great use. A cold bath alternated with a vapour bath has been known to be of considerable efficacy. Active bodily exercise is more important than any remedy, and the patient should take as much riding or walking as his strength will bear. Horse-back exercise is the best, as it promotes the circulation in the abdomen, and enables the patient to take a greater amount of exercise than he can by walking. The game of cricket is also a very useful exercise. The great point in the treatment of these affections is to try to discipline the patient's mind, to induce him not to dwell too much on his complaints; that is not to be done by making light of them. There is no doubt that it is a species of monomania. The great object is to explain this to the patient, and to show him that there really is no mischief about which he should be distressed.

There is a disorder that can be scarcely dwelt on, namely *incubus*, or *nightmare*. There are distressing symptoms of oppression or weight referred to the chest, which come on during sleep; the patient wakes to a consciousness of this peculiarly distressing sensation, and although he is awake, and aware of the sensation, he has not the power of moving. He has not regained voluntary power; it is, in fact, a sort of partial sleep, a state of sleep accompanied by a strong impression on the sensitive nerves, but before voluntary motion is recovered. Sometimes there are various other uneasy sensations of which the mind is conscious during sleep. It may be that different kinds and sorts of dreams occurring during sleep, or when the person has some degree of consciousness, become converted, by imagination, into a monster which the imagination clothes with various forms; the idea of the nightmare, a monster horse squatting on the chest, and preventing the person from breathing. The late Dr. Gregory, of Edinburgh, dreamed that he was walking on burning coals, or on Mount Vesuvius or Ætna, and on waking, found that the real cause was that he had a bottle of hot water to his feet. The sensations he experienced during sleep operated on his imagination—which was still active—and became the subject of his dream. Cold feet are very often the cause of disturbed sleep and dreams, and a slight toothache or ear-ache, or any ache will become the cause of disturbed dreams. With regard to nightmare, many persons have indulged in superstitious notions, but the true explanation is to be found in the condition of the breathing which becomes oppressed, the involuntary motions being insufficient to keep it up; the circulation of the blood may thus become affected, and it may accumulate in the lungs, causing the sensation of dyspnœa, until the feeling of tightness in the chest, becoming more and more oppressive, haunts him with the idea of something pressing on his chest until he awakes, and then it vanishes. It is the return of volition that enables him to take a deep breath, and relieve the congestion of the lungs. The treatment will depend on the cause. It may be traced to crudities in the stomach, something disagreeing, and causing flatulency, and the patient after recovery breaks up a great deal of wind. Sometimes congestion is left behind, and then cupping between the shoulders may be requisite. Generally speaking, all that is necessary is to prevent those causes that disturb the respiration during sleep, taking care that the patient sleeps in such a posture that the breathing may be carried on as freely as possible.

Insanity.—We now come to the diseases of the mind. In these diseases, we have to consider the sensorial power as variously affected, and that very much in relation to the pathological conditions of the brain, the organ of these powers. Thus, for instance, the sensorial powers are exalted or excited by the slight forms of determination of blood, and by the early state of inflammation, which is accompanied by determination of blood, and when that excitement exceeds a certain amount, then they become disordered. For example, the sensorial impressions become so strong that they are painful, and are variously distorted and disturbed. The function of the brain, the organ of thought, becomes excited, and at last, after it passes the medium of moderate excitement, the impressions are hurried and too rapid to be reasonable—too rapid to keep pace with reality, and often, active as the faculties may be, they may become so active as to separate them from the external world; the imagination or conception under these circumstances, predominates over the reason and judgment, which are considered to be slow powers of the mind. The consequence of this over-excited state is that notions and ideas flow so fast, so strongly, as to overpower reflection and the memory of external objects, and consequently the powers of both mind and body are overruled by the impulses of thought and feeling of the world within. The ideas of the mind, self-originated by this over active state, are altogether derived from within, and are such as to overcome the impressions of the world without. It is curious how the ideas which are thus excited, are mixed up with bodily sensations or with recent mental impressions; and these mental impressions or bodily sensations often become the foundation of deep and lasting thought. In madness, which is nothing more than a waking dream, after delirium and phrenitis, the person complains of all sorts of horrible things, pricking of his head, of his being set on fire, fireworks, and a thousand other things. This is connected really with intense sensations. The same occurs in some forms of insanity, in a more marked and singular manner; and in chronic insanity, persons imagine they have no head; this may be connected with the common feeling of light headedness. Other persons imagine they have no body, and this is explained by the fact that the individual has lost the sensation of the body. There may be in other cases, no sensation on which the matter of insanity is founded, but the delusion may be altogether imaginary; or it may be connected with some former period of the life, or with the predominant passion, propensity, or affection. Conception under these circumstances is the source of the ruling ideas, and the manner in which insane persons illustrate their fancies is sometimes extremely ridiculous. Sometimes the one excitement may be of the more general kind, producing complete incoherency, in which case the utterance of the ruling thoughts becomes too rapid for expression, though a person who can ascertain the words can perceive portions of ideas, though mixed up in utter confusion, they being forced one on another with such intensity that they amount to nonsense. The same thing is observed in extreme forms of mania, constituting incoherent insanity.

Many lesions impair or destroy the sensorial functions; effusion and compression, softening, and the other results of advanced inflammation. Loss of the senses would be insufficient. If the memory alone is impaired, the external sense will keep the individual alive; but if the external sense also is destroyed with the memory, then this may constitute mania; on the other hand, if memory or sensation is impaired, the result is a diminution of the mental powers, and imbecility or idiocy may follow. In these cases, the individuals suffer various degrees of degradation. they become helpless, brutal, and bestial. This may be from no disease; it may be congenital, or it may arise from disease, or from atrophy of the brain, or weakness of the skull, or from hypertrophy, and over-growth of the head, causing ultimately compression of the brain.

COURSE OF LECTURES ON SKIN DISEASES.

By D. J. CORRIGAN M.D., Physician to the Whitworth, Hardwicke and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

GENTLEMEN :—We, this evening, resume the subject of porrigo. I have been often told by medical men, that they have cured many cases of porrigo in their practice; and that they have had, from time to time, many cases of it under their care. Nothing is more common, than to hear persons boasting of having met with twenty cases of porrigo at a public dispensary on a morning, and it is not unusual to hear them speak of having cured the greater part of these. But I must say, gentlemen, that for my own part, I do not believe such stories; and I feel confident that they have been treating some of the various forms of impetigo, which they have regarded as porrigo. Genuine scald head is one of the most unmanageable diseases, which it can fall to your lot ever to become acquainted with. Do not believe those persons who tell you that they have cured it over and over again; they have done no such thing, nor believe them when they tell you, that it is a disease often to be met with: on the contrary, it is a disease of very great infrequency, and with the experience which I have had of it, I have never had under my care, at the same time, two patients affected with it, save once at the Whitworth Hospital. As an illustration of its great rarity, I may mention here, that some time since I was engaged making some inquiries connected with the Poor Law system; in following them up, I had occasion to go through the North Union Workhouse, and on carefully examining all the children in that institution, three or four hundred in number, I was unable to detect a single case of the disease, although cutaneous affections of every other kind were to be found among them. If any one circumstance could demonstrate its infrequency, I think that this does in a very remarkable manner.

To come to its treatment: on this head, I must confess that I can give you but scanty information, and to tell you the candid truth, I do not know a single article which possesses the power of curing it. To resume: I have heard—aye, and read too, stories innumerable of the cure of scald head, but, as I have remarked before, to these I give no credit; they were cures of something else, but certainly not of porrigo. Even in a case of this kind, nothing is easier for you to say, than that you have cured the patient. You can do this readily in a hospital, and mark him in the book, too, as "discharged cured." And so he is for the time. But keep this patient in the hospital for a fortnight or three weeks after this seeming cure, and what takes place? Does he continue cured? Not a bit of it. The pustules come out again as thickly as ever; and in a few days the disease is perfectly re-established. In my experience, I have never seen a person in the middle or upper

classes of society attacked with it, it has been invariably confined to paupers: its origin is unaccountable, and its treatment is equally hidden from us. I have heard persons speak of having cured it by ointments of iodurot of sulphur, and of this latter combined with iodide of potassium. It may be so, but I must confess, that though I have given both these forms a full and fair trial, I have never found any permanent advantage from their use. The French recommend, as applications to the scalp, in the first instance, ointments of pitch and tar, to remove the hair, bulbs and all. This is an unnecessarily cruel mode of removing the scabs, as a poultice, or any other emollient application answers equally well, and removes them without giving the patient pain. They also recommend a whole host of remedies after the scabs have come off. But the remedies which Alibert advises, are just as faulty as his classification of skin diseases. With him, every disease that attacks the head is tinea. No matter what it may be, it is nothing but tinea. This mode of nomenclature is about as rational as if a person jumbled together all the diseases which the lungs, or any other of the viscera, are liable to, and called them all by one common patronymic. The only remedy which I can recommend with any hope of its proving successful in your hands, is muriatic acid. This I was led to employ from reflection. Knowing that lime entered largely into the composition of the solid matter forming the disease, in the shape of carbonate and phosphate, I thought that the action of the acid upon that matter might be attended with beneficial results. This I have tried but in one instance; under its use the patient got well, and continued so for a fortnight or three weeks after, when he left the hospital. He never returned, so that I have reason to think, from this latter negative proof, that he remained permanently cured. Yet, allowing that he were, from the successful issue of a single case, I could not recommend it to you as a remedy capable of curing scald head; however, under the circumstances, I lay it before you as a remedy claiming a greater share of merit than any other with which I am acquainted. The manner of using it is as follows. remove the incrustations from the scalp by means of a poultice, and over the red surface rub every night and morning a small portion of an ointment or pomatum, composed of ℥j of muriatic acid, to an ounce of spermaceti ointment. I must again confess my ignorance of any means of cure beyond this, and, in addition, can only refer you to some of those remedies which have been vaunted as cures for it.

In making the foregoing remarks on porrigo, I take a view of the matter quite different from that of systematic writers; my opinion with regard to its non-contagiousness is quite at variance with that generally entertained. However, though my views may possess the seeming disadvantage of singularity, and of being unsupported by other authority, you may rely upon them as deductions lawfully drawn from an attentive experience of the disease.

The next class of skin diseases which claims our attention is that of papulæ, or pimples. A papula is an elevation of the cuticle not containing fluid, and ending in desquamation. Of this class there are but two varieties, namely, lichen and prurigo; lichen is a papular eruption, attacking for the most part children at the breast, and, I am sure, is familiar to all of you under the name of red-gum. Of this affection there are as usual several varieties, to show off the cleverness of our authors. But if you content yourself with keeping in mind the definition of a papular disease, and take care not to confound lichen with prurigo, you will be in possession of as much knowledge of the former as you need wish to have; recollect that it generally attacks children of a tender age, and that it consists of an eruption of papulæ of various colours, (which latter circumstance has been taken advantage of to raise divisions between the whole family of lichen), and that these papulæ always end in disquamation. There is a variety of lichen which appears in adults on the approach of warm weather. It comes out on the loins, on the buttocks, and along the calves of the legs. It appears thickest on those who seldom, if ever, clear their skin by the use of the warm bath. This variety of lichen is very often a source of uneasiness to persons afflicted with it, as, after it has desquamated, the appearance of the skin would lead one to suppose that it depended upon secondary syphilis; an attention to the history of the case will decide this, and if you wait for a few days, you will find this colour of the skin altogether disappearing.

There is another variety of it named L. urticus, or Tropicus, affecting as the name denotes, persons residing in tropical climates. I have never seen it and know nothing of it, consequently I cannot give you any information upon it. Along with the two orders of papulæ which I have laid down, some writers add a third named strophulus. This is nothing more nor less than lichen, and as we are not particularly fond of hair-splitting distinctions, why we shall do very well with our own arrangement.—lichen being a disease of no importance, we shall say no more about it, but proceed at once to prurigo.

This is a disease which you cannot enter into any hospital without seeing half a dozen cases of. You find it generally in old persons whose constitution has been broken down by want, intemperance, mercury, or the effects of disease. It appears in an intermittent form. The patient on getting into bed at night is seized with an intolerable itching, which drives him or her almost mad. During this paroxysm, which disappears towards morning, the nails are freely used in scratching, and the patient presents at our morning visit, the appearance so admirably pourtrayed in this drawing, (it was one of P. senilis attacking the chest and back with a pediculus, drawn from a magnified representation of the vermin). Here the papulæ which had come out on the previous evening, accompanied with intense itching, are seen like so many stigmata or petechiæ; you never find any extravasation about them. Their likeness to stigmata is caused in this way; the top of each papula has been torn off by the scratching, and a minute drop of blood is seen occupying its place, while patches of skin, not covered with papulæ, but stripped of cuticle are seen interspersed, with bloody traces of the rough usage received at the hands of their owner. In all these cases you will find the eruption accompanied by a plentiful crop of pediculi. In such cases, you must improve the patient's habit of body by good animal food, tonics, and the use of every thing which will nourish, but not stimulate. In addition to this, great relief will be derived from the use of a lotion of corrosive sublimate in the proportion of two grains to an ounce of distilled water. This lotion, applied over the affected surface, gives more relief from the distressing itching than any other remedy with which I am acquainted. Here lotions of lead are not of the least service. There is a form of prurigo attending jaundice when the itching also is intolerable, so much so as to place the patient beyond all self-control.

I have frequently found gloves worn constantly by persons, to prevent themselves if possible from injury by indulging in their irresistible temptation. In this form of prurigo I have witnessed very material alleviation of suffering from the use of lotions of warm vinegar. There are some local varieties of the affection, for instance, when it attacks the anus, and the pudendum muliebre. When it attacks the anus it is in general symptomatic of ascarides, which should be sought after and removed. Here the irritation at the anus obeys a law which seems to hold good throughout the whole body, namely, that when a mucous canal is exposed to irritation of any kind, its outlet is generally that portion of it which suffers the most pain. Instances of this are to be met with in irritation of the bladder, arising from the presence of a calculus, when the greatest pain is felt at the extremity of the glans penis; we find the alæ nasi swollen and painful in derangements of the stomach and alimentary canal, which symptoms are by the vulgar set down to the account of worms, though very often dependent upon causes widely different. In p. pudendi. muliebris, the irritation to which the patient is exposed is dreadful beyond all conception, it is so severe as frequently to leave the victims of it quite beside themselves. And to such an extent has it sometimes wrought upon females of nice feeling, as to have driven them to the commission of suicide. Some first become nymphomaniacal, and from this state sink into one of perfect dementia. The sufferings of the unfortunate female labouring under this disease, are such, as you could not conceive it possible for any human being to endure. The consequence is that she becomes secluded from all society, and brooding over her wretched fate in solitude, indulges more and more in this dangerous temptation, which, it is but justice to her to add, she cannot withstand. I once knew a lady affected with it, and her sufferings were awful beyond the power of exaggeration. This form of prurigo is generally symptomatic of malignant disease of the neck or body of the uterus, but more often of the former. When it arises as an idiopathic disease, relief will be procured, generally speaking, from the use of the corrosive sublimate lotion. The French treat this form of it by means of the vapour of sulphur. For this purpose the patient is put into a flannel bag, similar to those you have seen at the Whitworth, kept in shape by one or two hoops. The patient gets into this, which is secured about her hips. A saucer containing some lighted sulphur is placed underneath and within this, and the sulphureous vapours are allowed to play around the lower part of the pelvis. By this means you will very often cure your patients, or give them very material relief, when it is uncomplicated with structural disease of the uterus. When it accompanies the latter, you must endeavour to palliate it, while at the same time you direct your endeavours to remove if possible the disease which has given rise to it.

Prurigo, when it appears in persons late in life or of a broken-down constitution, is seldom if ever cured. The only thing you can do is to palliate the troublesome itching; for this purpose some have recommend sulphuric acid, largely diluted with water, as a lotion to the affected parts. Bateman speaks highly of oil of turpentine, diluted with oil of almonds. But to all these I should be inclined to prefer the corrosive sublimate lotion as being more certainly beneficial. Prior to the general use of linen as an inner garment, this disease prevailed almost universally; and so great was the exhaustion produced by its long continuance, that we are told, that some of the most celebrated characters of antiquity fell victims to its irritation.

The next division of skin diseases which come under our notice is that of scales or squamæ. This contains the following orders, viz:—

Psoriasis, Lepra, Pityriasis, and Icthyosis.

Of these, only the two first ever happen in anything like an acute form. What I mean by this is, that lepra and psoriasis are not fully formed for three weeks or so. A person in these diseases may complain of slight feverish indisposition for the above length of time, and minute, and perhaps numerous, stigmata make their appearance on different parts of the body. These stigmata coalesce, become, in a short time, changed into so many layers of dried cuticle, which are raised above the surrounding skin, unattended with any fluid secretion, falling off after a time, and leaving the skin underneath red and irritable, and capable of reproducing the same scale. The eruption of lepra and psoriasis may, with more propriety, be said to be subacute rather than acute, as this latter expression would be apt to lead us into the erroneous belief that these run their course like skin diseases, such as small-pox, which are really acute. A distinction has been made between lepra and psoriasis, on the ground, that the scab in the former is above the level of the skin, and in the latter, upon the level of it. Those who make this distinction, add further, that lepra may be known by a central depression in each scaly patch. In my opinion, this distinction is an unnecessary one, and one which you should not attend to. It does no good, but a great deal of harm, to perplex the study of the disease by such distinctions. If you want to make psoriasis of lepra, all you have to do is to remove the scale from the latter, and the one disorder passes into the other. (Exhibiting a plate)—Here you perceive, in this subject, both forms of disease, (as described in books,) accurately existing. On the upper part of the thigh, you

have genuine lepra, and below the knee you have genuine psoriasis. Take away the scab from the leprous patch upon the thigh, and you have true psoriasis. Do not mind making divisions of diseases, which really are one and the same; there is no use doing it, when neither the anatomy of the disease, nor microscopic investigation, confirms or supports these fanciful distinctions. In the observations which I am about to make, you are to understand, that when I speak of psoriasis, lepra also is included. Of this disease there are a great many varieties, named after the forms it assumes. You may find it in circular patches, as in these drawings, or you may find it progressing in the manner I have spoken of in porrigo, getting well in the centre, and proceeding outward towards the circumference of the patches. At other times, you may see it describing all sorts of figures on the parts it attacks, as in this plate, forming the variety called P. gyrata; not that these varieties, or a knowledge of them, enable you to treat the disease more successfully, but that an account of them may be interesting to such of you as are curious upon the subject. There is another variety of it, attacking the scalp, and which you might confound with eczema. In the latter, the scabs are thin, and come off quickly; when you remove them, the vesicles form again beneath, dry up, form a scale which comes off, while, in psoriasis the scale is thicker, and when you remove it, you never find it reproduced by vesicles. Psoriasis may appear in patches covering large portions of the body, or in minute spots only, copiously scattered all over the body. This latter form of it bears a great resemblance to lepra, as pourtrayed in these drawings; this is only natural, as both are identical. This is the P. guttata of writers. This variety you should be acquainted with, not on its own account, as much as for the sake of knowing that it does assume such a form.

Another variety is that called P. palmaria, where, as the name implies, the hands are the parts affected. Here the skin covering the palms of the hands becomes thickened, the parts underneath crack, and bleed; and thus a very painful form of it is produced. The wrist, in these cases, sometimes becomes affected in the same manner, covered with *rhagades*, and bleeding. Another form of it sometimes attacks the lip—oftenest the under—frequently both. The lips become thickened and puckered, but in consequence of the parts being constantly kept more or less moist, scales do not form here as perfectly as in other situations. Psoriasis may appear, not as an idiopathic disease, but produced in consequence of some irritation applied to particular parts; thus, the hands of washerwomen, from the use of soda and other alkaline irritants, which their labour obliges them to handle, become affected with a form of it called P. inveterata. Here the scab is thrown off—the skin beneath becomes inflamed, and fissured, and bleeds, and finally, a very painful variety of it is produced. Psoriasis is of consequence, not so much on its own account, as that it may be confounded with a form of venereal disease, which, from its taking on the characters of the former, has been called venereal psoriasis. But there are two marks which will invariably set you right in making the distinction between the venereal and non-venereal variety, and one or other of which is never absent from the syphilitic psoriasis. These are, firstly, a copper-coloured hue of skin, which always attends the scaling off of each patch of syphilitic psoriasis; and secondly, the scales of the venereal variety are, in every instance, formed from papulæ, while in idiopathic psoriasis this never occurs. These papulæ may frequently be recognised among the scabs, and we also find pustules very frequently interspersed, being merely the results of the same cause which, in the first instance, produced the papulæ, so that you have at once, in the same person, perfect examples of papular, scaly, and pustular secondary syphilis.

On Monday evening we shall resume this subject.

APOTHECARIES' HALL.—The following gentlemen were admitted Licentiates on the 29th of May, 1845:—William Edward Stewart, Richard King, William Wadham, Chas. Brightley Prentice.

CLINICAL LECTURES ON MEDICINE

Delivered at the Meath Hospital,

By ROB. J. GRAVES, M.D., M.R.I.A., &c.

Fever—Discharge of Blood per Anum—Treatment by Acetate of Lead and Opium—Action of Acetate of Lead on the Evacuations, Bronchitis—Extraordinary Quickness of the Pulse—Fever—Tympanitis—Diarrhœa—Dr. Bardsley's treatment of Diarrhœa by Acetate of Lead—Chronic Hoarseness and Laryngeal Cough—Treatment by Mercury—Diagnosis of Idiopathic Laryngitis, and Laryngitis connected with Phthisis—Sub-acute Laryngitis—Suppression of the Catamenia—Ascites—Hæmatemesis—Treatment by Chalybeates—Cold—Turpentine—Ipecacuanha—Rheumatic Arthritis complicated with Bronchitis—Treatment of Iritis—by Mercury—by Turpentine.

WE shall take up to-day the case of Sarah O'Neil. She had, you will recollect, on the 24th of Feb. a considerable discharge of blood by stool, and though it is not proper to interfere with such discharges *in limine*, and when they come on about the critical period, still her weakness, with her peculiar constitutional tendency at that period to sanguineous fluxes, induced me to prescribe the acetate of lead and opium, directing that it should be repeated or stopped, according to the circumstances of the case. On the evening of the 24th, her pulse was one hundred and sixty, small, but distinct; during the night she had another copious discharge of blood from the bowels. She was ordered to take, every third hour, two grains of the acetate of lead, with five drops of the tincture of opium, made up as before into a draught, and to continue her wine. On the 26th, the report states as follows: "patient pale and prostrated, action of the heart still violent and exceedingly rapid, respiration quick and laboured, forty-four in a minute; pulse two hundred; has had two discharges from the bowels, consisting chiefly of blood. She has taken twelve ounces of wine since yesterday." She was ordered to have wine *ad libitum*, and the following pill was prescribed to be taken every hour to the fourth time, and afterwards as occasion required:—opium in powder, half a grain, acetate of lead, three grains. In the evening the pulse, when counted, was found to be two hundred and four.

Next day, an improvement of her symptoms appeared, contrary to all expectation. Mr. Nalty, who paid particular attention to the case, had continued the acetate of lead and opium, increasing gradually the quantity of the latter, and watching the effects of each successive dose. Towards evening, the hæmorrhage appeared to be abated, but as this might only be a temporary check, he continued the draughts at greater intervals, only suspending their use when all symptoms of danger seemed to be completely removed. She slept at times during the night, regained some of her strength, and the pallor of hæmorrhage was again replaced by the flush of fever. Her pulse had, however, fallen considerably; when examined in the morning, it was only one hundred and twenty. She had also a very copious alvine discharge, unmixed with blood, which in such cases is always to be regarded as a very favourable circumstance. In cases of discharge of blood from the stomach or bowels, where means have been taken to check the hæmorrhagic tendency, the bleeding will often appear to stop, and you will be inclined to think all danger over: but there is always a source of error connected with such cases. In hæmorrhage from the bowels, you can never be sure that the bleeding has ceased until the patient passes an evacuation unmixed with blood; for the bleeding, though apparently arrested, may be going on internally. Hence the appearance of a natural alvine discharge is always a source of certainty with respect to the state of the bowels, and informs the physician that his means have been successful.

In this case however, there may be still one source of error. The discharges which this young woman has passed are all of a slate colour. How is this produced? It arises from the mucus of the bowels being coloured by the acetate of lead. Acetate of lead, when used in large quantities for any considerable time, invariably blackens the evacuations. Here the colour is merely dark grey or slate colour, for the quantity she has taken is small. You can however, always distinguish this tinged mucus among the natural discharges, the colour being mixed only, and not blended with the latter, as it is with the former. But if the evacuations be of a dark colour, such as is seen in cases where blood has been effused into the intestinal tube, and changed by the acid juices of the canal into a dark coffee ground or nearly inky appearance, it becomes very difficult to distinguish this from the tinge given by acetate of lead, unless you are accustomed to it. In the present case there does not seem to be any thing more than a tinging of acetate of lead, nor have we been able to trace any thing like coagulated blood in the stools. I may observe here, that a considerable degree of error has existed with respect to a peculiar greenish discharge from the bowels, composed of morbid matter secreted by the diseased mucous membrane. I was the first person who pointed out this fact in the fourth vol. of the Dublin Hospital Reports. All practitioners before me, and among the rest Dr. Cheyne, attributed this to an effusion of morbid bile. This error I regret to say is still prevalent; you will hear medical men, when they meet with this discharge in children, say that it is the result of a morbid secretion of bile, and that the child requires calomel purgatives to carry it off. It is true that morbid bile may irritate the intestinal mucous membrane so as to cause an effusion of this green secretion, but still this is not bile. Bile, when secreted in large quantities is never green; it may present a lighter shade of yellow, but it is never green. This secretion comes from the surface of the small intestines, and is generally the result of irritation. What is the consequence of inflammation in other mucous tissues, in the eye for instance, or in the urethra? Do we not see the mucus assume a yellowish and even a greenish colour? The discharge from an irritated mucous membrane may assume all shades from a pale white to a yellow or green. I dwell on this, chiefly to point out the gross error of looking upon the discharges from the irritated surface of the intestines in children as consisting of morbid bile. It is not depraved bile, neither is it to be removed by calomel or strong mercurial purgatives. It is by changing the diet, keeping the child warmly clothed, and prescribing small doses of hydrarg. c. cretâ with Dover's powder, that this diseased secretion is to be checked. What does calomel do? It frequently produces exactly the same state of the digestive tube. You will have in a patient taking calomel, a copious secretion from the intestines of a deep green colour, resembling chopped spinach, accompanied with pain of the bowels and other symptoms of irritation, shewing the source from which the discharge proceeds.

But to return to this woman's case.—Yesterday her face was flushed, her breathing still laboured, and she coughed occasionally. On examining the chest, we found evidences of the existence of bronchitis; we have, therefore, ordered her to take the decoction of polygala, with carbonate of ammonia. I had almost forgotten to observe, that since the cessation of the intestinal hæmorrhage, her pulse has fallen considerably, and is at present no more than 120.

One of the most remarkable circumstances in this case is the extraordinary quickness of the pulse. On the 24th, it was 150—on the 25th, 160—on the 26th, it was nearly 200, and on the evening of the same day, it was as high as 240. I counted seventeen distinct beats in five seconds, and what was equally remarkable, the pulsations of the artery were not fluttering, intermittent, nor running into each other. I could plainly feel each beat, and though the pulse felt extremely small, still it was not as weak as one would be led to imagine. This is the highest pulse I have ever been able to count in a satisfactory manner, for generally speaking, when it goes beyond 160, it becomes difficult to ascertain its number exactly. In this case, however, it was as distinct as if it were only 160.

I need not observe here, that in cases of hæmor-

rhage, where the discharge threatens to become excessive, and where the patient has been prostrated by previous fever, you should endeavour to arrest the flow of blood, by means of acetate of lead, opium, and wine. These, which are the only means we possess of combatting a most threatening symptom, we have employed in various forms, and with all due diligence, and for the present, at least, we have succeeded in rescuing her from death: but her condition is still exceedingly precarious, and we have, I fear, just grounds to be apprehensive of an unfavorable result. She is, it is true, in the prime of life; her constitution has been originally good; she retains some degree of muscular strength; her mind is still collected, and her fever somewhat diminished; but where the pulse continues so rapid, and where the respiration is so quick and laboured, there is much to fear.

In the case of another young woman named Jones, who is now convalescent, tympanitis commenced nearly about the same period of fever, and under similar circumstances; but here nature attempted the relief of the abdominal congestion, not by an effusion of blood, but by means of a copious watery diarrhœa. She passed enormous quantities of this secretion, which appeared to consist of aqueous fluid, mixed with coagulated and shreddy mucus, so as to resemble decayed vegetable matter, which had been chopped small and left to macerate in water, until it became intimately mixed up with it. Now, as in the former case there was danger from excess of hæmorrhage, so, in this case, we had, from the persistence of the diarrhœa, reason to think that the patient would be run down by inordinate secretion. We, therefore, after the lapse of a few days, attempted to check it by the use of acetate of lead and opium, with wine, and were so fortunate as to succeed completely. We gave her draughts, composed of acetate of lead and tincture of opium in camphor mixture, two grains of the acetate of lead, with five drops of laudanum in each draught. Of these she took five the first day, four the second, and three the third. On the evening of the third day the secretion from the bowels was so much arrested, that it was deemed unnecessary to continue them any longer. Their use has not been followed by any unfavorable result; the patient has been improving rapidly ever since, and is now able to sit up.

Since I received a communication from Dr. Bardsley, recommending the trial of acetate of lead in that form of diarrhœa which comes on towards the termination of fever, and generally ends in ulceration of the Peyerian glands, I have made several clinical experiments with the view of ascertaining the powers of this remedy. I have found it exceedingly useful in controlling superabundant secretion in numerous instances. I have experienced the best effects from its employment, not only in the diarrhœa which accompanies ulceration of the mucous glands, but also in that species of diarrhœa which occurs at an earlier period of fever, and by means of which nature attempts the relief of intestinal congestion. Of its great value in the treatment of cholera I have already spoken; indeed, I do not know of any remedy by which inordinate fluxes from the bowels, whatever may be their nature, are so efficiently treated. The same remarks will apply to super-secretion from the lungs. In cases of phthisis attended with such copious secretion as to threaten suffocation, it is very beneficial: its effects are equally remarkable in chronic bronchitis with copious expectoration, and you are all aware of the great efficacy it possesses in checking hœmoptysis. I have been in the habit of prescribing it in combination with laudanum and wine vinegar; the latter I have added on the recommendation of Dr. Thomson, of London.

With respect to the case of the boy Francis Thorpe, to which I alluded in my last lecture, and who has been for a long time labouring under chronic hoarseness with laryngeal cough, I may observe, *en passant*, that he presents to-day some symptoms of improvement. You recollect, I attempted to remove the irritation of the larynx and fauces by the use of iodine inhalations, touching the throat with a solution of sulphate of copper, and by exciting counter-irritation over the whole anterior surface of the neck by means of croton oil liniment. Having found these measures insufficient, I had recourse in the next place to the internal use of mercury, so as to affect the system, and to inhalations of hydragyrum cum creta. My object here was to bring on salivation at once, for in many cases of chronic laryngitis, the patients experience a sudden relief of the symptoms as soon as the mouth becomes affected. In this case the same favourable result has, to a certain extent, followed mercurialization. By making some exertion, the boy can now speak with a tolerably clear and audible voice, his cough is also diminished, and I have no doubt but that by a perseverance in the same measures we shall effect a cure.* There was some doubt with respect to the safety of giving mercury in this case, on account of the long continuance of laryngeal cough, and the suspicion of the existence of phthisis in its first stage; but as the boy had no fever, and as there were none of the stethoscopic phenomena of phthisis present, I determined on giving it a trial as the last but most powerful resource we possess in such emergencies.

This, Gentlemen, is a most important point in practice. You meet a case where hoarseness and laryngeal cough have continued for weeks or even months, where various remedies have been tried in vain, and where although the general health of the patient was not originally much affected, yet his loss of flesh and his pale looks betray at length unequivocal tokens of suffering—in such a state of things, everything will depend on ascertaining whether the laryngitis is a mere symptom, a consequence of scrofulous disease of the lungs, of phthisis in fact, or whether it is the sole and original affection. If the latter, a proper local treatment, mercurial pills and mercurial inhalation, will cure the disease. If the former, these means will prove injurious by accelerating the progress of the scrofulous development. The diagnosis, gentlemen, is, I confess, often uncertain, for the obstruction which exists in chronic laryngitis to the quick entrance of air into the lungs, renders the stethoscopic phenomena of co-existing pulmonary disease very uncertain; your chief guide will the date of the laryngeal symptoms; if violent and intense in the very beginning of the disease, then they are probably the cause, and not the effect.

There is a case in the fever ward, in which respiration is accompanied by a very curious modification of sound, produced by the passage of the air through the larynx, and resembling a loud ronchus. I was at first quite certain that this noise was made by the nose and soft palate—in fact, that it was ordinary snoring; but as the same sound continued when the man lay awake, I was induced to examine it more accurately, and found by the stethoscope that its seat was not in the soft palate, but about the inferior opening of the glottis. I cannot exactly say on what this depends; we cannot discover any affection of the throat or fauces. The mucous membrane is of the natural colour, and there is no lymphy or purulent secretion to be seen on any part of its surface. Still there may be some irritation of the larynx, or some alteration in its secretion. The mucous membrane of the larynx and bronchial tubes is very often affected in fever: it becomes dry, and its secretion undergoes a species of morbid change. It is quite natural to expect heat and dryness of the bronchial mucous membrane in fever; its secretions also participate in the morbid alterations which take place in the skin and intestinal mucous membrane. You will also frequently observe that in fever cases, where dry bronchial *rales* and difficult expectoration occur, an augmentation of the cutaneous transpiration will be followed by sudden relief of the pulmonary symptoms, showing the intimate sympathetic relation which exists between these two tissues. With respect to the present case we know very little of it. The man came into the hospital in the advanced stage of maculated fever, for which he is still under treatment.

* This treatment was persevered in, and the boy left the hospital in the course of a few weeks perfectly cured.

I have ordered his throat to be rubbed with mercurial ointment, combined with extract of belladonna, and then covered with warm flannel; I have also directed that he should be removed into a more comfortable room. I have prescribed belladonna with mercury, under the presumption that there may be some subacute inflammation present, as well as, perhaps, some tendency in the muscles of the larynx to spasmodic action; for both these the remedy employed is well adapted. We cannot at present say any more on this case; a few days however will clear up the matter.* I may observe that I do not, as far as I can judge, anticipate any dangerous consequences. The disease has remained stationary for three days, and does not appear to threaten an unfavourable result. Still as it is an anomalous symptom, and occurring in an organ whose affections often take a very unexpected turn, it will be necessary to be on the watch, and attend carefully to the condition of the patient.

Let us pass now to the case of Teresa Pender, who was admitted yesterday evening, and whose examination this morning affords matter for consideration. This young woman has been labouring for the last ten months under suppression of the menses, and it is probable that the chief part of the various affections of which she complains may be traced to this source. Within the last six months, swelling and infarction of the belly commenced, and these symptoms were gradually succeeded by ascites. She has been for a considerable period subject to all those harassing abdominal symptoms which so frequently accompany suppression of the catamenia; she has suffered repeatedly from nausea, vomiting, colic pains and costiveness. Her belly is now greatly tumefied, she has swelling of the lower extremities, and more or less general anasarca.

Within the last two days a new and serious affection has been added to the list of her complaints, namely, hæmatemesis, and it is to this symptom in particular that I wish to call your attention, as it may have a very important bearing on her present condition. It is true that the history of the case, while it points out many circumstances indicating the existence of important visceral disease, still leaves a slight gleam of hope. The probable existence of internal disease, the gradual appearance of the ascites and anasarca, the sallow greenish hue of countenance, and look of suffering so expressive of long continued visceral derangement—these circumstances, combined with the vomiting of blood, form a very serious catalogue of evils calculated to render her case extremely doubtful, and requiring all the resources of medical skill for its treatment. The only chance which still remains, and throws a gleam of hope on the unpromising nature of her complaint, is that she has hæmatemesis, and that this hæmatemesis may be connected with the suppression of the catamenia. You are all aware that vomiting of blood is sometimes vicarious with the uterine discharge in cases of suppressed menstruation, and this it is to be hoped is the case in the present instance. On the other hand, if the vomiting of blood were merely connected with the ascites, it would be an extremely unfavourable symptom; I have never seen a patient, except one, recover under such circumstances. This was a boy who was a patient at the Meath Hospital about ten years ago; he had ascites, during the course of which he was attacked with vomiting of blood; this, however, was checked without much difficulty, and he ultimately recovered.

Now as to our mode of treatment. This young woman, as you may have observed, is very much debilitated, her pulse is quick, but it is also small and weak; she has a cool skin, and there is no tenderness of the epigastrium; I have therefore given up all idea of treating the case antiphlogistically, and intend to treat it as a case of passive hæmorrhage arising from a congested state of the gastro-intestinal mucous membrane, connected with organic disease of a chronic character, and not with active inflammation. I have ordered

* This case proved to be one of subacute laryngitis, and yielded to the remedies employed.

a variety of remedies in succession, one to be employed if the other fails; for in cases like this it too often happens that all calculations drawn from previous experience are found to be vain, and our only chance of doing good rests in our being so fortunate as to hit on something which happens to make a favourable impression on the disease. I have in the first place prescribed the sulphate of iron in doses of half a grain, combined with one-sixth of a grain of opium, to be taken every third hour. In this way the patient will take from four to six grains of the sulphate of iron in the course of twenty-four hours. I need not explain to you that this remedy possesses powerful astringent effects; as a means of checking hæmorrhage from the stomach and small intestines it has been recommended on very high authority. We have combined with it a small quantity of opium on the same principle which guided us in combining laudanum with acetate of lead in the case of intestinal hæmorrhage to which I have already alluded. If this fails, I have ordered the spirit of turpentine in doses of ten drops *in a spoonful of ice-cold water*, to be taken every half hour. The *rationale* of this prescription is easily understood. Cold acts as an astringent, and tends to excite contraction in the vessels of a part affected with passive hæmorrhage. Turpentine is also well known for its effect in checking hæmorrhage, particularly from small superficial wounds, where the capillaries are principally engaged in pouring out blood. Should these measures prove unsuccessful, we shall have recourse to acetate of lead and opium. I beg leave to observe here, that it is not my intention to give up any of these remedies hastily, and before a sufficient trial has been made; each is to be carried as far as shall be deemed necessary to obtain its specific effects, and the whole process is to be conducted under the superintendance of Mr. Nalty, in whose judgment and discretion I have good reason to confide. If the hæmorrhage should still continue, I have determined to make trial of ipecacuanha, a remedy which has been employed with remarkably good effect by Richter of Gottingen, and by Dr. Sheridan of this city, who in cases of hematemesis was in the habit of giving it to the amount of twenty-five or thirty grains in the day. I have myself prescribed it in doses of half a grain, a grain, and even two grains, every second hour, in pulmonary hæmorrhage, and certainly with very good effects. I cannot explain the rationale of prescribing for vomiting of blood a remedy which is generally followed by vomiting. The patient generally vomits after taking two or three doses, but it is a curious fact that the matter ejected from the stomach contains little or no blood. I shall say no more with respect to this case at present; until the disease has become more developed, or the effect of remedial means becomes apparent, it would be premature to make any further observations.

A few words with respect to the case of Mary Eyre, who has been under treatment for the last two or three days. This woman who is a butcher's wife of sanguineous temperament and highly plethoric habit, her person exhibiting a ponderosity and bulk quite at variance with the idea of spare diet, and her face blushing with gutta rosacea not the result of an exclusive preference for water drinking, has been labouring for some time under rheumatic arthritis produced by cold. Notwithstanding her plethora however, she appears to be a person of excessively acute feelings, her sympathies are reflected on herself with a wonderful intensity, and knowing the value of flesh and blood, she entertains a rooted aversion to every form of sanguineous depletion. She cried bitterly when a few leeches were ordered to be applied to the inflamed joints, and deplored her melancholy fate in terms of the deepest sorrow. It is rather rare to meet with a case of such acute sensitiveness among hospital patients in this country; in private practice you will occasionally meet with such persons, and when you do, you must always make up your mind to bear with a great deal of annoyance.

The history of this case is briefly, that the patient about a week before admission, was exposed to cold, which was followed by shivering, feverishness, rheumatic arthritis, and an affection of the bronchial mucous membrane. By the use of leeches to the joints, and smart purgative enemata, we have considerably ameliorated her condition; her fever is reduced, the pulse has come down, and the cough is not so violent nor harassing. The arthritic symptoms however continue, and with the view of getting rid of these, I intend to put her immediately on the use of colchicum. There is one circumstance however, to which I would particularly direct your attention in this case, and that is the bronchial affection. The patient complains of great oppression about the chest, and severe harassing cough. Now, when bronchitis attacks a person labouring under the rheumatic diathesis, it assumes a peculiar nature, and requires a treatment differing in its principles from that which is employed in simple acute bronchitis. It is not here nothing more than mere bronchitis from cold; it is bronchitis occurring in a rheumatic habit, and modified by the rheumatic diathesis. With regard to treatment, there is also a vast difference between common and rheumatic bronchitis. In the former, you must leech, cup, and blister, and when the acute stage of the disease is past, you must have recourse to various kinds of expectorants; but in the latter, the physician must, after the proper application of antiphlogistic measures, choose his expectorating and diaphoretic remedies from the list of those which experience approves of in the second stage of gouty and rheumatic arthritis.

If the colchicum, which we are about to prescribe in this case, cures the rheumatism, it will cure the bronchitis also. Both of these affections are connected with the same constitutional tendency, and both are amenable to the same therapeutic agents. In gouty and rheumatic bronchitis the action of colchicum is most efficiently aided by some blue pill, and by calcined magnesia; and where the fever and activity of the inflammation are diminished, diaphoretics, particularly Dover's powder, proves eminently beneficial, much more so than in catarrhal bronchitis. The fact that gout or rheumatism has been excited by the same cold which gave rise to the bronchitis, will assist you much in determining the nature of the latter, and there will be no difficulty in the case, if the person has had frequent attacks of gout, and if his pectoral affection immediately preceded or followed that of the joints, *without any obvious cause* such as cold: on this point most writers on diseases of the chest have displayed a remarkable deficiency. No author has as yet given a clear and comprehensive view of the manner in which pulmonary disease is connected with constitutional diathesis. I have alluded before to some important errors committed by Willan and others in the arrangement of cutaneous affections; they have merely attended to the peculiarities of a disease as affecting only one or two tissues, and have almost entirely lost sight of their connection with constitutional diathesis. Hence it is that their arrangements have been so justly found fault with by Alibert, Richter the younger, and many other Continental pathologists. It is the same thing with respect to the diseases of the lung; scarcely any notice has been taken of their connection with certain states of the system, and the only constitutional disease whose effects on the pulmonary system have been at all well studied, is scrofula. The effects of rheumatism, gout, scurvy, and syphilis have been almost completely overlooked.

Before I conclude, allow me, gentlemen, to make a few observations on the treatment of iritis; you are all aware from what you have seen of my practice that it consists in the antiphlogistic treatment, general and local, combined with a prompt exhibition of mercury, the use of belladonna ointment, &c. Now there is one point of practice, not laid down in books, but which is very important, I mean the exhibition of spirit of turpentine internally. This remedy was first recommended in iritis, as is well known, by Mr. Carmichael, junior, of this city; since the date of his last publication on this subject, I have had opportunities of observing its effects, and I have arrived at some conclusions on the subject, by no means uninteresting, for they tend to establish that spirit of turpentine is an excellent adjuvant to mercury in the cure of iritis. Who has not remarked the curious fact that when iritis is yielding rapidly to mercury at the time salivation comes on, the improvement in the eye may cease after a few days in some cases, although the mouth is still sore? The practitioner is then embarrassed, and hesitates to decide whether he shall resume the exhibition of mercury; as he has no other resource, he does so, and again gives calomel freely, and again the eye improves. In a few days the mercury is again laid aside, either because the patient is suffering much from its effects, or because the physician thinks the inflammation is quite subdued; how much is he mortified then to find that in the course of a few days, and without any apparent cause, the eye is threatened with a relapse. The sight again becomes dim and clouded, the zone round the cornea becomes again red, and pain is again complained of. What is now to be done? Is there no other resource but mercury? Yes, gentlemen, I have much pleasure in being able to assert with confidence, that spirit of turpentine is a most valuable remedy under these circumstances; no one, indeed, can justly estimate its value, who has not been placed in the embarassing situation above described. I first tried it in a case that I attended along with Mr. Carmichael, sen. and Mr. Colles. A gentleman, of robust frame, aged twenty-two, had contracted chancres. He remained in the country for several weeks, and then came to town for advice, and placed himself under my care. I directed rest, cooling aperients, and cleanliness for a few days, in order that I might have time to form an opinion as to the necessity of giving mercury. In the meantime, he felt himself not quite well, and one of his eyes became red and watery. I at once feared syphilitic ophthalmia. This new affection resisted the ordinary antiphlogistic means, and in a short time its nature was evident. I had now the benefit of Mr. Carmichael and of Mr. Colles' advice, and mercury was boldly given. In a very short time the mouth was touched, and the iritis checked in its progress.

As our patient had more than once been attacked with a spitting of blood since puberty, we were anxious to cure his iritis with as little mercury as possible, and we, therefore, desisted from its use, as soon as an evident improvement had taken place in the eye. In a few days, however, we were again forced to resume it in larger and repeated doses, for the redness of the eye, the pain in the eyebrow and the dimness of sight had suddenly came back. This time we persevered in the use of mercury much longer, until, in fact, all danger of a relapse seemed over, so much so that both Mr. Carmichael and Mr. Colles took their leave, a step in the propriety of which I fully concurred. Judge, then, Gentlemen, how much I was mortified at observing another relapse of the iritis in the course of a few days, and that while the mouth was still sore, very sore from the mercury previously given. I was much embarrassed as to the mode of practice I should adopt, and felt very unwilling to begin with mercury a third time, fearing that a scrophulous diathesis might be thus acted on unfavourably, and spitting of blood excited at no distant period. At length turpentine suggested itself to my mind; I remembered what Mr. Carmichael, jun, had written on its exhibition in certain forms of iritis, and it struck me forcibly that I was justified by analogy in expecting advantage from its employment; I accordingly gave my patient thirty minims of spirit of turpentine well diluted with barley water three times a day; the effect was most satisfactory; the very next day the eye was evidently better, and it improved steadily afterwards until it became perfectly healthy. We continued the use of the turpentine about a fortnight. Since the occurrence of this case I have met with several others, one of which was under the observation of my class at the Meath Hospital, and for the subjoined notes of which I am indebted to Mr. Mahood:—

Martin Keyburn, ætat. 17, was admitted on 30th May. States that he had an impure connection about two months ago, and that a fortnight after he observed a sore on the penis, or rather, as he describes it, an excoriation, situated at the frænum, to which he applied bluestone, and on the

following day the prepuce became so swollen that retraction was impracticable for nearly six weeks, accompanied with a copious discharge: about this period he with some difficulty effected this object, but the pain and swelling which ensued caused him instantly to replace it, and at the time he observed that the force required caused blood to issue from the abraded surface. The swelling having decreased, he was enabled to retract the prepuce, without much difficulty after a lapse of six or seven days, notwithstanding not having been under the influence of medicine, and on his admission into the hospital he presented the following appearances.

The body densely covered with a syphilitic eruption, pains in the lower extremities, no swelling of penis, but on and about the frænum there is an extensive excoriation, but no hardness; iritis of right eye, left one quite well; no fever; bowels regular.

To commence by a small bleeding.

30th.—Venæsectio ad ℥xij.

℞ Calomel. gr. ij. Ft. Pilula, quater vices in die sumend.

31st.—Rept. Pilulæ. Lotio nigra peni.

June 1st.—The eruption is disappearing, but both eyes are now affected. States he can see very well with left one, but that there appears to be a cloud between him and the object when looking with the right; violent pains in the small of the back; intolerance of light.

℞ Ext. belladonnæ superciliis.
Hirudines xviij. infra orbit.
Enema cath. statim. Rep. Vesp.

2nd.—Eyes better, not so red. Rep. Pilulæ.

3rd.—Rep. Pilulæ.

4th.—Eyes much improved; redness disappearing. Rep. Pilulæ.

5th.—Rep. Pilulæ.

6th.—Omitt. medicamenta; redness disappeared.

8th.—Redness reappeared; bowels regular; sleeps well. Rept. Pilulæ. Rept. Ext. bellad. superciliis.

9th.—Did not get belladonna applied; eyes better; no redness; sore on penis quite healed.

10th.—Omitt. Pilulæ.

11th.—No redness of eyes.

12th.—Eyes have become red, without any attributable cause; other symptoms of iritis show a tendency to return.

℞ Ol. terebinth ℈j. quater vices in die sumend.

13th.—Redness much diminished. Rep. Ol. terebinth.

14th.—Redness disappeared. Rep. Ol. terebinth.

15.—Sleeps well; has nothing to complain of; no venereal eruption. Rep. Ol. terebinth.

This boy continued his medicine for another week, and perfectly recovered. The effect of the turpentine was here very striking and satisfactory. To conclude, Gentlemen, you perceive that though I cannot boast of being the discoverer of the use of turpentine in iritis, I may claim the merit of being the first to employ it to overcome the tendency to relapse where mercury has been given.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.
Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c, &c.

When the inflammation is confined to any specific portion of the lungs, say to its diaphragmatic surface, or to its root, or is circumscribed in the interior tissue of the organs, diagnosis by auscultation or percussion is exceedingly difficult, and often impossible; and we know that even in severer cases the signs furnished by the pulse, by the patient's aspect, and by his manner of breathing, are liable to much fallacy, and are therefore little trustworthy in pneumonic attacks such as we have been describing. In these, as in other instances, the indications of the sputa are of the greatest practical value. The following case is recorded by Andral:—"A man, twenty-seven years of age, walked from Guéret to Paris in six days; he coughed a little when he left Guéret, and the wind was very rough. When he arrived in the evening (16th) he felt ill, and shivered, as he had done during the greater part of the journey, and as he continued to do through the nights of the 16th and 17th. On the following morning the shivering left him. On the 18th he felt an acute pain on the right side below the breast, which was a little relieved by hot applications. Fever prevailed on this and the next day, and he continued to cough without expectorating. On the 20th he entered La Charité. Face calm, displaying a yellowish tint about the nose and eyes, sensitive and intellectual faculties unimpaired; strength little affected, lying on his back; respiration free and very slightly accelerated. Deep inspirations could not be made from the pain which existed on the right side. *The sound was perfect on both sides:* cough frequent; sputa yellow, viscid, united into a trembling and transparent, rather abundant mass; pulse frequent and small; tongue humid and clear; thirst; anorexia; belly soft; constipation. The symptoms altogether appeared to indicate the existence of simple pleurisy, complicated with catarrh, but the sputa appeared to M. Lerminier sufficiently characteristic to point out pleuro-pneumonia, notwithstanding the clear sound of the chest. Twelve leeches to the right side. 22nd. The yellowness of the face was more pronounced, and extended over the body; pulse very frequent; respiration rather difficult; cough frequent; expectoration aqueous and brownish, like to the juice of prunes. 23rd. Features of the face altered and collapsed; extreme weakness; inspirations short and frequent. The sound of respiration is perfect all over the chest; it is sonorous everywhere on percussion. Pulse frequent; skin hot; tongue humid and white; nausea continual; constipation. Some hours afterwards the patient vomited a black matter. His features sunk rapidly; he lay on the right side; face pale; eyes fixed; mouth open. *Rale des mourans;* pulse thready. Death in five hours. *Ouverture* forty hours subsequently. The lungs were crepitant on their surface, and engorged with a colourless frothy serosity. On approaching the right lung, we found its tissue reduced to a greyish yellow pulp, crushing under the finger, and infiltrated with a purulent sanies. Grey hepatization was announced by the expectoration on the seventh day. In tracing towards the summit of the lung, we found under its internal faces spots of red hepatization. Gastric mucous membrane was red."

Pneumonia occurring in subjects affected with heart disease, is liable to have the chief of its symptoms masked or made unintelligible by the chronic ailment or its consequences. But it is not possible for us to be deceived in the evidences of the expectoration. Some weeks ago I was hastily summoned to a patient (a man ætat 43,) whom I had previously attended for an attack of acute pericarditis complicated with rheumatism. He had for years laboured under hypertrophy of the right side of the heart, with patency of the tricuspid valves. He was habitually œdematous, his pulse was constantly and irregularly intermittent, he had a frequent cough, easily exasperated, with occasional violent attacks of palpitation of the heart, and painful suffocating dyspnœa. On inquiry, I found that he had been exposed to some inclemency a few days before, and had since that time suffered from an aggravation of his old symptoms. In addition to these, he complained of a dull pain on each side of the lower portion of his chest, slightly increased by forced inspiration. But it ought to be observed that his dyspeptic and rheumatic visitations, which were very frequent, were always accompanied by these thoracic pains. Tongue pale, flabby, and trembling; pulse quick and irregular; thirst urgent; constant cough, and difficult expectoration of viscid opaque mucus. This kind of sputum he was in the regular habit of discharging. The signs of auscultation and percussion were rendered useless by the extremely œdematous state of the parietes of the chest. In the absence of satisfactory evidence to the contrary, I regarded his present condition as an augmentation, *not specific*, of the symptoms of his old disease. He was ordered a mixture of camphor water, ether, hyoscyamus, and laudanum, every two hours, with sinapisms to his feet, and hot fomentations to his chest. In the evening I visited him again, and found him in no respect improved. His sputa, however, had become more transparent and viscid, and were of a bright orange colour. These told faithfully the tale of the patient's sufferings. Contrary to my first impression, I decided that the case was pneumonia, and treated it accordingly with such febrifuges, antimonials, mercurials, and depletives, as my patient's strength enabled him to bear. Under this plan he improved, and at the end of a fortnight was only the chronic sufferer he had been before.

Andral has remarked that in cases of aneurism of the heart, it is difficult to recognise an accession of pneumonia. "Suppose for example" (he says) —and this supposition is too often realized—that an individual already the subject of organic disease of the heart, is suddenly attacked with pneumonia: the unusual increase of respiration, the increase of dyspnœa, the quickened pulse, the more uneasy state altogether which the patient may exhibit, may very naturally be attributed to a sudden increase of the symptoms of the heart affection: and these are what are observed daily. The appearance of cough is not likely to inform us more, for pulmonary catarrh is an ordinary complication of aneurism of the heart; in fine, percussion only gives very imperfect information, in cases where the thoracic parietes are œdematous. The signs furnished by the examination of the sputa, and by the method of auscultation, are alone those which are able to tell us that pulmonary inflammation is present. But auscultation itself, seems to us, insufficient to distinguish a pleuritic effusion from hepatization of the lung. A sailor twenty-eight years of age, of strong constitution came into the hospital St. Louis, and presented the following symptoms of disease of the heart. Dyspnœa, augmented by the least movement, face livid, lips blue, ascitic; œdema considerable in the lower extremities, and in the thoracic parietes; palpitation of the heart, often much increased; pulse hard, regular, and habitually frequent; cough frequent and painful, sputa thick and green. On the 13th day of his entrance his respiration was much accelerated, the pulse more frequent than on the preceding days, the palpitation of the heart stronger, and th face more bloated. Percussion could give very little information on account of the infiltration of the integuments of the chest. (Auscultation was not practised, because it was scarcely known—1819.) This state was regarded as dependent upon disease of the heart. But the next day, the expectoration, suppressed during the night, reappeared with new characters. The patient expectorated a great quantity of sputa, formed of gelatinous transparent masses, of a saffron yellow, detaching themselves easily from the vessel. From the nature of the sputa, M. Lerminier did not hesitate to announce the existence of pneumonia. The sputa went to the height, and then indicated resolution, which followed." (1)

Thick mucous sputum, of variable opacity and density, is discharged in most chronic affections of the respiratory organs. In dilatation of the bronchi, in angina pectoris, in heart disease, in asthma, in subacute bronchitis, especially the lingering form (2) of it which is met with in old people, in every stage of phthisis, but chiefly the second, and in the morning expectoration which attends some varieties of dyspepsia and bilious disorder, it is especially prevalent. With some people it is a permanent trouble, capable of being aggravated or relieved by

(1) Op. cit. p. 46.

(2) In some cases, this kind of expectoration alone prevails throughout the whole course of phthisis. It was first observed by Dr. Huxham in his Observations de Ære et Morbis Epidemicis Plymuthi factæ; 1752. Dr. Gilchrist next alluded to it in his work "On the Use of Sea Voyages in Medicine; 1756. It is now well enough known that phthisis may terminate fatally before the tubercles are softened, or even passed from their primitive state, and it is not common in such cases for the sputa to be purulent; but Andral says that he has seen examples of phthisis, with the softening of tubercles and the formation of caverns, and yet the expectoration was mucous throughout the disease. *Clin. Med.* trans. by Spillan, p. 474.

atmospheric and constitutional variations, but never entirely subsiding (3). In certain seasons, also, as the spring and autumn, it commonly undergoes a marked increase. A sudden cessation of the cough and expectoration, particularly in old people who have been for years the subject of them, is often succeeded by apoplexy, paralysis, or sudden death.(4.) Its most gradual decline in adult life is apt to be followed by gout, gravel, cerebral disturbance, or gastro-intestinal disorder; and in advanced life, by local or general dropsy, visceral diseases, congestions, &c. An arrest of the more viscid and transparent form of this sputum is instantly followed by an aggravation of the pneumonic symptoms, and not rarely by fatal hemorrhage from the lungs. A resolution of the disease which this sputum accompanies, is indicated by the latter passing into the more opaque and diffluent form of its own variety, or into the "thin insipid mucous sputum." The progress of the disease, on the contrary, is marked by the expectoration becoming "purulent" and ash coloured, or fœtid," or thin, tinged with a colour like that of prune-juice.

(3) In many of these cases the discharge appears to be a kind of peculiar catarrhal affection, just as with some subjects a similar sort of defluxion occurs from the nose. It is often, also, excessively offensive. Frank, in treating of catarrh, says "tandem nunc citius, nunc tardius, loco seri pellucidi, liquidum paulo crassius, mucosum, ac sensim, sensimque, cum facilitate majori, glutinosa, vel alba, vel flava, interdum subviridis, vel striis ex sanguine remistis, *sat fœtidi subinde, odoris*, pituita, copiose ac plures per dies emungitur." De Cur. Hom. Morb. Epit. 5. 108. Andral has met with cases of simple bronchitis in which the odour of the sputa was nearly equal to that of the greyish sputa of gangrene of the lungs. As no particular lesion of the bronchi existed that could account for it, it was naturally enough referred to a peculiar alteration of the proper bronchial secretion. *Clin. Medic.* trans. by Spillan. 304-5.

(4.) Sometimes it happens that the cough and expectoration of chronic bronchitis will cease, though the secretion from the bronchial membrane continues, and this fluid pouring into the minute bronchi and air cells, fills them and occasions death by asphyxia. Andral relates a remarkable case. A man, forty-five years old, having had the preceding year a pleuro-pneumonia, entered La Charité in August 1820. Since his illness he had continued to cough; he complained of his respiration being habitually embarassed; all the right side of the chest, when percussed, yielded a very dull sound. The patient lay constantly on that side; breathing short, cough frequent, with expectoration of a great quantity of opaque mucus, resembling the sputa of chronic bronchitis; pulse hard, but not frequent. Great emaciation, functions of digestive organs intact. Same state during the fifteen days following. All at once, on the night of the 15th Sept., the patient awoke in a state of imminent suffocation, and expectorated in a very short time an enormous quantity of mucous sputa, which he seemed really to vomit. They united into a homogeneous mass of a greenish yellow colour, which flowed from the vessel when inclined. However, this liquid being continually carried into the trachœa and larynx, and filling them more rapidly than it could be expectorated, soon suffocated the patient.

In this case, the excessive secretion which took place suddenly on the inner surface of the air tubes, had been preceded by chronic bronchitis; it was only the expectoration usual in this disease, which, without any known cause, without any appreciable exasperation of the inflammation, became so abundant, and so rapid all at once, that the patient died asphyxiated, as in the case where a purulent or sanguineous tumour opens into the bronchi."—(Clinique Medicale, trans. by Spillan, p. 310.)

The unfermented bread of Mr. Dodson for the use of invalids, has been submitted to our examination by its ingenious inventor. We are happy to be able to say that the encomiums of so many of our learned brethren in its favour are not undeserved.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, May 29, 1845.

On a Species of Paralysis peculiar to Nurses.—M., ætat. 25, was confined ten months ago, and suckled her child, which was affected with *syphilides*; she has been ailing for the last four months, though not sufficiently so to be laid up; about a fortnight ago, after a violent attack of diarrhœa, she was affected with a peculiar rigidity in the muscles of the arms and legs, and especially in those which move the fingers, which were incapable of voluntary motion, though they could be bent, and extended without causing pain; the muscular contraction was not continuous, but for a few minutes only, with an interval of several hours; as soon as the spasmodic contraction was past, the parts assumed their normal condition; fever, and red tongue. All these symptoms soon yielded to venesection. Professor Trousseau remarked, that he had had frequent opportunities of seeing perfectly analogous cases, and they were rapidly cured by the same method of treatment.

On Accidental Retraction of the Limbs; by Morel Lavallée, D.M.P., former *interne* to the Paris Hospitals, and laureat of the same, Member of the Anatomical Society, &c.—(continued).—*Diagnosis:* The signs of retraction (when caused by a cicatrix) are so evident to sight and touch, that the lesion can be readily recognised. Its characters will be given in a few words at the end of this chapter, which will be almost entirely devoted to the examination of retraction of the muscles and normal fibrous tissues, it being principally these two varieties which may be confounded either with each other, or with lesions of the osseous system. Some of the forms of all these are so clearly distinguishable that we may pass their diagnosis by. Such are those which have not their origin in an articulation, but are either caused by a disturbance of the nervous system, or by direct lesion of the muscles, the cellular tissue, or the aponeuroses, by pressure, wounds, &c., with anchylosis, produced by the formation of an osseous tumour, which, extending from one bone to the other, prevents motion. The only case which might perhaps present some difficulty is, when after a chronic affection, the articulation has become less mobile; this may be owing to osseous vegetations formed around the joint, or the retraction of the muscular or fibrous tissues, especially after rheumatism, which is as frequently followed by the one lesion as the other. But each has its characteristic signs, which are easily appreciable when the seat of the disorder is superficial; the former by the abnormal osseous swellings around the articulation, the latter by the tension of the retracted tissues. On the other hand, when these exostoses, muscles, aponeuroses, and ligaments are so deeply situated as not to be felt, how is the diagnosis to be established? The following sign was of service in a doubtful case, in which the diseased part (now in the author's possession) was examined after death. When we endeavour suddenly to place the limb in its natural position, we find ourselves stopped all at once by a shock which is too sharp to have been produced by the soft parts, which are but moderately on the stretch. Another sign of incomplete osseous anchylosis is, that the morbid condition which has deformed the articular surface or its edges, very seldom limits the mobility in one direction alone, as motion is almost always diminished in the direction in which the limb is bent. These two signs—the shock and the limited mobility—existed in the case above-mentioned, in which, after an attack of arthritis, the right elbow remained in a state of permanent semi-flexion, and whenever an attempt was made to bend or extend the limb, the surgeon was stopped suddenly by the sharp shock already mentioned. The patient died of phthisis in the wards of Professor Dumeril, and at the *post mortem* examination a bony excrescence was discovered, which encroached on the surfaces of the articulation, and considerably diminished their extent, both anteriorly and posteriorly. In muscular and fibrous retractions, the parts resist when the operator seeks to straighten the limb, but the resistance does not take place suddenly, and is not accompanied by a shock, but by the tension of the affected parts—a tension which is visible when they are sub-cutaneous. Moreover, it is possible, except when the limb is retracted to its utmost limits, as the fingers in the palm of the hand, the foot against the anterior surface of the tibia, &c., to render the retraction greater,—for instance, when the leg is in a state of semi-flexion, it may be bent so as to touch the thigh, the contrary motion alone (extension) being impracticable. In the hand and foot, the possibility of moving the articulation just above the one affected, and in a direction opposite to the retraction, furnishes an important diagnostic sign. Thus, if the second phalanx is permanently flexed, while the first is easily extended on the corresponding metacarpal bone, the palmar aponeurosis, and the flexor tendons are not engaged in the disease, the causes of which must be sought for in the bands described by Dr. Goyraud, as extending from one phalanx to the other—in the shortening of the lateral ligaments, which are favorably situated to produce such a result, or in lesions of the bones. The bands in general do not exist without a shortening of the palmar aponeurosis, and the sharp noise or shock already described, if it be possible to hear it in such small bones, indicates a lesion of the osseous system, whereas, when these two are wanting, it is highly probable that the cause consists in shortening of the ligaments.

When incomplete anchylosis and retraction exist at the same time, the signs of the two are mixed, and generally each is rendered more difficult of diagnosis; the peripheral osseous vegetations are perhaps the only ones which may almost always be readily felt. The diminution of the movements produced by the lesion of the bones renders it impossible to appreciate, by extending the limb, the degree and even sometimes the existence of the retraction, and this last, by limiting the motion, tends to render the osseous shock less sensible or entirely imperceptible. This, however, may sometimes be observed by relaxing the retracted tissue as much as possible, by the position of a neighbouring articulation; for instance, the muscles of the ham, by extension of the thigh, &c. With respect to the treatment, it is highly important to ascertain whether the retraction is complicated with any considerable lesion of the articulation; this may be ascertained by properly appreciating the value of the more or less marked, and more or less numerous signs, which are found in combination. The differential diagnosis of muscular and fibrous retractions is worthy the greatest attention, because on it often depends the choice of the method of treatment. In establishing this comparison, those cases which, having lasted some time, present a certain degree of severity, and consequently are of practical importance, will be taken into account. Thus, we shall not examine the instinctive spasmodic contraction of the muscles, which takes place in order to prevent a painful movement, or a change of position in a fracture, of which spasm a curious example has been published by the author. Is it not superfluous to occupy our time with subjects so simple and so clear?

There is a muscular retraction which cannot be confounded with any other; it is symptomatic of disease of the encephalon. It may, if sufficient attention be not paid, escape observation at its commencement, and even at a more advanced stage, if it affects children: thus a convulsive affection may appear, and seem to have terminated favourably, whereas, in reality, it has left behind it a club-foot, which the carelessness of the nurse prevents her perceiving until six months afterwards, when the child's foot is put to the ground. This neglect, which the author has once witnessed, fortunately does not often occur. The retraction, produced by a morbid over-excitement of the nerves, is limited so precisely to the parts in which these last ramify, that this circumstance, added to the previous lesion of the nerve itself, at once removes all difficulty. The same remarks are applicable to that caused by paralysis, or the section of antagonising muscles. The retractions of the aponeuroses, or bridles, which are seen or felt under the skin, in a direction or distribution different from that of the muscles of the part, will like the long falciform band observed by Professor Gerdy on the inside of the arm, constantly

on phlegmonous erysipelas, be easily recognised by this sign.

The only parts of these two systems—and they are numerous—in which these retractions may be confounded, are those similarly disposed; for instance, the muscles and their sheaths, and the aponeuroses, and flexors of the fingers and toes. In these cases, the tension, shape of the affected organ, and the pain produced by traction, are the same; besides which, their causes, mostly of rheumatic origin, favour both hypotheses. How, then, can the difficulty be solved? In the first place, muscular and fibrous tissues present a marked difference when the lesion is carried to a certain extent, in the mode in which they yield to the efforts made to extend the limb; for the former will permit its being straightened to an extent which the latter could not allow without rupture. Thus, a permanent semi-flexion of the leg may be made to disappear almost entirely when it is owing to muscular contraction, without causing much pain or any serious disturbance; and if there are some cases in which this sign is scarcely evident, its importance is diminished, but it is not valueless. In a similar case of flexion, when produced by a fibrous retraction, the extension cannot be obtained without rupture, as is evident from the crackling noise which is heard. Secondly, when the operator seeks to place the limb in its normal direction, the part which is the cause of the flexion, is more or less stretched. Now, if the fleshy part of the muscle, parallel with the aponeurotic bands, remain soft, it evidently has nothing to do with the affection. On the contrary, if it become hard, though this may lead to the supposition that it is the cause of the affection, still it does not positively indicate it, because the pain produced in the fibrous tissue by the traction, may induce contraction in muscles which are in their normal condition. In order to avoid this insidious co-operation, and to obtain useful indications from the physiological consistency of the nerves, the part must be examined with the utmost care, and extended slowly and gently. This condition of the muscles of the forearm is especially useful in the differential diagnosis of retractions of the fingers, and even in cases in which it would appear to be impossible; viz., when the lesion is produced by the aponeurosis which covers the centre of the muscle, which, owing to this, may by its contractions be supposed to be the cause. In these cases, the antibrachial aponeurosis by its union with the palmar, may produce flexion of the fingers or wrist. The relation of the following case, taken from a memoir by Professor Gerdy, will indicate the signs by which muscular may be distinguished from fibrous retractions; the remarks of the learned Professor will explain the theory of these lesions.

Case.—Dubreuil (Jean) ætat. thirty-four, joiner, entered la Charité on the 26th February, 1844, having at the union of the upper and middle thirds of the forearm a longitudinal wound about four inches in length, made by a plane. At the moment it occurred he went to another hospital, where the lips of the wound were united by strips of sticking-plaster around the limb; which having been followed by erysipelas between the wound and the elbow, were removed by the patient himself before he came to la Charité. 27th. Edges of the wound separated, swollen, allowing the tendon of the radialis internus to be seen; movements difficult, on account of the erysipelatous tumefaction of the upper part of the fore-arm. From 28th February, to 16th March, the erysipelas yielded to lotions with Goulard water; the wound which had been dressed with linen, simple cerate and lint, was partly healed. 17th March, the inferior two-thirds alone completely cicatrized, the superior third covered by granulations; he had difficulty in extending the hand and fingers, which increased daily. 23rd. Wound nearly cicatrized, fore-arm bent on the arm; the hand forming a slight angle with the fore-arm; fingers more than half bent; the third phalanx alone could be extended. In examining the fore-arm, whilst an assistant endeavoured to straighten the fingers, a marked retraction produced by powerful tension of the antibrachial aponeurosis, was felt immediately under the skin, extending from the bend of the arm to the palm of the hand; superiorly this retraction reached from the epitrochlea to the centre of the bend of the arm, descended obliquely to the palm of the hand, passing under the wound, and was of a triangular shape, the base being situated superiorly; when the hand was extended, it jutted out sufficiently to be very visible; under the upper half of the wound a considerable induration could be felt, about an inch in breadth and two in length, adherent to the wound, and also to the fibrous layer just mentioned; it followed all their movements and could not glide over the aponeurosis like the lower part of the cicatrix, and the skin of the rest of the limb. Emollient poultices, tepid arm baths.—31st. The remedies employed having produced a slight improvement, the hand and fingers were submitted to gradual and forced extension, during which a noise was heard as if something had snapped, accompanied by a smart twitch of short duration, after which the parts yielded, and the result was that the fingers and hand could be almost completely extended; a part of the retracted tissue had evidently been ruptured, not elongated, since the adhesion, the induration, and the retraction of the aponeurosis caused by the lesion of its tissue still existed. Emollient poultices and arm baths were prescribed, and a splint extending from the bend of the arm to the tips of the fingers applied.—3rd April. Extension was made a second time, and caused another rupture; fingers and hand could not be entirely extended; a tense band passing under the cicatrix (the upper two-thirds of which adhered to it) still extended from the bend of the arm to the wrist; its breadth superiorly was about 2½ inches; opposite to the cicatrix, three-quarters of an inch; and from this part to the wrist about an inch; its length from the bend of the arm to the induration about two inches.—16th. For the last week the splint had been removed, and the poultices no longer applied. The changes remarked were—the fore-arm, hand, and fingers could be completely extended; induration under the wound not diminished; no tension nor retraction between the cicatrix and the wrist; but from the cicatrix to the bend of the arm it still existed; but the breadth of the aponeurotic band which produced it was not so visible, its edges being united to the surrounding tissues; cicatrix adhered only to the aponeurosis and not to the tendons, which move freely under it.

It may be concluded from the preceding, 1°, that the cause of the retraction originated in the wound; but as it was complicated with inflammation and suppuration, and followed by cicatrization, there remains to be considered to which of these circumstances the retraction ought to be attributed. This however can only be decided by comparing this case with analogous ones whenever they occur. 2° That the lesions consecutive to the wound and its cicatrization consisted (*a*) of an induration of part of the cicatrix, and its close adhesion to the subjacent cellular tissue and layers of the antibrachial aponeurosis; (*b*) of a retraction of the antibrachial aponeurosis, principally above the cicatrix; (*c*) of an increased breadth of the bridle, as it was examined higher up.—3° That it is far from being proved, nor indeed is it probable, that a muscle participated in the retraction of the hand and fingers, which occurred during the cicatrization of the wound. In fact, in the first place, the muscles were soft, supple, flexible, not painful, and contractile as in their normal condition; secondly, the retraction of the aponeurosis, which evidently existed, was sufficient to account for the flexion of the hand and fingers. As to the noise heard when the part was forcibly extended, it may have been produced by the rupture of a recent adhesion between the tendon of the radialis internus, the anti-brachial aponeurosis and the cicatrix (the palmaris longus was wanting); or by the rupture of some of the fasciculi of the retracted aponeurosis. The latter is most probable, for the patient felt the pain only on the inner side of the cicatrix, and not at all in the tendon of the radialis internus.—4° That attentive observation shows that the affection was not dangerous; the forced extension of the hand and fingers was not very painful; the flexion caused by mechanical retraction almost entirely ceased when the parts were extended; and the retraction afterwards gradually diminished by the application of an apparatus, emollient poultices, and baths.*

This patient was examined by the author at a period when the aponeurotic retraction still visibly existed. When the fibrous band does not extend on the fingers, parallel with the tendon of the last retracted phalanx, and when in cautious extension of the parts, the resistance is offered by the third phalanx; it is the flexor digitorum profundus which keeps it bent, at the same time that it acts on the others consecutively. On the contrary, if it be mobile, while the others remain permanently flexed, as the author observed in a patient of Professor Velpeau, the cause is to be sought for in the flexor digitorum sublimis, or in a fibrous band. The mode in which the parts resist when traction is made, the firmness of the muscles of the fore-arm, the state of the skin in the palm of the hand—often shortened and hardened—and finally, the state of the sub-cutaneous bands or the palmar aponeurosis, tend to elucidate the question.

The comparison, with respect to the diagnosis, between deformities of the limbs produced by lesions of the soft parts, or of the bones, by muscular or fibrous retractions, has already been examined; but in order to carry the distinction to its utmost limits, the precise seat of the retraction in the two systems ought to be pointed out, that is to say, the band or the muscles affected. But this precision, which is in general easily attained, is of very little importance, except when the lesion is situated in the flexor muscles of the hand; the means by which they may be recognised have already been detailed.

Before closing this chapter a few remarks may be added on the diagnosis of cicatrices, viz., that it is highly useful to distinguish not the nature of the retracted tissue, this being evident, but to examine, 1°, its thickness; 2° its connexion with the subjacent tissues, with which it may be united; 3°, whether adhesion has taken place with a tendon, in which case it is impossible to obtain and dangerous to attempt the re-establishment of the cavity—the chest in retractions of the arm, or abdonormal motions; with a vessel or any important men in those of the thigh; with an articulation; 4°, its extent, its strength, and the inconveniences it produces in the functions of the limb; finally, it must not be forgotten that three species of retractions, and especially the two first, often complicate one another, and that each must be diagnosticated by its peculiar symptoms.

On the efficacy of Ipecuana in Bilious Dysentery. By A. Millet, of Tours, D.M.P.—Though opinions are unanimous as to the necessity of having recourse, in this affection, to remedies supposed to act promptly and efficaciously, yet they are far from being so with respect to the preference which ought to given to some rather than to others; thus, by turns, antiphlogistics, opiates, tonics, emetics, and many other substances have been recommended. Now these various remedies, which are really useful, when judiciously administered, may become injurious when given at a wrong time. In the present article, the author 1st, enumerates the cases in which certain remedies ought to be preferred; thus in simple inflammatory dysentery, antiphlogistics first, and then opiates: in bilious dysentery, purgatives, if there be constipation; or emetics, if diarrhœa exists: in slight ataxic dysentery, opiates; in adynamic dysentery, tonics. 2nd, Passes in review the various epidemics recorded since Ipecacuana has been employed as a therapeutic agent; in all it acted only as an emetic, and when an emetocathartic was requisite, it was replaced by tartar emetic. It cannot, therefore, be admitted (according to the author,) with Cullen and Professor Trousseau, that the efficacy of this substance is in proportion to the number of stools it produces, more especially as its purgative properties are very slight. 3rd, Gives at length three (of five) cases in which this substance was administered with success. Case I. Miss S., aged 62, good constitution, lymphatico-sanguineous temperament, was attacked in the night of the 31st July, 1844,

* *Gerdy: Retractures des Tissues Albugines. Bulletin de l'Academie de Medicine.* 1844, vol. ix. p. 766.

with a shivering fit, which lasted two hours, followed by pain, especially at the anus, and by frequent stools. 1st August. Brow-ache; features altered; yellow tint around the lips; bitter taste in the mouth; tongue dry, and covered with a thick yellow coating; breath fetid; thirst; anorexia; nausea; abdomen painful; borborygmi; rumbling noise in the left iliac fossa; pulse feeble, 104; urine scanty. ℞ Rad. Ipecac. cont. ʒss.; aquæ puræ, ℥iij. coque per decem minut. cola; deinde adde; syrup simpl. ℥ss.; aquæ distill. flor. aurant. ʒj. M.ft. mist.: cochl. magn., quart. part. hor. sumend. Pro potu, decoct. oryz. sativ. cum. syrup. pyr. cydon. 7, p.m. Prostration; brow-ache less intense; tongue not so foul; thirst less; abdomen no longer painful; skin warm and moist; pulse 108; after each dose of the draught abundant vomiting of bile, of a leek-green colour; no stools, colic, borborygmi nor tenesmus. 2nd August. Passed a good night; tongue clean, moist; no thirst; abdomen supple, not painful; skin cool; pulse 76; some appetite, to take a little rice. The improvement continued, and Miss S. on the 6th was quite well. In the second case, the patient was seventy-six years old, the ipecacuanha was given as follows: ℞ rad. ipecac, ʒj. aquæ puræ, ℥v. coque ut antea, cola, deinde adde syrup. flor. aurant ℥j.—A table-spoonful every ten minutes until half be taken:—cure in eight days. In the third case, the patient was a little girl, eight years of age; the dose of ipecacuana was ʒss in ℥ij of water. Cure in five days. These cases prove that ipecacuana has powerful antidysenteric properties, and acts as an emetic, and not as a purgative. *(Journal des Connaissances Medico-Chirurgicales.)*

On Pressure in the Treatment of Popliteal aneurism. By Dr. Geraldis, *agrégé* at the University, Paris.—Modern surgeons have rejected pressure in the treatment of popliteal aneurism, not only because from the recent progress surgery has made, it is easy to isolate and tie the femoral artery, but because they consider it to be rarely successful, to require a considerable time, and to produce violent pain. Guthrie, after witnessing a case in which White obtained a cure, declares, that no one can hesitate between the ligature and pressure, and that if any one employed the latter once, he would never be tempted to give it a second trial. This method, however, may be useful in many cases, as has been proved by the trials made by Dubois, White, Viricel, Dupuytren, and in 1843 by Hutton, Cusack, and Bellingham in Dublin. Hutton employed it on a man aged thirty-three, who was cured in nineteen days; Cusack on a man aged 55, cured in eight days; Bellingham on a man, aged thirty, cured in sixteen days; pressure was made on the artery in the groin. Mr. Liston in London, in 1843, cured a man after two and half weeks' treatment. Messrs. Allan and Greatrex, two others in 1844; Mr. Liston, a second case in 1844; and, finally, Dr. Bellingham, a man afflicted with femoral aneurism, who had been cured by the same method, of popliteal aneurism on the opposite side. The number quoted by different authors amounts to fifteen; of these Dr. G. analysed eight; in which the average duration of the treatment was twenty-four days; the minimum five days; the maximum ninety days. These results prove that this method is deserving of serious attention, and of being tried before the ligature is had recourse to, because the disease sometimes relapses after the ligature, as Sir A. Cooper, Sir B. Brodie, Professor Roux, and Dr. Lenoir have observed, and because serious consecutive accidents, such as hemorrhage, wounds of the vein, and even death, sometimes take place. In order to avoid the pain attendant on pressure, a pad, shaped like a thumb, made to act, by means of a fine screw, only on the artery, is necessary. This apparatus must be placed so as to make the pad press the artery against the pubes. At first the pressure must be sufficient to prevent the passage of the blood, but must be diminished after a certain time, so as not to fatigue the patient and excoriate the part. By taking these precautions, it may be asserted that popliteal aneurism may be cured as surely and as rapidly by pressure as by the ligature.—*(Journal de Chirurgie.)*

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PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

Fatal Epistaxis, vicarious of the Catamenia.*—Th. A. von M., æt. 19, slight conformation, thin skin, light air, and blooming complexion, at the time of puberty was affected with congestion of the head, palpitation of the heart, shortness of breath, and great debility,—so that she could no longer follow her usual avocations. Instead of the menstrual flux, which never appeared, she suffered from epistaxis, so copious as to cause exhaustion, and the hæmorrhage could be arrested only with great difficulty. Subsequently to this, she improved considerably, and seemed to enjoy perfect health, when the first-mentioned symptoms reappeared, and were followed by another violent attack of epistaxis. Symptoms of inanition were present, and the girl lost flesh, but could not be induced to take any remedy. These bleedings reappeared four times, at intervals of six weeks, when dropsy supervened, and at a later period hemiplegia occurred—the power of speech was lost, deglutition became difficult, and at last she died perfectly exhausted.—*(Dr. Fricker, in Wurtemb. Med. Correspondenzblatt.)*

Conception Occurring during the Existence of Ovarian Dropsy of Twelve Years Duration.—I. A., ætat. forty-one, observed twelve years ago, that towards the right side of the hypogastric region a swelling commenced, which constantly increased in size. But as she felt neither inconvenience nor pain from it, she sought no medical aid, and with the exception of some domestic remedies left the complaint to nature. In her fortieth year she married and became pregnant. On the 20th of March, a. m. she was delivered by the forceps of a still-born child. With the placenta a quantity of ropy, yellow, gelatinous fluid was discharged, which was believed to be the contents of a ruptured cell of the degenerated multilocular ovary. The mother was greatly exhausted by subsequent hæmorrhage, and was in great agony when the author was called in on the 28th; she was then suffering from severe and burning pains in the abdomen. An enormous, unequal tumour filled the cavity as high as the navel; in some places, particularly in the right iliac region, it presented an almost cartilaginous hardness; towards the left it was rather softer, and fluctuation was distinctly perceptible. The uterus presented a painful tumour in the left iliac region, being displaced towards the left by the pressure of the ovary, which was ascertained after death to weigh twenty pounds. The patient died in an hour after the author's visit. *(Dr. Melion in Oesterr. Medic. Wochenschrift.*

Staphylomatoma (from *Staphule* the uvula, so called from its resemblance to a grape and hæmatoma—a blood-tumour).—The author has observed three cases of that disease of the palate, called hæmatoma palati. It consists in the formation of one or several bladders, filled with fluid blood, and covered by the epithelium of the mucous membrane of the palate or uvula. If punctured, fluid blood is discharged. It causes no other inconvenience than a slight pain in swallowing or chewing, according to their situation. If not punctured, the contents are either absorbed or the tumour breaks, leaving a superficial, slightly painful ulcer, which heals in a few days. The causes are not known.† One patient asserts that he has suffered from it once every year. A slight difficulty in eating sometimes preceded its appearance. It is about the size of a hazel-nut, and was always accompanied by aphonia, which was invariably cured by puncturing the tumour. *(Dr. Volz in Heidelb. Medic. Annalen.)*

Case of Œsophagotomy.—N. swallowed a large piece of bone during dinner (19th February, at noon). Notwithstanding repeated venesections, the bone could not be pushed into the stomach. After the injection of clysters of belladonna, attempts were made with levers and forceps, but without success. Injections of tartar emetic and œsophagotomy were both strongly objected to by the patient, who could only obtain relief by occasional injections of oil. On the 23d of February, the pain was so excruciating, that he declared himself ready to submit to any measure that was advised. Tartar emetic was then injected into a vein, at about 8 o'clock A.M.; this excited such powerful vomiting, that clysters of water, vinegar, and at last, of tincture of opium, became necessary. At 4 o'clock P.M., œsophagotomy was performed. The bone being felt from without, above the clavicle, the throat was opened in that situation, and even during the performance of the operation, it was swallowed by the patient (a sign that he might have been saved, if it had been performed earlier). The operation was successfully terminated, a bandage applied, and cold water, with solution of lead, continually applied over the wound. On the 24th, he was very feverish; the next day the extremities became cold. On the 26th, at 2 A.M., there was singultus, and at 6 A.M. the patient's sufferings were terminated by death. The *autopsy* showed that the upper and middle parts of the pharynx were gangrenous, and the opening larger than it had been made by the knife. The lower end of the pharynx, the stomach, and duodenum were inflamed. The bone was already near the rectum. *(Dr. Martini in Wurtember. Medicin. Correspondenzblatt).*

Clonic Spasm of the muscles of the face, and of the orbicularis palpebrarum cured by galvano-puncture—A government employé, aged forty-five, suffered two years ago from acute rheumatism, which ended in rheumatismus vagus, and subsequently a most annoying rheumatism of the left side of the face. The muscles of the left side of the face and of the left eylid, were often rapidly contracted and relaxed, and maintained a wry appearance even when at rest. If the hand was laid on the musc. zygomatic. major and minor, on the levator anguli oris, the orbicularis palpebr. near its tendon, or particularly near the foramen infra-orbitale, the contraction could be distinctly perceived. The left eye appeared smaller than the right, the mucous membrane was pale, and the patient squinted during the paroxysms; the power of vision was more or less affected; the lachrymal secretion not increased, and there was no alteration in the pupil. After employing several remedies without benefit, the author used (subsequent to a remark of the patient's, that steel spectacles had afforded him some relief,) the galvano-acu puncture four times, and effected a complete cure by its means.—*(Dr. Neuhausen of Aldekerk in Rhein. u. Westphal. Correspond. blatt.)*

The Injurious Influence of Newly-Built Houses on the Health and Life of their Occupiers.—First, the author mentions the intimate connection kept up between the external air and the human organization, through the medium of the skin and lungs, then he refers to experience to show the slow and dangerous diseases to which inhabitants of newly-built houses are exposed, and he considers it, therefore, to be the duty of the sanitory police to remove or check these evils, by means of decisive prohibitory measures. The normal composition of the air is changed in newly-built houses, and thus diseases are created:—1st, *by an increased proportion of water* in the atmosphere; (*a*) from the wooden materials, which may be too new and damp, and which, therefore, fill the enclosed spaces with humidity, from evaporation; (*b*) from the stone materials, of which burnt bricks contain and attract the smallest proportion of humidity—field-stones more—sand-stones, and those prepared from dried clay, most; (*c*) from the materials used for cementing the stones, and for coloring and varnishing the walls. The mortar used for cementing the stones, consists of hydrate of lime, which gradually loses its water, and hardens by attracting carbonic acid from the atmosphere. The walls of those houses remain damp longest which have been plastered immediately after their completion, because the dried lime forms an external layer very difficult of

* *Epistaxis* (from a Greek word signifying "to distil from") bleeding of the nose with pain or fulness of the head; females after menstruation are less subject to it than males.

† In a case we have lately had an opportunity of observing, the complaint was distinctly referable to a violent fit of coughing. It yielded to an astringent gargle.—ED. *Med. Times.*

penetration. As accidental causes, which may render houses damp, it is necessary to mention wet weather when building, damp situations, large cellars, and enclosure by other high edifices, which prevent the free access of sun and wind. 2nd, *The proportion of carbonic acid in the air* is diminished by the mortar which attracts it from the air, as before mentioned; it may also be attracted by colours containing acetate of copper, in which case the acetic acid escapes. No direct injury would, however, be caused by the diminution of carbonic acid, as it belongs to the matters excreted by the skin and lungs. 3rd, *The following foreign substances are mixed with the air:*—(*a*) *particles of lime*, which have been proved beyond doubt to exist in the atmosphere of new habitations, being suspended by the evaporation of the moisture; (*b*) *evaporation* of oil and metallic colours. Combinations of lead, copper, and arsenic are employed in the preparation of painter's colours. Lead volatilizes at the increased temperature of the rooms, copper does not, but wherever arsenical colours have been used, the air may absorb arsenious acid, and arseniuretted hydrogen gas may be formed by combination with hydrogen; (*c*) different chemical evaporations of damp new wood, mould, fungi, and grasses, which arise and putrify in damp habitations. P. Frank has already directed attention to the mould with which the furniture of newly-built houses is covered, and to the constant moisture of the clothes and linen, from which circumstance alone influences injurious to the inhabitants may be expected; for on account of the increased humidity of the surrounding atmosphere not only is the skin prevented from free transpiration; but it is even induced to attract more moisture. This is also the case with the lungs, and thus the composition of the blood is rendered abnormal, and hydræmia of the whole body is produced; this is shown by a pale anæmic face, wasted muscles, decrease of strength, sluggishness of all the functions, difficult respiration, and soft small pulse, which symptoms frequently terminate in external or internal dropsy. In other cases, protracted rheumatisms, articular inflammations, contractions or paralyses, are produced. In addition, the sojourn in a damp atmosphere is a frequent cause of the development of scrofula, intermittent and typhoid fevers, scurvy, quinsy, croup, pulmonary gangrene, puerperal fever, &c. Wounds and ulcers easily assume an unhealthy appearance, and have a tendency to take on gangrenous inflammation. The evaporation from organic substances favours the production of miasmata and contagions, for in no situations did the cholera occur more frequently, than in new, damp habitations. The inspiration of lime-particles may predispose to diseases of the chest, or apoplexy. There can be no doubt, that the lead employed in painting the walls, evaporating at a higher temperature, may produce in those who are constantly exposed to its injurious exhalations, symptoms of chronic poisoning, disturbed digestion, colic, or paralysis, but this may be less feared from paints coloured by acetate of copper, inasmuch as it does not volatilize, and could, perhaps, at most, by attracting carbonic acid, allow its acetic acid to escape. Chronic poisoning by arsenic may be produced by being exposed to the evaporation of Schecle's or Schweinfurt's green, from which arseniuretted hydrogen and arsenious acid often escape for a long time. Lastly, the constant moisture of the clothes and beds, and the frequent effect on the food causes certain injurious consequences on the constitutions of the inhabitants. Since then the early occupation of newly built houses and recently plastered rooms causes so many diseases, and imparts to children the germs of prolonged sickness and misery, it becomes the duty of the state to prevent those evils by all possible means. In order to guard against the perils and injuries enumerated, the author considers the following measures to be necessary. 1° Official examination of the materials before the commencement of the building, the enforcement of proper arrangements as regards the building itself. Thus, in public contracts for any building, to be erected in summer, the condition ought to be made, that the materials should be procured and dried during the preceding winter, and the term of completing any edifice should always be regulated according to the weather. Lead and arsenical colours for painting the walls should be entirely forbidden. 2° A house should not be inhabited before a fixed time after its completion had elapsed. Some authors think a year should be the period fixed. Considering the different effects of different localities, a house in town should remain uninhabited for a year, and in the country, where sun and air have free access, for half year after it has been finished. Should any house be dried before the time appointed, the proprietor might request the sanatory commission to examine it, when, if sufficiently dry, it might be inhabited. 3° A commission should be appointed for the purpose of examining every newly built house, and testifying to its soundness before it is inhabited. Austria presents evidence of the feasibility of such an arrangement. 4° Instruction of the people as regards the injuries caused by inhabiting newly built houses, &c., and as regards the means to be taken for the purpose of counteracting these injuries. The above commission not being generally introduced, nor put in force in cases of repairing, painting, &c., people ought to know to what diseases they are liable by exposing themselves to such injurious evaporation, and if compelled by circumstances to submit, they ought to use the following precautions: first drying should not be confined to one room, but to all the adjoining rooms. Mould, fungi, &c., should be rubbed and washed off with the greatest care. Fires of dry brushwood should be frequently lighted, and the windows should be opened. Muriate of lime or sulphuric acid should be put in different places to attract the moisture. To purify the air from other injurious matters, the following substances are recommended, chlorine, nitric acid vapours, fumes of sulphur, evaporation of vinegar, coarsely powdered and moistened charcoal put in different places, fumigations with the vapours of elder berries. For rooms already inhabited a solution of chloride of lime is the most proper substance. Drawers and other furniture ought not to be placed too near the damp walls, and if the latter should be covered with mould, they ought to be touched with a solution of chloride of lime. In addition, warm and dry clothes must be provided, and the bed must not stand too near the walls. Straw or feather-beds must be changed frequently, or exposed to the sun.—(*Dr. Riedel of Berlin, in Hufland's Journal.*)

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following comprize the principal articles of interest to our readers in two recent numbers of the *Medical Gazette*.]

Record of cases.—Under this title, Mr. A. Ure has published two cases in which he used the iodide of potassium successfully. In the first case, the patient, a female, was affected with tubercular thickening of the upper lip, which was greatly enlarged and prominent; its external surface was the seat of superficial ulcers, for the most part covered with crusts. The affection commenced six months previously as a hard round swelling in the right side of the lip, unattended with discoloration. The swelling subsequently extended over the whole lip, and was always most conspicuous in the morning. Several indurated tubercles could be felt imbedded throughout its substance. The sores were healed by the topical application of a solution of nitrate of silver, after which, the internal administration of the iodide of potassium in small doses, effected a cure. The other case was one of periosteal thickening of the left ulna, with severe nocturnal pain. The iodide of potassium here also proved curative. It is not stated whether the disease had a specific origin. A case of diffuse cellular inflammation occurring in a drayman, a man accustomed to drink freely, and caused by the presence of rusty iron splinters, is next published. Free incisions were made; suppuration followed; and three splinters were taken out at different times; the man eventually recovered. The case does not present any novel features, and scarcely merited publication. In a case of nævus of the upper eyelid, M. Lafargue's practice of inoculation with croton oil was successfully practised. The punctures, five or six in number, were repeated twice, at an interval of a week; and the result was, the rapid diminution and withering of the tumor. In two cases of hæmorrhoids, one of them ulcerated, chromic acid was applied with the best effects. It caused acute burning pain, destruction of the diseased structure to a considerable amount, consolidation of the remainder, and permanent relief from the distressing ailment. Chromic acid is, as every chemist knows, a most powerful oxidizing agent, yielding half its oxygen readily to organic substances, and being reduced to sesquioxide. It is exceedingly convenient for application, inasmuch as it consists of a thick crystalline pap, which, when rightly managed, does not spread beyond the prescribed limits; and so soon as its erosive operation is finished, passes into the state of inert pulverulent sesquioxide. A case of gout was treated by the local application of the belladonna ointment, and rectified coal naphtha, with apparent success. The belladonna relieved the pain, but Mr. Ure attributed the cure to the naphtha. The concluding case is one of incontinence of urine, caused by the use (abuse?) of bicarbonate of soda. The patient, a man nearly 70 years of age, had been in the habit of taking half an ounce of the bicarbonate of soda every week to relieve indigestion. The urine afforded an alkaline reaction with red litmus paper immediately when voided, and evolved at the same time a faint ammoniacal odour. Its specific gravity was 1·010. It was deficient in uric acid, and in phosphate of lime; deposited, after being allowed to stand a few hours, ropy mucus and crystals of ammoniaco-magnesian phosphate. A few pus corpuscles were visible on microscopic examination. The urine became turbid on exposure to heat. Benzoic acid made into pills, with balsam of tolu, and capivi, in the form of capsules, were prescribed, and their use was attended with marked relief. Mr. Ure ascribes the incontinence of the urine to its alcaline condition.

Chorea and hysteria.—Dr. Blackmore has published several interesting cases of these diseases, of some of which the following is an abstract:—A female, aged twenty, who had suffered from severe headache, and various nervous symptoms, which were relieved by sponging the head, and the exhibition of citrate of iron, with a mild tonic diet, was attacked, after having had a severe sore throat, with hemiplegia of the right side, hysteria, and severe chorea, affecting the face and left extremities. When seen by Dr. Blackmore, the right arm was insensible and powerless, the leg also palsied in a slighter degree; the face affected with spasms; the eyes very protuberant, and the pupils dilated. She complained of pain at the occipital region and right temple; and the cervical vertebræ, and the lumbar and abdominal muscles were very tender: her sleep heavy, and manner fatuous; the tongue clean; the pulse rather low; the skin cold; the appetite voracious; the bowels had been torpid until regulated by medicine; the menstrua were regular. Dry cupping glasses were applied to the nape of the neck, the hair cut off, and an evaporating lotion applied to the head, purgatives with blue pill being also freely used, and a saline purgative exhibited in a bitter infusion. In a week the pain at the occiput was relieved, but the palsy remained; the chorea was stronger and more general; fatuousness increased, with fits of severe mental irritation, and violent hysterical symptoms; her speech much impeded; the pulse not disturbed; the extreme circulation low; the eyeballs more prominent; the pupils sluggish, but not fixed; the stools unhealthy, containing a quantity of black bile. On one day, when the aperient was omitted, the spasms were much worse. She was then cupped to six ounces from the neck, the occiput blistered, and iodide of potassium given in infusion of rhubarb. In a few days the fatuousness and the palsy were lessened, but she then complained of acute pain at the right temple, and at nights had strong fits of hysterical and maniacal excitement. The medicines afterwards acted

well on the bowels, and she ceased to complain of the head. By persisting in this plan of treatment, together with the conjoined use of the cold dash, the paroxysms became milder, the mental powers at times natural, the palsied limbs improved, but the spasms of the eyelids and jaws, the projection of the eyes, and severe pain at the right temple, continued. On knocking this part gently, the pain was increased, and spasm and swooning induced. An incision, three inches long, was then made along the edge of the right temporal muscle, down to the skull; and the scalp being very vascular, was allowed to bleed to six or eight ounces. She then became faint, a warm perspiration broke out, and the pulse fell from ninety-two to sixty-six. She afterwards slept calmly, and the next day exhibited the most decided improvement, expressing delight at the relief of pain. The wound was dressed to keep up suppuration; and croton oil with colocynth, and small doses of the bichloride of mercury with hydrocyanic acid, were given for ten days, during which her amendment was uninterrupted. The issue having healed, she again became worse, and continued to do so, in spite of leeching, blistering, purgation, &c., and in a few days there was more of a comatose tendency, with severe pain in the occipital, frontal, and left temporal regions; and slight percussion of the occiput again induced spasms of the left arm and leg, and hysterical sobbing; the left eye particularly prominent and vascular,—its pupil dilated; the face flushed; the pulse quick and full, particularly in the left wrist; the speech indistinct, and the tongue put out with difficulty; the left arm was now the palsied limb, the left leg also weak. The bowels had been freely purged with aloes and calomel, and the scalp extensively pustulated with the ointment. Tickling the soles of the feet had no effect on the functions of the spinal cord. A deep incision, five inches long, was therefore made along the left side of the head, and allowed to bleed to ten ounces, after which she spoke distinctly and sensibly. Evidence of effusion in the ventricles afterwards appeared, but was apparently removed by the influence of mercury. The patient ultimately became convalescent.—The next case is one of hysteria, apparently consequent on costiveness for several days. The spasms of the limbs, eyes, and respiratory muscles were extremely severe; the face black from the interrupted respiration; the pulse extremely low. She was bled to twelve ounces in the fit; the blood was very florid, and the clot soft. Purgatives and clysters produced several stools; but in a few hours the spasms returned severely, when ammonia and a fœtid clyster were given. In the course of the night the convulsions were so severe as to threaten suffocation; she had also acute pain at the occiput, and in the chest, with spasmodic cough, cold perspiration, and a very depressed pulse. On the spasms remitting, the pulse became natural. The hair was then cut off, ether and laudanum given in a clyster, and rubbed on the spine. In a few hours the spasms returned, with acute pain in the head, and throbbing; the pulse full. Senna and salines were given. The after treatment consisted of leeching, purgatives and salines. Copious purging of feculent mucous stools was followed by relief, and although the cure was interrupted by occasional relapses, the treatment proved successful. The cure was completed by stimulants, medicinal and dietetic. The disease in the third case seemed to be palsy of the hand, connected with suppressed menstruation, and was treated apparently with advantage by leeching the temples, purgatives, and electricity. The galvanic action relieved the palsy, but was seemingly productive of mischief by its over-stimulation. The patient became affected with severe pain in the side, for which she was bled repeatedly, and purged, the abstraction of blood ultimately causing syncope. The pain continuing in spite of these measures, the local abstraction of blood was practised by leeching, soon after which syncope returned, and was followed again by severe dyspnœa. She then complained of a great weight pressing on the sternum, taking her breath away, and again became insensible. The inspirations, at first 40 in a minute, then more and more convulsive, and never under 80. The pulse, at first 100, and fall, then rose to 150, and could scarcely be felt; the eyes became fixed; the countenance expressive of agony; some convulsive startings, similar to those she had been affected with during the use of electricity, were observed in the arms and chest during this paroxysm. On becoming more sensible, she felt the greatest difficulty in swallowing; the attempt seemed to excite convulsions in the gullet, and complete opisthotonos for two minutes; the very idea of swallowing seemed also to excite spasms. During this paroxysm, which lasted an hour and a half, she took 80 drops of laudanum with sulphuric ether; but as the ether seemed to excite spasm, it was exchanged for spirit of nitrous ether. A hot foot-bath then seemed to rouse the circulation; and on recovering she complained of pains in the side, palpitation, and a tendency to fainting, with anxiety at the præcordia, and headache. At 6 P.M. twenty leeches were applied to the epigastrium, with relief of pain, but with increase of the dyspnœa; and in an hour and a half a similar paroxysm to the former, but more severe, and lasting for five hours,—fits of syncope alternating with convulsions of three minutes' duration, and generally mitigated by ammonia to the nostrils, and finally relieved by repeated doses of laudanum and spirit of nitrous ether. In 48 hours twelve drachms of the former, with two ounces of the latter, were taken. Stimulants and anti-spasmodics were next used, with some relief, and as the paralysis continued, galvanism was again had recourse to, and purgatives administered. The consequence was, that the pain in the side returned, and a paroxysm of quick convulsive breathing, with loud moaning. The palsied hand kept on the precordia; the other and the general body, in convulsive movements; the pulse very quick, and at times imperceptible. Two drachms of laudanum were given in two doses, at interval of half an hour, without effect. At 10 p.m. the body and shoulders were drawn forward by tonic spasm; the respirations beyond 100 in a minute; three drachms of laudanum then given, in three doses, at short intervals. At midnight little improvement; two similar doses of laudanum, (making seven drachms in the course of the evening) with nitrous ether, were then given, and the paroxysm declined. The sleep was disturbed by dreams, and a narcotic influence remained for several hours. The next day, at noon, the affection of the chest had subsided; the pulse 88, respiration calm, thirst intense, and some headache. The use of nitrous ether was persisted in. A milder attack occurred in the evening. Opiates and purgatives were employed, and the patient got better of the hysteria, but the weakness of the hand—the original malady—remained, until she ceased to be under medical care. This case was not treated by Dr. Blackmore.

Hepatalgia.—This nervous disorder forms the subject of a paper by Dr. Allnatt, who, after quoting the brief but correct description of it given by Andral in his "Clinique Medicale," states that it is essentially a nervous disorder, and the diagnostic symptoms are well-marked. Although the pains accompanying hepatalgia may be as intense as those of hepatitis, and, in many instances, perhaps more urgent, they are not constant, but are at the outset, and frequently also during the whole progress of the disorder, paroxysmal, affording in the interval a complete immunity from pain. The pathognomonic signs indicative of inflammatory action of the liver, are pyrexia, tumefaction, great tenderness in the hypochondrium, frequent and strong pulse, thirst, furred tongue, and vomiting, sometimes of a bilious, and, at other times, of a dark-coloured secretion, as the substance of the liver more or less partakes of the invading disease. The bowels are irregular in their action, the evacuations presenting a great variety of appearances, according as the biliary secretion is more or less affected, and the urine is scanty and high coloured. In hepatalgia, on the contrary, these signs are invariably wanting; there may exist, indeed, constant pain and tenderness over the region of the liver, increased to a certain degree by pressure, but manifest exacerbations, even in the worst cases, occur, which are sufficiently indicative of its paroxysmal character. The functions of the organ may proceed uninterruptedly, as in its healthy condition. The tongue may be quite clean, or sometimes, in the centre, there may be a gentle creamy fur, and the urine is generally increased in quantity, and is of a lighter colour than ordinary: this is a characteristic symptom of many nervous disorders. The disease is generally complicated with peripheral neuralgia in some other part of the body. The treatment of hepatic colic, whether in its isolated or complicated form, is very simple, and merely requires the combinations which are found to be effectual in other cases of neuralgia. Mercury, as in tic douloureux, heightens the affection, increases the general irritability, and renders the system universally more obnoxious to the incursions of the morbid nervous sensibility. Carbonate of iron—the rage of the day—is, if possible, even more destructively pernicious. Gentle purgatives, combined with colchicum, ipecacuanha, and hyoscyamus, will seldom fail to work a speedy cure: and if the constitution have suffered from protracted unmitigated pain, alkaline vegetable tonics will effect that which we might in vain expect from the rough insoluble mineral preparations.

Insanity.—Dr. Blackmore states, that in a purely medical view, insanity presents itself under three forms:—1st, that with inflammatory symptoms: 2d, that in which fever is absent, the pulse firm, not quickened, sometimes slow; the features pallid and shrunk; the blood not inflamed: 3d, that of sudden and violent paroxysms, with a quick rapid weak pulse, a cold perspiring skin, an extremely pallid wild glistening eye,—the nervous form of mania. The diagnosis of this form from the second or the congestive variety of mania, is sometimes however extremely difficult, when it occurs in the course of an inflammatory affection of some organ in the chest or abdomen; an attendant hysterical symptom, or restless agitation and tremblings, in some cases help to solve the difficulty; but in others, the symptoms are merely delirium, sleeplessness and incessant talking, with a pulse not rapid nor intermittent, but gradually failing in power,—a state not always referrible to the previous abuse of stimulants, nor to severe depletory measures for the cure of the inflammatory disorder. In some cases digitalis has appeared to induce strong nervous delirium; but then the attendant sickness and irregularity of the pulse has clearly indicated the exciting cause. The second form comprises the most numerous, chronic, and embarrassing cases of insanity. The character of the symptoms is most deceptive; with a low pulse, and a cold skin, the most intense sanguineous congestion often exists in the brain; and the most successful treatment is founded on this view of the pathology of the case. In another case of remittent mania, the paroxysm was instantly cut short on making a free incision in the scalp. In this maniacal congestion, however, the contractile power of the vessels is soon exhausted, and nervousness or imbecility is easily induced, if depletory measures are carried far. In this order of cases, the oxide of zinc and camphor are trusted to, when free purging and cupping-glasses on the scalp would have been the best treatment. In the third form the obvious hysterical state, or the nature of the exciting cause—pain, grief, starvation, evacuations, digitalis, and spirituous liquors—easily suggest the successful use of cordials and opium. This form sometimes succeeds the first from the abuse of bloodletting and sedatives. These remarks are illustrated by the details of eight cases. The first is that of a female, who, after having suffered from habitual headache and vertigo succeeding epilepsy, was affected with cough, hæmoptoe, and pain in the side in the early stage of pregnancy, the relief of those symptoms being followed by a relapse of the brain affection with increased severity, amounting even to maniacal excitement. Bleeding, blistering, and active purging were had recourse to, and with evident benefit. The cerebral malady was clearly much diminished, but there continued violent pain at the top of the head, and the epilepsy returned. Towards the close of her pregnancy, Dr. Blackmore found her in a state of violent mania, after having suffered for ten days previously, from pain in the head, and sides of the abdomen. Bleeding and purgatives were again

had recourse to, but with no advantage; and the patient died in a fortnight after the invasion of the disease, having been unconsciously delivered of her burden, at an early period of the last attack. On examination of the body after death, the scalp was very thick: the skull very dense and heavy; the brain indescribably vascular; its blood-vessels amazingly enlarged and turgid; the pia mater extremely vascular; blood effused on it betwixt the the convolutions, so as to separate them. The medullary substance dotted with bloody points. A small portion of the surface of the right hemisphere presented the appearance of incipient gangrene; the choroid plexus was studded with albuminous points, and very vascular. The medulla oblongata and spinal cord were much softened. The cerebellum exhibited marks of inflammation and softening, most intense at the posterior part, where fluid blood was effused. Serum also was effused under the membranes and in the ventricles. The second case was one of puerperal mania, occurring in a young woman, who had been previously subject to nervous headache. It terminated fatally, in rather more than a fortnight. The *post-mortem* examination shewed evidences of greatly increased vascularity and effusion in the cerebrum. The third case is that of a lady who had nervous mania consequent on gastrodynia and disordered stomach, most probably from habitual neglect. She was cured by purgatives freely administered, and by the use of stimulants, to support her while under their influence. She had a subsequent attack afterwards, from which she recovered; but ultimately died of apoplexy, from effusion of blood in the brain, and diseased cerebral arteries. In the fourth case, a man 50 years of age, of intemperate habits, was affected with mania, from the sudden recession of erysipelas, for which he was bled freely on several occasions, and also purged, and ultimately recovered to a certain extent, both mind and body remaining feeble. The fifth case appears to have been one of delirium tremens, occurring as a consequence of large bleeding for pneumonia in a drunkard. When seen by Dr. Blackmore, he was in wild delirium, out of bed struggling violently with his attendant; the pupils dilated and fixed; the skin cool and in profuse perspiration; the pulse 140, and very soft; bowels costive. The treatment consisted in the use of purgatives, a blister to the nape of the neck, calomel and antimony, and a grain and a half of opium, on the bowels acting. The man recovered under the use of salines, and small doses of opium. In the sixth case, the mania was caused by a fall; it was treated by bleeding, blistering, purging, and tartarized antimony, with cold to the head. He finally recovered. A case of melancholia, the seventh in Dr. Blackmore's list, was cured by active and sustained purging, with the use of cordials, &c. The concluding case is that of a lady, who laboured under profound and habitual melancholy, with extreme torpor of the nervous functions, which had continued in spite of various remedies, and who experienced extraordinary relief on accidental uterine hæmorrhage taking place.

SURGICAL CASES FROM THE MARYLEBONE INFIRMARY.—Mr. Stafford narrates several cases from his practice at the Infirmary. The first is a bad case of compound dislocation of the ankle, which at one time induced him to recommend amputation, but the patient did not consent, and she ultimately recovered with an ankylosed joint. The next case is one of tetanus from an injury to the great toe of the left foot, and which presented some symptoms analogous to hydrophobia. The treatment consisted in leeching near the foramen magnum, and inunction of the spine with extract of belladonna. Turpentine enemata, purgatives, and Indian hemp were also ordered, but when an attempt was made to administer them, they were convulsively rejected. Hydrocyanic acid and morphia were next prescribed, but were equally rejected, and the patient died in twenty-four hours after the attack. The *post-mortem* examination did not show any remarkable appearances in the brain itself, but the base of the cerebellum, the tuber annulare, and the medulla oblongata, were much redder than natural. The medulla spinalis also, along the cervical vertebræ, was redder than it ought to be, but the rest of the spinal cord was healthy; the vessels of the arachnoid membrane of the base of the brain, and medulla oblongata and medulla spinalis in the cervical portion, were injected with blood; there was inflammation of the mucous membrane of the trachea, the larynx, and the pharynx. The narration of this case is followed by the details of two cases of phlegmonous erysipelas produced by wounds poisoned by a salt of copper, most probably the acetate. The treatment in each case was very protracted.

REVIEWS.

A Treatise on Poisons, in relation to Medical Jurisprudence, Physiology, and the Practice of Physic. By Robert Christison, M.D., F.R.S.E., Professor of Materia Medica in the University of Edinburgh, Fellow of the Royal College of Physicians, &c. Fourth Edition.

In his preface to this edition, the author regrets that circumstances, beyond his control have delayed its re-appearance beyond the period at which it was called for by the favourable reception of the last edition. In our preface to this short review, we must assign a similar reason for our delay in noticing this new edition of one of the very best of our standard works. If the work had been a new one, we should have contrived to bestow a more prompt attention to it, that we might have enabled our readers to judge of its merits; but the work of Dr. Christison has been so long before the public, and the former editions of it have so firmly established the reputation of the author, that we have allowed other and more pressing engagements to postpone for a time the performance of a very pleasant duty—that of pronouncing an unqualified eulogium.

The present edition is considerably larger than its predecessor. It has been increased by no less than a hundred pages, without, at the same time, being rendered unnecessarily diffuse. The rapid progress which toxicology is making, renders such an addition absolutely necessary. It may be useful to point out those parts of the work to which the greatest additions have been made, or in which the reader will find the greatest variance from former additions.

The introductory chapter, treating chiefly of the evidence of general poisoning, has been slightly increased in bulk, and on one of the most interesting questions which it comprises —the *modus operandi* of poisons—our author has greatly modified the views put forward in the former edition of his work. In the third edition, he thus sums up his views on this subject—"It remains indisputably established, that at last many poisons enter the blood, although doubts exist whether it is essential to their action that they pass with the blood to pervade the structure of the organ acted on." In the present edition we have the following summary—"On the whole, then, it may be considered as well established, that probably all, but certainly some poisons—of that kind whose topical action does not consist in causing destruction or inflammation of the textures to which they are applied—produce their remote effects solely by entering the blood, and through its means impregnating the organs which are acted on at a distance." There is little addition to the chapters on poisoning by the mineral acids and alkalies, but to the next chapter—that of poisoning by arsenic—considerable additions, as might be expected, have been made. This is rendered necessary by the many new tests, or modifications of new tests, which have been recently proposed, as well as by the unfounded assertion of M. Orfila, that arsenic is a normal constituent of the human body. These tests will be found accurately described, and the fallacies which attach to them clearly pointed out.

To the subject of poisoning by opium and hydrocyanic acid, additions have also been made, and the subjects are carefully brought up to the time at which the work was published. It would be idle in us to pass any encomium upon a work which has long been acknowledged as the very best on this subject existing in any language. We shall only, therefore, add, that the fourth edition has all the merits which have made the reputation of the former ones.

Remarks on Medical Reform, and on Sir James Graham's Medical Bill. By Lucius. London: Whittaker and Co.

We have received the second edition of this interesting pamphlet. It contains a clear exposition of the benefits to be derived to the Profession as well as to the public from Sir J. Graham's Amended Bill, and also some severe strictures on the inconsistency of the individuals who are endeavouring to create a factious opposition to a measure, which they must know to be a boon to the Profession. As a classical and clever composition, we can give it our strong recommendation. The following is the author's estimate of Mr. Wakley:—

Mr. Wakley has also vilified, in a manner calculated to shock the feelings of all reasonable men, many of the most distinguished members of these institutions, individually. It were a sorry and a sickening task, even to refer to the volumes he has written on the subject—but, with the view of proving the Finsbury representative an unsafe medical reformer, I refer to the leading article of his *Lancet*, May 19th, 1832, which reports the proceedings of an hospital dinner, in these words:—

"One of those farces denominated the annual hospital dinner was performed on Saturday week, and who, gentle reader, think you, was in the chair? Mr. Pennington, the ex-apothecary of Keppel-street, medical attendant for many years to all the *rotten-hearted Tories* resident in the north-west district of the metropolis." The venerable individual referred to, an Octogenarian, presided with great credit to himself, and advantage to his brethren, at the meetings of the Associated General Practitioners, held lately in London, for the purpose of negotiating with the Home Secretary, as to incorporating the General Practitioners of England into a distinct College.

NOTICES TO CORRESPONDENTS.

Mr. Wilton, of Whitehaven.—*The regulations respecting students will, in all probability, form a subject of serious consideration for the Council of Health. The whole matter is at present still sub judice, but we conceive that a student who commenced a definite course of studies in accordance with the prescribed regulations of the Society of Apothecaries, prior to the New Medical Bill becoming the law of the land, will be allowed to complete the course, and be eligible for examination. In answer to the second question, there can be no doubt but that the period of study directed for the student will be altogether independent of the apprenticeship.*

Dr. Higgins, of Paris, *writes to us in answer to the letter of "Justitia," which appeared in this Journal a short time since, respecting the Giessen diploma. Dr. Higgins condemns in strong language the sale of the German diplomas, and, acting on erroneous opinions of the present position of the Licentiates of the Society of Apothecaries, jumps at the conclusion that none but such would ever avail themselves of the privileges connected with a diploma obtained by purchase, and not by examination. He avers his belief that no member of a British College of Physicians or Surgeons would so throw away his money, adduces a somewhat improbable example to show the possibility of obtaining such diploma by forged documents, and concludes by reprobating the junction of dispenser of drugs and medical practitioner in the same person.*

If, by dispensing drugs, Dr. Higgins alludes to keeping a retail shop, where patent medicines, perfumery, combs, &c. are sold, we are willing to join in the condemnation he pronounces; but the respectable General Practitioner of the present day is often a man of as extended a medical education as the physician and surgeon, and equally aims at distinction and reputation. Dr. Higgins has clearly misunderstood their position in society and the profession, and is as evidently unacquainted with the education and station of the Licentiate of Apothecaries' Hall, or he would not have so rashly concluded that the Licentiate alone would seek for a purchased diploma. It is a singular fact, that not a few members of a British College of Surgeons, and a few Physicians also are honoured by the possession of these German diplomas.

A Five Years' Subscriber.—*A M.R.C.S.L. when the New Medical Bill becomes the law of the land may register as a General Practitioner, provided he be a member of the New Incorporation, and can prescribe, dispense, and recover his debts by proceeding at law against his debtors. The Physician and Pure Surgeon in future will not possess the latter privilege.*

X. [illegible]—*The party in question, we think, will have it in his power to register as a General Practitioner, his title being reserved by a special clause in the Act of* 1815.

J. A. M. *writes to us to complain that in a respectable county town (unnamed) in Ireland, there are two Practitioners, A. and B. A. is the dispensary doctor, and B. has been recently appointed vaccinator under the New Act. A. in consequence has taken to vaccinate the children of the poor at the dispensary, and has also announced his intention to vaccinate all applicants at that institution on a certain day, at a certain hour. This conduct is complained of, as likely to inflict a direct pecuniary injury on B.—and such it is, of course, very likely to effect. We are called upon by our correspondent as public Journalists, to affix the brand of reprobation on A.'s conduct, but we must first learn all the circumstances of the case.*

A St. George's Student.—*To answer all the questions our correspondent seems anxious to get, would require several pages of this Journal.—As we have already stated, the arrangements respecting Medical Students are still* sub judice, *and, in fact, it is impossible to return a definite answer to our correspondent's first query in the present state of the Bill. Certificates of attendance on Lectures and Medical and Surgical Practice at the Parisian hospitals, at least of such as are recognised by the authorities in France, will be received by the Edinburgh College of Surgeons; but, under the New Bill the diploma of that College will only be available in Scotland, and its possessor, if desirous of practising in England, will have to take an* ad eundem *degree at either the College of Surgeons or that of General Practitioners. For the curricula of the French and German Universities, we can safely refer our correspondent to the Medical Guide and Almanack for* 1845*: it is a very important and correct work, and every statement contained in it is founded on written communications from the respective medical institutions. Mr. Lee's work may afford the requisite information with regard to the Italian Universities, and we believe the American Almanack will supply a sketch of the Universities of the United States.*

A Subscriber.—*The qualifications for a Surgeon to a Poor-law Union have been defined by the regulations of the Poor-law Commissioners. We believe the license of the Society of Apothecaries to be usually requisite, but there are instances, we understand, of Union Surgeons who are not L. A. C. Foreign diplomas are admissible.*

Medicus *recommends that the new Incorporation be called "The Royal College of Licentiates in Medicine and Surgery," omitting all allusion to midwifery, which he says, is comprised in the two former. He considers it would be a great injustice done the English General Practitioner* at present in practice, *and who is fully qualified in medicine and pharmacy by license from the Hall, and in surgery by diploma from the College, if* any *practitioners* at present in practice *were permitted to register as General Practitioners, except those who can produce diplomas that they are* fully qualified *in medicine by degree of M.D. from a University or College; in surgery by diploma from a College of Surgeons; and in pharmacy by those incorporated bodies in the three kingdoms who are legally entitled to give diplomas in pharmacy at present. He would also consider it an injustice if any but a general practitioner, qualified as he has stated, should hereafter be eligible to fill those medical appointments in public institutions where all the departments are undertaken, and to be discharged by one practitioner, as, for example, dispensaries and workhouses. He concludes by stating, that if the mere* Irish *apothecary be allowed to register under the Act, it would be an act of injustice. We would beg to remind him, that the Irish apothecary follows a strict course of medical education, although not so extensive as that of the English licentiate, and he also undergoes a very severe examination for his license. It is high time that these petty distinctions be done away with. Medicus urges that the General Practitioner should be eligible for the license of the College of Physicians after six years' practice, and at thirty years of age. We fear that in operation this plan would prove ineffectual, inasmuch as the General Practitioner, unless a man of property, could not be sufficiently established in so short a time, so as to be able to depend on fee-practice alone. The recommendation that the new Incorporation of General Practitioners should be empowered to grant degrees in medicine and surgery, is futile. Sir James Graham could not grant such a power in opposition to the other colleges, which would suffer severely from his acceding it to the new incorporation. The objection to the licentiate apothecary taking equal rank in the new college with the holder of the double qualification, has been urged again and again; but the determination to introduce that equality was adopted after mature deliberation, and offers perhaps the only plan that can be brought forward without incurring the risk of greater dissensions than heretofore. The only way of obviating the objection would be by creating a class of fellows for the double qualification, and of members for the mere licentiate: and the impending ruin of the insensate Council in Lincoln's-Inn-fields should serve as a beacon against the adoption of a measure so fraught with discord.*

Mr. Fenning, of the Broadway, Hammersmith, *after enumerating the injurious effects sometimes produced by indulgence in lobsters, muscles, and other shellfish, refers them to the action of an overdose of iodine, which, he says, exists in large quantities in the shells of most sea fish, and in the red skin (epidermis) of the lobster and other parts of the different shellfish in variable proportions. He recommends, therefore, the removal of the red skin of the lobster, the excrementitious portion of the muscle, and the scaly coat of the shrimp, as a preventive of the evidences of surfeit.*

A Country Subscriber.—*A member of the Royal College of Surgeons of Edinburgh, commencing practice in Ireland under the new Bill, will be enabled to take an* ad eundem *diploma in the Irish College without examination, which will enable him to practise in all respects as a General Practitioner. He will have to pay a fee for the diploma.*

Inquisitor *is inadmissible.*

A. T.—*The requisition calling a meeting with the view to force a factious opposition to the National Association has not been so numerously signed as it has been pretended. The paper left at Renshaw's received only twelve signatures, several of which will be thought, perhaps, inadmissible, as being those of country practitioners, unable to attend the meeting. The requisition at Highley's, in Fleet-street, had sixteen names only attached to it: and that at Turner's, at Hackney, received* one *name. If the remaining six medical booksellers obtained signatures in a corresponding proportion, and there is no reason to believe otherwise, what becomes of the upwards of* one thousand *names said to have been attached to their highly-trumpetted requisition?*

The communication of Dr. Sutherland *is important, and shall be noticed early.*

Mr. Hillier *assures us that we were in a double error in reference to his adhesion to and desertion of Mr. Wakley. He* did *know him personally before the movement, and is an ardent admirer of him now. We had imagined to have heard Mr. Hillier say, at the last meeting of the National Association, that he did not know Mr. Wakley personally before the movement, and we thought we heard him authoritatively declare that the "movement" itself was a* "factious" *one, and that he thenceforward deserted it. We fancied also that Mr. Wakley responded to him before that large public meeting in a very offensive manner. We were of course in error, and now that Mr.* Hillier *tells us so, we are happy to express for our mistake our sincere regret.*

The cases of Mr. Thomas *shall be published.*

Mr. Levison's *communication has been received.*

A Manchester Student *is informed that terse, practical remarks, in illustration of the cases, will doubtlessly add to the value of the reports in the estimation of the arbitrators.*

A. X.—*The testimony would be most useful, but to be so must be immediately forthcoming.*

A Handsome Portfolio *for holding the* "Medical Times,"*—very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price* 5s.*—An allowance is made to the trade.*

THE MEDICAL TIMES.

Saturday, June 14, 1845.

Delenda est Carthago.

There is no understanding the Council of the College of Surgeons. It is evident that their past maltreatment of the profession has originated in some mysterious infatuation. They seem neither to know themselves nor the profession, nor to have the most remote conception of what is reasonable in policy or right in principle. Their errors are matters far more for pity than for censure. Their late manifesto, published by us some time since, was about as absurd a document as lunacy itself could have concocted. With the policy, and no doubt the wish, of conciliating, there was hardly an expression indulged in which had not a direct tendency to exasperate and make their members more hostile. They even sought a defence for their assaults on the vested rights of their members, in the fact so gracefully admitted by them that they had been deluging the profession with quacks and felons, and had been certifying thousands of persons as *surgeons*, to the public, who were scarcely competent to perform the commonest "ministrations" of the medical art. The statement we now give is marked by a similar spirit of wrong-headedness. Written with an elegance and force that we should be the last to deny, the elegance and force stand forward as the Council's greatest antagonists. It is difficult to conceive more clever advocates *against* themselves. The Council's part in policy was about receiving some little protection from a delusion carefully taught, that the proposed New College would degrade surgeons more than even their present disgraceful relations with the College of Surgeons. The delusion was acquiring strength; it was interfering with that unanimity which above all other things was requisite to secure the promised boon, and forthwith comes this learned Council to blow the delusion to the winds, and prove to General Practitioners that if they would wish avenged the insults which they have received from this mysterious Council, now is their time. Maltreated, contemned, libelled before the public, and directly addressed in language the most contumelious, the injured members, now receive the unsuspected assurance of their very wrongdoers, that the Minister offers them, in a New College of their own, privileges, powers, and distinctions which they never could have received in their former relationship with the Council! We had intended to have submitted to our readers an elaborate article, with the direct intention of shewing the baseless nature of the delusion attempted to be practised on them, by persons professing an anxiety for their dignity and well-being; but the document of the College so

completely anticipates all that we could have alleged, with an authority so irrefragable, that for our leading article this week we will stand indebted to the twenty-four Rulers of the Royal College of Surgeons of England. If these Gentlemen estimate the boon of the New Incorporation to us at so high a price that they will go all lengths in opposing it, it would be odd indeed if we should show the justice of the degradation we have received from them, by lending a helping hand to their policy. If the opportunity be lost, if Sir James Graham's intentions are allowed to fail us through our own supineness; if we allow him to succumb a victim to the energetic resistance of our enemies, we deserve all that we have suffered, and may safely place at our own doors the responsibility of our continued misgovernment. Here is the well-timed

STATEMENT OF THE COUNCIL OF THE COLLEGE OF SURGEONS.

At a Meeting of the Council of the Royal College of Surgeons of England, held on the 5th of June, 1845, present,—Sir Benjamin Brodie, Bart., President; Mr. Cooper, Mr. Lawrence, Vice-Presidents; Mr. Keate, Mr. Vincent, Mr. Guthrie, Mr. Andrews, Mr. Briggs, Mr. Travers, Mr. Swan, Mr. Stanley, Mr. Green, Mr. Callaway, Mr. Liston, Mr. Arnott, Mr. South, Mr. Welbank, Mr. Cutler, the following Statement, relative to certain parts of the "Bill for regulating the Profession of Physic and Surgery" as amended in Committee of the House of Commons on the 7th ultimo), was unanimously approved and adopted:

The Council of the Royal College of Surgeons of England, after considering the Amended Bill as fully as the difficulty of ascertaining the exact meaning of some of its provisions permits, beg leave to submit some observations, which, as offered by those whose duty it is to guard the interests of the surgical department of the profession, will not, they trust, be deemed unworthy of serious attention.

The Council respectfully represent that the new Charter and Bye-Laws of the College of Surgeons were framed in conformity with the propositions submitted to them in the form of "Heads of a Bill for regulating the Practice of Medicine and Surgery," and that they assented to the change which the Charter effects in the constitution of the College, as an essential part of the measure then contemplated for the regulation of the Medical Profession. But they are prepared to show that the Amendments, as proposed in the Committee of the House of Commons, differ in principle from the Bill, and from the original Bill, of which the heads were submitted to this Council, and that they are inconsistent with the Charter and Bye-Laws founded* upon those "Heads."

The Council had every reason to believe that the change in the constitution of the College, was a pledge of the continued support of Her Majesty's Government; but they find that one of the principal features of the amended Bill is that of providing for the institution of a College of General Practitioners in Medicine, *Surgery*, and Midwifery. Now, although it was not unknown to the Council of this College, that the subject of incorporating the General Practitioners was under consideration, they imagined that the object of the incorporation was to provide for the more efficient performance of the duties confided to the Society of Apothecaries; and they cannot help expressing their surprise that, without any official communication to those most affected by it, a new College is about to be established, which is intended *not only to embrace Medicine, Surgery and Midwifery*, BUT TO BE CO-ORDINATE IN PROFESSIONAL RANK AND IMPORTANCE WITH THE EXISTING COLLEGES OF PHYSICIANS AND SURGEONS. It might be an invidious task for the Council to investigate the probable results of a measure which will entirely change the relations of the several branches of the profession, and confound distinctions hitherto recognised as beneficial to the community; but they feel bound to state their deliberate conviction, that in the framing of the Amended Bill the interests and privileges of the College of Surgeons, and its claims to legislative protection, founded on the undeniable ground of public utility, have been unhappily overlooked.

That the proposed College *is intended to be co-ordinate in professional rank and importance with the existing Colleges of Physicians and Surgeons will be seen by Clause* 14, in which the style of the New College is recited as the Royal College of General Practitioners in Medicine, Surgery, and Midwifery, of England, and its Members are described under the title of Fellows. Thus for the first time will *every General Practitioner be presented to the public under the title of Fellow*, a title which was intended to designate the highest professional qualifications of Physician or Surgeon, but which here appears to *imply that the General Practitioner combines the highest qualifications of both Physicians and Surgeons, conjoins* their functions, *and superadds* those of *the Professor of* Midwifery, but *discards the characteristic designation* of Apothecary. The Council believe that the proposed title of Fellow of the Royal College of General Practitioners does not intelligibly describe those who, combining the practice of Medicine, Surgery and Midwifery with that of Pharmacy, compound their medicines, and supply medical aid and advice at a moderate cost; or that *it describes them under a title which can scarcely fail to mislead the public in estimating their true character.*

In the absence of the draft of the Charter to the proposed College, this Council have no means of forming an opinion as to the precise powers and privileges intended to be conferred on the new body, but they think enough appears on the face of the Amended Bill to show that it is proposed to establish a Court of Examiners, who are to have the exclusive power to grant Letters Testimonial of the fitness of persons to practise as General Practitioners, and who will therefore, it may be presumed, examine the Candidates in Surgery.

It is true, indeed, that by Clause 17 a provision is made for a preliminary examination to be conducted by a joint Medical and Surgical Board, including six Surgeons chosen by the Council of the College of Surgeons; but it is equally true that the Candidate for the diploma which is to enable him to practise Surgery at the age of twenty-two years, or at any later age,—unless he become a Fellow of the College of Surgeons,—will be subjected to a second examination, may be rejected, and can only obtain an authority to practise Surgery through the Royal College of General Practitioners. *It is plain then that, by the Amended Bill, the College of Surgeons will be subordinate to the College of General Practitioners* in those functions for which the College of Surgeons was especially instituted, and that the Surgical Examiners at the Joint Board may be placed in the degrading position of having a Candidate whom they had declared duly qualified, rejected at the subsequent examination by General Practitioners. It is also, to say the least, a singular feature of the Amended Bill, that the legally constituted Court of Examiners of the College of Surgeons should have been passed by, as wholly undeserving of notice, in arrangements which demand services for which they must be supposed peculiarly fitted. And it is worthy of remark, that the preliminary examination which is not required in Scotland or Ireland, is made imperative on those who desire to become Surgeons in England, and that those who have passed a single examination in Scotland or Ireland will be entitled to all the advantages of English Practitioners, who have undergone a double examination.

It will be seen from Clause 32 that Registered General Practitioners are to be deemed to *all intents and purposes qualified Practitioners of Surgery*, and *capable of filling any surgical appointment in any local or public institution.* And by comparing Clause 15 with Clause 14, we learn that the qualification being in each case the same, namely five years of professional study, the General Practitioner is to have the advantage of obtaining at twenty-two years of age the legal authority to practise surgery, which is withheld from the Surgeon till he is twenty-six years of age. The probable result, therefore, of this part of the Amended Bill will be, that the object of the College of Surgeons—in instituting, with the concurrence and approbation of Her Majesty's Government, the Fellowship of this College as a higher grade of Members of the Surgical Profession, in order to excite a spirit of emulation and to promote a higher and more extended education—will be defeated, as far as legislation can accomplish it.

By Clause 15, every Registered Practitioner will be entitled to be registered as a Surgeon, provided he has been twelve years in the practice of Surgery, and shall have received Letters testimonial from this College of his being duly qualified to practise as a Surgeon. The Council of this College, therefore, cannot but think that the amended Bill is calculated to discourage the attainment of the Fellowship in the manner prescribed by the Bye-Laws of the College, which require a prolonged course of laborious studies; since, *according to the provisions of this Clause, the General Practitioner is already completely a Surgeon in all his functions*, qualifications and privileges. And they perceive that the operation of the above Clause will be direct and certain in taking away all inducement to obtain the Diploma of this College, and thus in limiting its Members to those who were designed by the Charter to form only the higher grade of Fellows.

Thus, under hostile attacks, devoid of any reasonable ground, and unsupported by any rational argument, is the Royal College of Surgeons—recently re-chartered by Her Majesty for the promotion and cultivation of surgical science, and not charged as unfaithful to, or incapable of, its high functions—thus is the Royal College of Surgeons of England in danger of being sacrificed to the views and wishes of those who hope to annihilate it by the establishment of a rival College of Surgeons under the specious name of a College of General Practitioners in Medicine, Surgery, and Midwifery. It will not, however, escape notice, that the proposed Corporation, in assuming the name of a College *has no legitimate claim to a title, properly used to designate any institution, of which the essential object is the promotion of science and learning.* In the case of Physic and Surgery, the claim is precluded by the existence of the Colleges of Physicians and Surgeons; and in that of Midwifery and Pharmacy, the cultivation of each

would properly devolve upon a special Institute, the intention of which should be guaranteed by the appointment in the first instance of the most distinguished Professors of the science.

That sufficient reasons may exist for an incorporation of General Practitioners, the Council of the College are as little prepared now to deny as when in reply to the National Association of General Practitioners they said,—"With regard to the proposed incorporation of the General Practitioners as a separate body or College, the Council have as little the wish as the power to prevent them from obtaining a Charter, and *would offer no objection to the incorporation of a body for the performance of the functions hitherto executed by the Society of Apothecaries.*" The Council of this College do not object to an incorporation of General Practitioners, if it should be found necessary, in order to fulfil purposes of public utility which cannot be accomplished by the two existing Colleges; but they protest solemnly and urgently against such incorporation in a form which, in assuming a name and powers to which it has no legitimate claim, invades and annuls functions vested in the Royal College of Surgeons.

Whether the separate incorporation of the General Practitioners would best promote their own interests and the interests of the Medical profession at large, is a question of doubtful solution. In considering that question, however, it is important to remember, that by the provisions *of the recent Charter and Bye-Laws* the union of the General Practitioners with this College may be obtained by means which cannot fail to raise their qualifications. The Fellow of the College who has obtained his degree at twenty-five years of age, after a liberal and extended education, will not be precluded from practising, in conjunction with Surgery, the other branches of the profession; and a General Practitioner, being a Member of of this College, who may have been deprived of the opportunity of obtaining his degree at twenty-five, may become a Fellow after having been in practice for a definite number of years. And it may be added, that all the *Fellows*, under the conditions of the Charter, *are* eligible to the Council, and to the highest honours of the College.

In conclusion, the Council, appealing to the estimation in which the diploma is held, and the high character which English Surgery has attained, in proof that the rights and privileges conferred on the College by Royal Charter have been faithfully employed for the intended purpose of advancing the science of Surgery, hope and trust that the services and claims of the Institution will be fully considered before any legislative measure shall be adopted for the regulation of the Medical Profession; that no new Institution will be authorised to assume a name implying functions hitherto entrusted to this College, nor be empowered to interfere with or supersede it in its legitimate province of testing the qualifications of Surgeons, and conferring on them the legal authority to practise Surgery.

By order of the Council,

EDMUND BELFOUR, Sec.

"Locus animo debent aliquando dari,
Ad cogitandum melior ut redeat sibi".—Phædrus.

"Hæc scripsi non otii abundantia, sed amoris erga te."—Cicero.

The only other remedy against the diuresis of trepidation, of whose efficacy we can speak from personal experience, is camphor. We have known many instances of its good effects, when it has been taken sparingly and at intervals. It possesses, to some extent, the physiological properties of opium, and, like it, acts against the excitement of the kidneys, chiefly by its stimulant influence upon the physical and intellectual organs. A moderate dose of camphor, say five or ten grains, increases the force and frequency of the pulse, gives fire and animation to the eye, diffuses a warmth through the frame, and adds a temporary impetus to imagination and memory. It is more diffusively stimulating, and less directly intellectualizing, than opium. Besides these obvious properties, which are quite sufficient to account for its service in the emergency we mention, it seems to exert a *specific* effect upon the urinary apparatus. Both the kidneys and the bladder are the subjects of its influence. In irritation of the former organs, whether arising spontaneously, or from the action of certain diuretics, as cantharides, turpentine, nitre, or juniper, it is a most serviceable remedy. We have seen it allay the strangury, the agonizing back-ache, its concomitant retraction of the testes and sciatica, the abdominal pains, and nausea, like a charm. And let us tell you, worthy reader, be you medical or otherwise, that the safest, surest, and most convenient way of administering camphor under such circumstances, is to take three or four lumps of the size of a horse-bean, put them into a gallon bottle three parts full of rain water, agitate the whole vigorously for ten minutes, and let the patient drink of it at his leisure. The epithet, *cito, tute, et jucunde*, applies to this form of exhibiting the drug, a thousand times over in preference to any other, when its peculiar action upon the kidneys is called for. In like manner, and to an equal extent, is it of service in that irritability of the bladder which renders retention of urine either difficult or impossible. It would seem to possess then, and there is reality in the appearance, a power even greater than that of opium, in correcting or counteracting any temporary excitement of the urinary organs. For as we have said, additionally to its seemingly *specific* action, it is a stimulant of the nervous system, as well in its physical as in its intellectual relations.

We have often known camphor taken, and with good effects, as a mental excitant, prior to the occasion of public speaking. We have ourselves experienced its benefits. But with it, as with opium, an overdose is capable of producing unpleasant, and it may be, ridiculous, consequences. In the story about to be related, the writer was one of the subjects of illustration; but to avoid the inconvenience of discoursing in the first person, the narration will be as if of two individuals of our acquaintance. Some six years back, on the occasion of the annual election of presidents at the Royal Medical Society of Edinburgh, the two gentlemen we allude to, were considered pretty certain of an elevation to the distinguished chair. They had dined together, had ate and drank sparingly, and in journeying to the Society's Hall, felt, naturally enough, the qualms peculiar to anxiety. One stepped into a druggist's shop and purchased a drachm of camphor which he divided with his friend, telling him at the same time to use it sparingly, and at most not to eat above half of it. The advice however was disregarded, as well by the giver as the receiver, for during the excitement of the election, each man unconsciously swallowed his half drachm of the drug. They were elected presidents, and one of them being at the head of the poll, had shortly, by virtue of seniority, to take the chair. It was as he re-entered the room, to receive its plaudits and its highest honour, that an agonizing pain seized his head, darting through his temples, and as it were transfixing his brain. A thousand lights flashed before his eyes, and his ears rung with strange noises in which he recognized none of the welcomes familiar to friendship. The ground reeled under his feet, and it was with difficulty he reached the pausing place of his ambition. As he viewed the audience from his elevation, a crowd of faces seemed curiously merry and laughing, and their joy wore to him so strange an aspect, that it was not without effort he persuaded himself a delusion had stolen over him, and the fair reality was a flattery and a cheat. After a convenient interval, he rose to return the usual thanks, and make the accustomed promises. Very unusual with him, his lips faltered, his cheek turned pale, the anticipated eloquence was a mumble of gratitude, he bowed a confused acknowledgement, and resumed his seat seemingly overwhelmed with the obligation of honour. Luckily, his dilemma was attributed to modesty—a weakness he had never been charged with before. False ideas and troubles crowded upon him as he sat, and after some minutes' interval he left the room. The first object he encountered in the open air was his friend, who, likewise under the influence of the drug, was crying piteously, and vomiting at intervals—he was perfectly hysterical. The two men, who, of all others, should have been joyous that night, were the victims of a miserable narcotic delirium. As the evening wore away, they slowly revived, but its *finale*, in the famous supper peculiar to the occasion, was if possible more remarkable than its outset. The two leading presidents, upon whose faces joy should have sat as substantially as if it were stereotyped, figured, like mutes at a funeral, with solemn faces and a seeming grief. The assembled guests, like Augustus with his Horace and Mars, sat *inter suspiria et lachrymas*, between sighs and tears.

Now that we have finished this department of our subject, we must turn back to the consideration of tea, and of the other instances of its diuretic action. We love the serials of the schoolmen, and follow them as faithfully as we can.

Singula quæque locum teneant sortita decenter.

Horace said as much of poetry, but it is greatly more fitting that it should be said of prose, especially such as is to be made a vehicle for the conveyance of facts, be they those of entertainment or instruction. It will be remembered that, when we began upon the diversion we have just terminated, we were saying that not only should tea be avoided on the occasion of long journeys or of public speaking, but that it should never be taken to any extent at bed-time, from its tendency to produce nocturnal diuresis or perspiration. These unpleasant consequences, which are often the occasion of serious alarm, are in many instances traceable to an indiscriminate use of this evening beverage. And we would particularly caution the inexperienced practitioner to weigh well the extent, and the probable effects, of its employment before passing an opinion upon circumstances that are frequently connected therewith. A want of this caution and foresight has been a source not only of painful apprehensions and fears on the part of patients and friends, but of a final loss of confidence in their medical adviser. We were intimate some years ago with a student, a promising man, who from a state of tolerable activity, sturdiness, and strength, emaciated by degrees until he became but a shadow of his former self. He lost his spirits and his habitual merriment, and the only remnant of his old jocosity and playfulness was a melancholy comparison of his frame

with that of Gonelas horse, of which it was said, *tantum pellis et ossa fuit.* He desponded for some weeks, shunning society and friends, and the opportunities of pastime, but at last confidentially communicated the annoyance of his modesty, and the enervation of his manliness, viz. a fancied diabetes. It troubled him chiefly during the night, when he was often compelled to rise three or four times. This was doubtlessly a great cause of his exhaustion, but perhaps an inferior mischief to the mental agony which attended it. After a careful scrutiny of his case, the actual existence of diabetes, in either of its forms, was doubted, and a further enquiry made as to the probable cause of his anomalous condition. It was then discovered, that to facilitate his studies, he was in the habit of drinking large quantities of tea late in the evening. So habituated was he to it, that even on a return from a party, he would take more or less of his accustomed potation before going to bed. He was advised altogether to abstain from the practice, and in place of it, to sup on gruel, containing a small quantity of brandy. From the time that he changed his living he began to improve, and in less than a month he was not only free from ailment, but anxious after a prize contest, in which, despite the effort it cost him, he came off victor. It is not necessary to say, that he ever afterwards viewed tea with a very jealous eye. A somewhat similar case occurred to our notice not long ago, in the person of a gentleman, who, because of losing his flesh, and urinating more copiously than common, fancied himself the subject of diabetes. Knowing well, how peculiar habits of living will determine a false evidence of this kind, it concerned us, before examining his secretion, or enquiring particularly into his leading symptoms of distress, to question him closely about what he ate and drank. He was a merchant, living a few miles from town, and for convenience sake took breakfast and tea at home, and dined at a chop-house. We learnt, that he drank *so many* cups of tea before starting in a morning, and *so many*, after returning at night. These several cups added together, and estimated by a known measure, were found to amount to about a gallon daily! Consider further the items of wine and soda-water, for neither was much neglected, and we find a pretty quantity of fluid swallowed during waking hours. Of course it must pass off, and more likely through the kidneys than any other outlet—and one would think the profusion would be no surprise, considering the fertile cause of it. But so it is—men are much more apt at complaining of their troubles than of the personal occasions which they give of them. They will charge Providence, Nature, Chance, anything, with the cruelty, rather than themselves with the crime. They lose sight of their responsibility in their suffering, and seek an ideal cause in the very face of the only true testimony against them. They neither regard excesses as errors, nor their consequence as the punishment due to profligacy. So sensuality becomes paramount, and so are its votaries made victims. Even if the sin be at length abandoned, the act is considered, not one of selfishness, but of sacrifice. What is the cold obligation of duty, and a dictate from motives of personal safety, is paraded as a deed of devotion, having the origin and the object of virtue. Such was the case before us. The first difficulty, and it was no trifle, was to persuade the invalid that his gratified appetite was his greatest disorder. Like Matthews in the play, he thought what he drank could hurt no man. Persuasion at last prevailed with him, and he consented for a time to limit his amount of indulgence; but he wished it to be understood, that the penance was an amiable concession on his part, and no indication of a change in his old belief, that what he ate and drank neither disagreed with, nor disgraced him. Of course, under an opposite regimen, he soon became a different man. But though he recovered his health, a gratitude for its restriction was absorbed in the solitary feeling, that he possessed wonderful firmness and philosophy to curtail his epicurism, and contribute to his own cure.

TO THE PRACTITIONERS OF MEDICINE AND SURGERY IN THE PROVINCES.

Gentlemen,—My attention has been directed to a document emanating from a committee of Surgeons, sitting at the Freemason's Tavern; and purporting to be a list of resolutions to be proposed at some subsequent meeting, of which the date is suppressed.

I do not intend to comment upon this circumstance, nor to raise any factious objections to the constitution of this, or of any other committee, since it is evident to every man who has the least acquaintance with public business, that the first committee being always the agents and promoters of any scheme must be self-appointed, and the second is usually the reflex of the first.

Nothing is more easy than for a man of sagacious intellect, and oblique moral perceptions, to surmise plausible objections against the purest motives and conduct, and when he has collected a sufficient number of supporters, to assume—first as probable, then as certain, and afterwards as an undoubted and acknowledged fact, the mere suggestions of his own perverse imagination. Public opinion is often, to some minds, a sanction for deception and a justification of falsehood.

Error is progressive in its nature; faction is seldom giant-born—at first scarcely daring to show its head, it will by encouragement rapidly reveal its proportions; a wary opponent does not at once declare the full limit of his intentions, he conceals his hatred under the mask of sincerity—like a blind man groping in unfrequented paths, he points his foot in various directions before he plants it; at length public opinion gives him a directing voice, his character suddenly changes, he moves with more confidence and spirit; from being the objecting friend, he becomes the friendly objector, and ends as the rancorous, uncompromising, and deadly adversary. This has been the course and event of the present hostile movement, but I trust that your good sense will enable you to determine your own position in this struggle, the true nature of your interests, and the value that should be assigned to services which, whether well or ill-intended, can lead to no other than dangerous and lamentable results.

Had I not an implicit reliance in the innate sound judgment, and freedom from party bias and prejudice of my professional brethren, I should not have hazarded the publication of my first letter; the satisfaction which that has given has induced me to publish a second; and I am further animated to this step by the conviction that the amended Medical Bill has been wrongly understood and falsely interpreted, to the stirring up of suspicions, animosities, and dissensions among us.

While this opposition was confined to the constitution of the committee in Hanover-square, it was ridiculous and unsuccessful; and it was not until this committee adopted the present Bill, that a small portion of the profession deemed it expedient to enter the ranks of the opposition, and to advocate a policy already abandoned as useless, and branded with discomfiture and disgrace. The cry against a permanent committee is now changed to enfranchisement in the College of Surgeons, and it is contemptuously believed that the Profession are so inconsistent and puerile, that after voluntarily subscribing for the establishment of a New College, they can be induced, by a mere beckoning of the hand, to forego their principles, to stultify their judgments, and to revoke their former enthusiastic and solemn pledge. Resent such an injurious opinion of your intelligence by an independent and manly assumption of your right of private judgment. Do not be led away by cunning pretences, jesuitical casuistry, nor wily professions; but read, reason, and decide for yourselves.

Gentlemen, the document I have already alluded to, contains a circular letter, in which your assumed wrongs are artfully and energetically stated; and in which you are required to resist the formation of a "New Apothecaries' Hall." What nonsense is this! Nothing but a spirit of inveterate hostility could have incited any body of men to stigmatise by such a name, an institution which will embrace all the more respectable and useful men of the Profession, which will embody all the best principles for which medical reformers have ever contended, which will be the exact and perfect reflex of the social position and earnest desires of the Profession, and which will be established in accordance with their almost unanimous demand.

It is also said, that "Surgeons are to possess no legal right to recover at law *any* charges for their professional services." *As Members of the College of Surgeons*, certainly not; but have they ever been able to do so? The Bill does not aggrieve them in this respect. But the sophistry of this statement is very apparent, since it infers, *what is not true*, that an individual practising surgery will be empowered to recover charges for professional attendance—nay, more, that the present surgeon is also excluded from this privilege:—the reverse is the case.

Since I have undertaken the responsibility of advising my professional brethren on the disputed points of this Bill, I have carefully examined its clauses, and I now affirm boldly, and without fear of contradiction, *that the present Surgeon will be entitled to register in two classes*, viz., 1st, as a member of the Royal College of Surgeons, and 2nd, as a fellow of the Royal College of General Practitioners. I am aware that the hon. member for Finsbury says differently; I am aware that the Committee of the National Association has sanctioned an opposite opinion; yet what is the truth?

By clause 38, a penalty attaches to any individual who shall assume any "*title* belonging to *a class* in the registry *to which he does not belong*." Observe, the penalty is for assuming the *title*, and that only; it does not interdict, in any way, a double registration, and hence the assumption of double titles. The restriction is included in the division of the sentence "*to which he does not belong*." If a person belong to two classes, he can legally assume two titles, but he cannot assume a third title in which he is not registered. This is apparent to the lowest intellect.

But I am told that it is not the intention of Sir James Graham to allow a double registration. Who knows this? And suppose it is not, the next Secretary of State may entertain a different intention from Sir James Graham, and at all events, the Act of Parliament is clear and imperative, and will annihilate the specious intentions of any Minister of State.

The qualifications for registration as Physicians, Surgeons, and General Practitioners, are stated in different clauses, and I maintain, that in accordance with the letter and spirit of the Act, any man *having the qualifications* is entitled to registration in either, or in all these classes, without any hindrance or reservation. The law must be acted on;—there is no discretionary power referred to any Council or Examining Board;—there is no clause in the Bill *prohibitory* of a double registration, or in any sense implying the suppression of one title upon the assumption of another; it is no where, for example, said, that when a General Practitioner registers as a Physician or Surgeon, he ceases to be a member of the former College, and invalidates his claim to the registration.

Then, gentlemen, how can it be said, with truth, that Surgeons will not be able "to recover at law *any* charges for their professional services," when every Surgeon who pleases, may become a member of the College of General Practitioners, *and reap*

the double advantages of a double registration? It is the Surgeon, I affirm, who will more peculiarly benefit by the provisions of this Bill. Do not mar these advantages by factions, intrigues, and clamorous denunciations.

Let me intreat of you, gentlemen, to judge for yourselves—to shut your ears against inflated declamation, and verbose harangues—full of shallow sophisms, scurrilous cognomens, and reckless assertions—but void of truth, candour, and sincere argumentation. With the double registration, all present Surgeons will be enabled to retain their title and offices; and will be endowed with all the privileges and immunities of General Practitioners. I still, however, hold, that future Members of the New College should be denominated Surgeons, or be declared qualified to hold offices *as Physicians and Surgeons* to our public institutions, notwithstanding any local bye-laws to the contrary.

Once more, gentlemen, the charmer, whoever he be, is charming you wisely,—he is inviting you with a gracious solicitation to augment his ranks,—he is artfully caressing the most sensitive sympathies of an Englishman,—he is not only indulging you with a breakfast, but he is dressing it up in the most approved style to tempt the most reluctant appetite, and gratify the most fastidious taste;—you are fond of the *principle of representation*,—you have contended for it with a spirit and vigour that have done you honour, but it seems that you have been hitherto working in happy ignorance of its nature and appliances—the political mare's nest has at length been alighted on—the labours of political alchemists have at last discovered the philosopher's stone—the squaring of the circle has been achieved, and the representative principle was nothing but a quackery, until the Solons of the Freemason's Tavern taught you how to exercise it. Although there may be a committee sitting in London, with the full assent of the members, all whose rights and interests are the same, yet this committee does not represent the wishes of the consenting body:—it is required that an ephemeral association shall enter into all the details and tumult of a parliament election! Is this necessary? Is it not uncongenial and foreign to the nature and character of our profession? In general politics, there are numberless distinct and antagonistic local interests to represent; local elections are therefore necessary for public security; not so, however, in the case of the General Practitioners of medicine in this country, whose objects and interests are identified; and district elections are, consequently, needless and inconsistent with the first principles of legislation. It is a mere expedient of political fencing. If the representative principle thus exercised by an ephemeral body were beneficial, it would, of course, be more useful in a permanent corporation where there are interests more vital to maintain, and privileges more valuable to fortify and support; yet you know that this system, as a local representation, would be perfectly absurd.

At the conference of a deputation with Sir James Graham, when I was present, the hon. Member for Finsbury referred to this very system of representation; when Sir James Graham observed—

"I suppose you would like to have a sort of Medical Parliament in London?

Mr. Wakley.—Yes.

Sir J. Graham.—Then I candidly tell you, *that I never will consent to it.*

Gentlemen, I am one of yourselves,—my interests are in common with yours, I am not leagued with any journal or party;—as an independent man, I appeal to independent men, and as the declarer of unvarnished truths, I confidently rely upon your candour. In confirmation of every statement contained in this letter, I have appealed to facts, and hazarded nothing that cannot be sustained by direct consecutive argument. I could not act so insincere a part as to endeavour to impose upon you plausibilities for truths, in order to accomplish an end to which my mind might be directed.

Worthy as you are of a representative incorporation,—capable as you are of endowing it with dignity and credit, it would be a most unwise neglect of an auspicious opportunity to abandon your claims to independence. The profession was never fully aware until this crisis, of its omnipotent influence as a political body,—it never, until these last few years, felt, or expressed, a confident assurance of its claims to scientific distinction:—its members, negligent of their position, widely separated, and disunited, immersed in the routine of their daily avocations, pursuing science by their individual exertions, unencouraged by the patronage of their collegiate institutions,—without much community of sentiment or local intercourse,—accustomed to venerate, with an almost slavish obsequiousness, whatever emanated from their official superiors, or from titled graduates, and often to view with incredulous distrust, the labours of their own class; they were scarcely conscious of their own achievements—of their own capabilities, and of the rapid elevation which their order had undergone in public and scientific opinion. These days are past away,—and for ever! The time has arrived, when your claims must be acknowledged, and enforced, and when, by the establishment of a New College, your superiority may be declared. Is this not an object worth striving for? Is it one that can be suddenly abandoned in the attempt to encompass a chimerical project? Surely not,—and you will not so tamely yield your present commanding position.

I have engaged your time longer than I intended, but the importance of this crisis must be my excuse.

I remain, gentlemen,
Your sincere well-wisher,
GEORGE ROSS.

Kennington, June 10, 1845.

THE MEDICAL TIMES AND MEDICAL REFORM.

To the Editor of the "Medical Times."

SIR,—Yours is the only weekly journal to which the members of the profession have to look, and upon which they can depend, in reference to the Medical Reform Bill at the present time before Parliament. The editor of the *Lancet* is incessantly engaged in a petty squabble with the committee of the National Association, which originated in a paltry pique, and has shewn himself the *greatest enemy of the medical man* at this the most important crisis of his life. The editor of the *Medical Gazette* is pursuing a very "namby pamby" course, and probably thinks that it matters but little to the medical man whether the Bill pass or not; for, certain it is, that not a word was printed in his last number having reference to the subject either one way or the other. *You* have taken upon yourself, sir, the duty of antagonizing the errors of *commission* on the one hand, and those of *omission* on the other; and you are, single-handed, doing your duty most valiantly. I doubt not that you will meet with your reward, and that the members of our peaceful profession will patronize you with gratitude when the day of turmoil shall have passed away, and all shall again be calm and settled.

Thousands admire your advocacy of the proceedings of the committee of the National Association, and of the establishment of a separate College of General Practitioners, and I trust that you will still co-operate with them in getting the Bill of Sir James Graham through the House, which undoubtedly will have a weighty effect in enhancing the interests of the profession.

Two or three *minor points* appear to me to require some modification, and I shall be obliged if you will direct the attention of the Committee of the House of Commons, of the Committee of the National Association, and of the profession generally, to them through the medium of your journal, and I doubt not, if you find that the portions of the clauses to be referred to are likely to *depreciate the present race of General Practitioners*, or to *press too heavily upon the future race*, who, influenced by a very laudable ambition, should wish to possess themselves of the M.D. degree; that you will lend your powerful advocacy to a more liberal construction of such clauses, before the passing of the Bill.

1.—The *Supplemental* Register (clause 33) appears to me to be unnecessary and *invidious*, inasmuch as it will lead to the possibility of misconception on the part of the public as to the nature of the qualification of those registered therein, and of *mis-statement* on the part of those who may desire to make it appear that the "physicians," "surgeons," or "general practitioners," so registered are persons of a *lower grade* in practice than those whose names will be inserted in THE—or the regular orthodox (if the expression may be allowed)—register.

However stringent may be the regulations as to the registration, and the restriction as to the mode of practice, of the *future* members of the profession; it would undoubtedly be a less objectionable plan to have *but one register*, and to allow the *present race* of medical men to register in the three departments, as they may shew themselves gratified by the diplomas they have in their possession.

2.—It will also be invidious to particularize whence the qualifications were derived of those who may register in the supplemental register. The mode of qualification will in future be fixed and uniform, but there should be no mark appended to the names of those who may register with their present qualifications, whereby there could be by any possibility an invidious distinction.

3.—The part of clause 38, which provides that "none but persons registered as physicians shall use the title of doctor," appears to me to be by far too stringent; and I am at a loss to conceive how it can be carried out. It will certainly be a new and odious feature in medical prosecutions to observe, for instance, a well-educated general practitioner brought in guilty of "a misdemeanour in England and Ireland, and in Scotland, of a crime and offence" for using a British M.D. degree, which he may have well earned by a protracted course of study, and after a rigid examination. Unless such degree has been procured by examination from some recognized university, let a person be liable to punishment for passing himself off for what he is not, and such an enactment would be sufficient to put a check to such species of quackery. Surely there can be no *just* law passed to prevent the use of a proper degree by the well-educated possessor of it, although he may be pursuing the humbler sphere of general practice! The law *may be just* in preventing the future *General Practitioner*, in the possession of the M.D. degree, from *registering* as a *Physician*; but I conceive it would be most *unjust* to subject him to the possibility of being found guilty of "misdemeanour," &c., for styling himself doctor, or for using the said degree in any manner he might think fit.

By inserting these few remarks, you will oblige,
Sir, your obedient Servant,
CHIRURGUS.

[Our correspondent is in error, we think, on the use of double titles.—ED.]

WAKLEY v. THE MEDICAL TIMES.
(*From the* Morning Herald.)

It will be in the recollection of our readers that, at the beginning of this term, Mr. Bramwell obtained a rule to show cause why the writ of inquiry in this case should not be executed before one of the judges of this court, instead of before the sheriff of Middlesex, on the ground that the libel complained of affected the plaintiff in his public character as member of parliament for Finsbury, and coroner for Middlesex; that it was his intention to adduce other libels in evidence, published by the defendants against him; and that many important questions of law would be likely to arise in the course of the inquiry.

Mr. Martin and Mr. Parry now showed cause, and read the affidavits of two persons who heard the plaintiff declare that he would ruin the defendants with law expenses, and that he was resolved to destroy their journal (the *Medical Times*); and an affidavit of the defendants' attorney, to the effect that no important questions of law would be likely to arise. They also submitted that the libel complained of did not affect the plaintiff in

his public character, and even if it did, that that was not a sufficient reason for not sending this case, like all others under the same circumstances, to the sheriffs' Court; and that if any important questions of law should arise, it was well known that Mr. Under-Sheriff Burchell was perfectly competent to deal with them; that the defendants had, by suffering judgment to go by default, done all that they possibly could to avoid expense; that a trial before a judge of this court would be four times more expensive than a trial before the sheriff; and that it would be very hard on the defendants, considering the declared views of the plaintiff against them, to expose them to this unnecessary expense.

The Court, without calling on Mr. Bramwell to support the rule, said that the libel affected the plaintiff in his public character, and that they saw no reason, under all the circumstances, why the rule should not be made absolute.

MEDICAL REFORM.

At a meeting of the Defensive Association of Surgeons, held at the Crown and Anchor, on the 31st ult., the following resolutions were unanimously passed:—

Resolved.—That this Association express its strong approval of the alterations introduced in Sir James Graham's measure of Medical Reform, and especially tender to that Right Honourable Gentleman its best thanks, for the concession of a New Royal College, under whose responsible government, the General Practitioners of this country may be shielded from those injustices and insults they have had to bear during their connection with the Royal College of Surgeons.

2. Resolved.—That as the Managing Committee of the National Association of General Practitioners admirably fulfil the duties imposed on them by the circumstances of the Profession at this critical moment of its history—this Association do testify its confidence, in their zeal, wisdom, and good intentions, by recommending all its members to unite with and support that body.

3. Resolved—That while thus identifying itself with the policy of the National Association, this meeting respectfully urges on the Committee of that body the expediency of using their best efforts to establish the franchise given by their New Charter on a wide and comprehensive basis, and to introduce a fair proportion of General Practitioners on the Board of Preliminary Examination.

4. Resolved—That it is most desirable that the Profession should be heard by counsel at the bar of the House of Lords against the Charter recently granted to the Royal College of Surgeons of England, and that every Surgeon be invited to lend his best support to that object.

Signed on behalf of the Committee,
W. Griffith, Chairman.

W. B Costello }
John Foote, } Hon. Secretaries.

To these resolutions, communicated by Mr. Griffith, the following reply has been sent:—

"To William Griffith, Esq., Chairman of the Committee of the Defensive Association of Surgeons, 31, Lower Belgrave Street.

"Sir,—We beg leave to acknowledge the receipt of your favour of the 4th instant, with a copy of the resolutions of the Defensive Association of Surgeons, passed at their meeting of the 31st ult., which have been laid before the Committee, by whom we are requested to assure you how highly they estimate the approval and confidence of the Defensive Association, and to state that the suggestion contained in the resolution will have the best consideration of the Committee.

"We are, Sir,
"Your obedient servants,

JAMES BIRD }
HENRY ANCELL } Hon. Secs., *pro tem.*

The National Association of General Practitioners in Medicine, Surgery, and Midwifery.

* Office, 294, Regent-street, 7th June, 1845.

THE DAILY JOURNALS.

We are glad to see articles in the *Chronicle* of June 9th, and the *Advertiser* of the 10th, on the subject of Medical Reform. We observe that the opinions of both, however much they may be opposed to Sir James Graham on other matters, are still in favour of the fundamental principles of the Bill, and especially advocate the policy of accepting the Incorporation of the General Practitioners. With regard to the Bill, the *Chronicle* remarks, "on the whole it is gratifying to think that the Bill, as at last amended by the Home Secretary, gives us a fair promise that the question of Medical Reform, so long agitated, will be settled this session, and not unsatisfactorily. From the first we have expressed our unwillingness that the government measure should be suffered to fail through an indiscriminate opposition on one side, or ill considered and groundless obstinacy on the other; and we should now be rejoiced to see such a mutual understanding between the contending parties as might prevent parliament rising this year without having disposed of the question finally.** The success of a good parliamentary measure is as desirable to the profession as it is to the home secretary; but there is a price which would outworth the boon to both. It behoves all parties therefore not to higgle and stand out about trifles. Sir James Graham has undoubtedly introduced in his present measure considerable improvements; let him not oppose the one or two others which are still stoutly contended for; and his measure will receive a hearty greeting not less from the profession than from us."

The *Advertiser* in an able article, while speaking of the Association remarks; "if the members of the profession are rationally active as ordinary individuals to their own interest, if they properly feel the wrongs and indignities that have been cast upon them, and if, above all, they are properly possessed with a sense of their responsibility towards the public, they will secure both the New Incorporation and (by its means) a thorough reform of the College—"*a pressure from without*" will effect these objects, and nothing else. They will either gain or lose both."

The advocacy of the amelioration of Medical Government by the Morning Journals, has been a circumstance extremely serviceable to our interests, and we cannot too emphatically tender them our best acknowledgements.

MEETING OF MEMBERS OF THE COLLEGE OF SURGEONS.

(FROM A CORRESPONDENT.)

A meeting of surgeons, called by public advertisement by Mr. Wakley, was held at the Freemasons' Tavern on Saturday evening last, Mr. Bottomley, of Croydon, in the chair, to take into consideration the best means of preventing any so-called "Separation" of Surgeons from the London College. About thirty-five gentlemen assembled, by far the greater number being evidently mere curious spectators of the proceedings. Mr. Ottley was nominated by Mr. Wakley to succeed Mr. Hughes, who resigned, through Mr. Wakley, the post of Honorary Secretary. Mr. Wakley then presented *one* note from a provincial Surgeon (of course a specimen of thousands he is daily receiving), and stated, that he had never known anything approaching to the excitement caused by the Amended Government Medical Bill. The honourable gentleman could use no epithet sufficiently strong to express his condemnation of the measure. It was of great importance to allow the members of the Profession in the country to express their opinions. On a former evening it was agreed, that an aggregate meeting of the Profession should be convened for Tuesday, the 24th of June, and at this, Mr. Guthrie had consented to preside. He (Mr. Wakley) proposed that a public breakfast should be also given on the day before this meeting, in order that those gentlemen who came from the country might have an opportunity of hearing the measures to be proposed previously to their attendance at the aggregate meeting. He hoped some gentleman would propose that a deputation should wait on Mr. Guthrie to request him to preside at the breakfast also. He then proposed Monday, the 23rd of June, at two o'clock, as the day and hour for the breakfast, seconded by Mr. Ion, and carried by a show of six hands. A Mr. Moore, of ——, then proposed (as desired by Mr. Wakley) that a deputation should be sent to request Mr. Guthrie to preside at the breakfast. This was also seconded and carried. Mr. Wakley then proposed that each gentleman present should sign, on a paper sent round, his name and address, and whilst this process was going forward, Mr. Ottley read a letter he had received from Manchester on the College question. Mr. Wakley then said that he had an insuperable objection to large committees, especially when composed of *seventy-two*: he, therefore, begged to propose that the Chairman and two Secretaries be requested to make all arrangements for the public breakfast. This was objected to by the Chairman: his engagements did not allow him to undertake so serious a responsibility. Mr. Ottley also objected on the same grounds. Mr. Wakley said that if aid were required, the honorary officers should themselves select some gentlemen for that purpose. After a desultory conversation, it was agreed to divide the responsibility among five gentlemen, viz.—the three honorary officers, a Mr. Evans, and the before-mentioned Mr. Moore, with power to add another from each metropolitan borough if they can find him. Mr. Wakley then hoped that the Surgeons present would take on themselves to call meetings in the different metropolitan districts, for the purpose of electing representatives to attend the aggregate meeting to be held on the 24th. He proposed that books should be opened in every district, in which those gentlemen who were in favour of the chimerical union of the General Practitioners with the College of Surgeons, might enter their names, and that such as were enrolled, should alone have the right of voting at these meetings, in the election of representatives. This would be very necessary in order to prevent gentlemen opposed to the object in view from voting at the meetings. He also proposed that each representative should contribute £2 towards the defrayment of expenses. A gentleman, whose name we did not hear, objected to the proposition of enrolment, on the ground that the medical men in the districts would not trouble themselves to sign their names. He had himself perambulated with a paper for signature, containing the requisition to Mr. Guthrie, and each name he had obtained (the number collected he forbore to mention), cost him half an hour's persuasion. He was convinced, therefore, that *very few, indeed*, would even cross the street for the sake of enrolment. Dr. Lynch moved as an amendment, that the proposal for calling meetings for the election of representatives should be made at the aggregate assembly on the 24th. To this Mr. Wakley objected that the representatives would be required to attend on that day. Mr. Wakley withdrew his motion, and left it to the committee to decide the question. Dr. Lynch proposed that a circular should be sent to each gentleman who had signed the requisition to Mr. Guthrie, requesting him to obtain signatures in a book, and that, with respect to the country, a circular should be sent to one or two Surgeons in each town, by their means, to be reprinted and distributed among their professional brethren in the neighbourhood. After a long and desultory discussion, this motion was agreed to, and the majority of the meeting having separated, from the lateness of the hour, we left Mr. Wakley and his five or six coadjutors to their futile machinations.

How to Print a Picture from the Print itself.—The page or print is soaked in a solution first of potass, and then of tartaric acid. This produces a perfect diffusion of crystals of bi-tartrate of potass, through the texture of the unprinted part of the paper. As this salt resists oil, the ink-roller may now be passed over the surface, without transfering any of its contents, except to the printed parts.—*Mr. Faraday.*

EFFECT OF THE NEW MEDICAL BILL ON QUACKERY.

Mr. Edward Carter, assistant-overseer and land agent of Ottery St. Mary, Devon, has addressed a petition to the House of Commons, of which the following is an extract:—"Your petitioner has for a long time been in the habit of giving to those who desire it an application for the eye, which has proved beneficial to a great number of persons, some of whom have been unable to find relief elsewhere; your petitioner, therefore, prays that he will not in this land of freedom, be restricted in doing to his neighbours as he would wish to be done unto. Your petitioner further prayeth, that the person appointed to carry into effect the charity given by one Thomas Axe, Esq., to the poor of this parish for drugs and plasters, may be exonerated from any fine or penalty, under any act or acts of Parliament to be passed by your honorable House." Great numbers are in the same situation as the unfortunate Mr. Carter, whose career in medicine, should the Bill pass, is likely, soon to be terminated somewhat abruptly.

FUNERAL OF M. BRESCHET.

The obsequies of this eminent physiologist were performed at the Church of St. Germain-des-Prés, in the midst of a vast concourse of members of all the scientific and medical societies of Paris. The remains were deposited in the Cemetery of Père-La-Chaise, near those of the celebrated Etienne, and many other fellow-academicians. Orations were delivered by MM. Andral, in the name of the Academy of Sciences; Pariset, on behalf of the Academy of Medicine; Cruveilhier, in that of the Faculty of Medicine; and Ferrus, in the name of the friends of the defunct. An *interne* of the Hôtel-Dieu, M. Dumarquais, added some touching words expressive of the deepest regret of the pupils of M. Breschet. This celebrated man was born at Clermont Ferrand in 1783, in the College of which city he commenced his studies, and from which he removed to Paris about the year 1800, for the purpose of entering the Polytechnic School. It would occupy too much of our space to recount the public contests (*concours*) in which he was the successful competitor. To English physiologists, the writings of M. Breschet are as well known as they are by those of his own country; and it would be difficult, indeed, to peruse a paper on any physiological subject, and not find allusion frequently made to them. There is scarcely a subject connected with minute anatomy and physiology to which he did not add some important information. As M. Cruveilhier observed in his oration, "the great number of original treatises which he wrote, attest that he had all the qualities of a good observer, and a great predilection for minute anatomy." His treatises on embryology; his memoirs on the structure of the skin; upon the structure of the organ of hearing in man and animals; upon aneurism; upon the lymphatic vessels; upon bloodletting; and his magnificent work with plates, upon the venous system, a work which, we regret to say, is left by his death, to a certain extent unfinished, bear incontrovertible evidence of the extent of his labours, and furnish an example of what can be achieved in a comparatively short life. But his labours are not comprised in this list, for he contributed a large number of papers on different subjects to the various medical and scientific societies, and was the translator of several German works on transcendental anatomy. Lastly, and what should not be regarded as of little moment, M. Breschet was not respected simply for his scientific attainments: he was also a man in the best sense of the word: he was endowed with all those passions, those feelings which ennoble human nature, and which—in the words of M. Ferrus—enabled him to leave this world with the esteem of all good men.—(*From a Correspondent.*)

Aneurism of the Arch of the Aorta.—Dr. Favell at a meeting of the Sheffield Medical Society, exhibited a fine specimen of aneurism of the arch of the aorta, taken from the body of a man, aged 58 years, by trade a chair-maker. At the time of his admission into the Infirmary, (January 10, 1845,) he stated that he had generally enjoyed very good health, but suffered from an attack of rheumatism, chiefly in the lower extremities, about five years ago, from which he entirely recovered in about three weeks. Six months since he began to be troubled with cough and expectoration, accompanied by difficulty of breathing, and pain in the right side of the chest. For these symptoms he applied for medical assistance at the Dispensary, and after remaining under treatment for between three and four months, was at length discharged cured. Very shortly afterwards he discovered a small tumour, about the size of a marble, on the right side of the chest, which gradually increased in size. At the time of his admission, the tumour was situated half an inch to the right of the sternum, and occupied the space between the second and third ribs. In form it was elliptical, and measured three inches and a half in length and diameter; its elevation above the surrounding integument was one inch, and its superior edge was an inch and half below the inferior margin of the clavicle. The tumour pulsated very strongly, and on applying the stethoscope, a loud churning murmur was heard synchronously with both sounds of the heart. He died on the 7th of February. On examining the body, there was found a large aneurismal sac, involving the whole of the arch of the aorta. The sac was entire and closely adherent to a portion of the right lung laterally, and to the costal pleura anteriorly. The portion which formed the external tumour was lined with several layers of coagulable lymph. The lining membrane of the sac, as well as of the descending portion of the aorta, was entirely destroyed, and large plates of bone, most of them only partially adherent to the sides of the vessel, were deposited in the subserous cellular tissue.

Schirrhous Pylorus: Inflamed Lung: Valvular Disease of the Heart.—At a meeting of the Sheffield Medical Society, Dr. Favell exhibited the preparation of a pancreas, which was attached by a broad band of lymph, about an inch and a half in length, to the inferior margin of the stomach. The pancreas was in a scirrhous state, but the coats of the stomach were healthy. Also a portion of lung intensely injected, and of a very dark colour, the outer surface covered by an abundant deposit of lymph, and the lining membrane of the bronchi much inflamed, and a heart rather larger than natural, having the left auriculo-ventricular opening at least one-third larger than usual, and the mitral valve correspondingly enlarged. These specimens were taken from the body of a man, aged 66, who was admitted into the Infirmary under the care of Dr. Favell, complaining of a sense of heat at the stomach, accompanied by slight pain. The sense of heat was constant, but the pain only occasional; the appetite was good, and the symptoms were not aggravated by taking food, or by pressure on the epigastrium; there was no sickness, and the bowels acted regularly. He was relieved by the trisnitrate of bismuth, with bicarbonate of soda, and became an out-patient, but was re-admitted in the course of two months, with hæmoptysis, under which, it was stated, he had been suffering for several days. When he was seen by Dr. Favell, he complained of severe pain in the right side, which was accompanied by cough and very copious expectoration of blood, which was of a dark black colour, and frothy: there was no admixture of viscid mucus. The chest yielded a tolerably clear resonance on percussion, whilst the stethoscope detected a loud pleuritic frottement over a considerable space of the right side, exactly corresponding to the situation of the false membrane exhibited, as well as very extensive mucous and sibilant rhonchi. The dulness in the præcordial region was more extensive than natural, but there was no abnormal murmur. The pulmonary hæmorrhage had ceased for some days before death, and was apparently very much controlled by free doses of gallic acid.

GOSSIP AND NEWS OF THE WEEK.

The Leeds Practitioners, Mr. Garlick in the chair, and Mr. Bulmer acting as secretary, have memorialized Sir James Graham, expressing a warm general approval of the amended measure. They express an abstract preference of making the College of Surgeons the home of the General Practitioner, but deeming it impracticable under under present circumstances—urge strongly the passing of the measure this session.

Royal College of Surgeons.—Gentlemen admitted members, on Friday, May 30, 1845:—A. J. Tuckey, J. T. Ross, J. Trague, J. M. C. Cornuel, J. Packer, J. P. Mingaye, D. Davies, F. E. Baston, T. C. Jackson, F. J. Hensley, W. Sedgwick, J. Lewis, H. H. Fitzpatrick, G. N. Epps.

Royal College of Surgeons of England.—Gentlemen admitted Members, on Friday, June 6th, 1845:—J. G. Moir, R. Moore, O. Mullett, S. Gibbon, A. P. May, W. Culhane, J. S. Denham, J. R. Hutchinson, T. M'Greal, E. Pearce, W. E. Wright.—Admitted Monday, June 9th:—F. S. Fleck, H. Ward, J. Ward, T. Peck, T. P. Forge, E. T. W. Mandeville, S. Clift.

Dr. Billing has resigned the office of physician to the London Hospital. Dr. Little, the surgeon-physician, who at present holds the office of assistant-physician to the hospital, is a candidate for the appointment thus vacated by Dr. Billing. He will be elected as a matter of course, such being the ordinary rotation of office at our London hospitals, and there will be, equally as a matter of course, a warm contest for the office of assistant-physician. Dr. Herbert Davies has, we understand, already declared himself a candidate.

It is rumoured that Dr. Chambers contemplates resigning the presidency of the Royal Medical and Chirurgical Society, in consequence of his inability to attend and preside at the meetings. He has, we believe, taken the chair only twice since his election in March last. It would be a bold stroke if the general practitioners, Fellows of the Society, were to propose a member of their own body for the presidency. There are, at least, some of them worthy of the honor of presiding over the first medical society of Great Britain and Ireland. We fear, however, that there is not sufficient energy—not sufficient daring among them at present for such a step.

Society of Arts.—On Monday, June 2d, the president, H.R.H. Prince Albert, presented to the respective candidates the rewards adjudged by the Society during the present session. The following gentlemen received medals for inventions of a surgical character:—"F. Tomes, Esq., of 41, Mortimer-street, Cavendish-square, for his patented dental moving machine, or Dentifactor, a gold Isis medal;" a description of the machine appeared in this journal during the past month.—"Mr. C. Jordan, of Manchester, for his illuminating instrument for inspecting concealed parts of the body, the silver Isis medal."—"John Avery, Esq., of Saville-row, for his speculum instrument for inspecting concealed parts of the body, the silver medal."—"Dr. Davis, of Connecticut, for his patented surgical adjuster for reducing dislocations, the gold medal."

The meeting of the British Association, at Cambridge, is likely to prove of considerable interest, from the number of distinguished scientific foreigners expected. Professor Struve, of Dorpat, Professors Dove, Kreil, Kupfer, and others, will be present, for the purpose of taking part in the Magnetic congress. Professor Foggi, of Pisa, Professor Schönlein, of Basle, and Sir Robert Schomburgk, have also expressed their intention of attending the meeting, and it is hoped that M. Quetelet, Professor Agassiz, and others, will be able to appear. The arrangements at Cambridge will admit of a model-room, for the reception of works of art of all kinds,—forming an extremely interesting feature of the meeting. It is greatly to be desired that all who would assist in rendering this as complete as possible, by sending objects of interest for exhibition, would communicate their intentions to the local secretaries as soon as possible.

No. 300 **SUMMARY.** JUNE 21.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

The definition of insanity is one of the most important points which medical men have to deal with. It has been defined to be a mistaken judgment on things about which most men are agreed, and different from the former judgment in the same person. This definition was founded on a contracted notion of the true nature of the disease; on the physical notion that judgment was the only active power of the mind, a mere representative of the operation of the mind itself, and that, consequently, insanity consisted either of a perversion of this or an application of it to erroneous purposes—purposes which proceeded from some error, or incorrect idea. The chief objection to this is that it is too partial. There are many cases of true insanity that do not necessarily belong to an error of judgment, while the latter includes a great number of persons not properly insane. One of the most remarkable features of insanity is that it is commonly intellectual error, not so much an error of judgment. There is some strong ruling impulse of thought arising from the feelings more than error of judgment itself; this perversion of feelings may be either partial or general; and the mind may partake of this perversion either wholly or partially. We shall follow the definition which Dr. Pritchard has given of this subject in his treatise. He distinguishes three kinds of insanity, as the chief varieties. The first, the moral insanity in which there is a perversion of some natural feelings, either partial or general, without any permanent intellectual disorder; or if there be any disorder of the reasoning powers of the mind it is secondary. Secondly, the intellectual insanity, in which there is an error in the judgment or the perception; and this includes madness with hallucination, false ideas with regard to things real or unreal. Thirdly, in which the whole mind seems to be disordered, with incoherency; the whole powers of the mind being in confusion and out of place, entirely powerless as it were. In addition to these varieties there is fatuity, idiocy, or imbecility, in which there is an absence of power.

Dr. Pritchard defines insanity to be a chronic disease (that is, to be distinguished from delirium) manifested by deviations from the healthy and natural state of the mind, such deviations consisting of morbid reason, feelings, affections, or habits (that is moral), or disturbances of the intellectual faculties under the influence of which the mind becomes susceptible of hallucinations and errors, and persuasions of a particular kind.

Now first with regard to moral insanity. This comes on in different ways; the individual becomes impetuous and peevish, passionate and excited in a great degree, differing in this respect from his usual habit and manners, or else carrying them to a great excess; his conversation is hurried, and where the disease is more partial, the mind is engrossed on some great object, some one or more important projects, of which he is quite full, and there is some absurd notion or impression connected with these on which the mind acts. The ruling passion may be varied in different cases; sometimes opposition, and sometimes over-anxiety about family affairs, and so forth. If this becomes so overpowering, that it engrosses the whole mind, it leads to all sorts of extravagances and absurdities, and when the patient, in giving way to it is resisted, he strenuously asserts that he is right, and shows outrageous madness, and becomes dangerous to society. An impairment of the moral feelings is generally the commencement of insanity, and there is not an error of judgment in the first instance; but the feelings become powerfully exaggerated, and judgment is impaired in consequence. In some cases, the insanity breaks out suddenly, and in others it is more gradually manifested; peevishness of manner, an eccentricity gradually increasing, the temper of the individual becoming more capricious than it ever was before; or sometimes such as it never was before. It is very difficult to trace the first commencement of insanity, to say at what time the mind began to be insane, for in many cases you find eccentricity and oddities about persons which have existed for a long time, and these persons are never considered mad, though they are bordering on madness on certain points. It is a matter of extreme difficulty to decide, sometimes, whether a person is sufficiently mad to render him a subject of restraint, and as a general rule, the proper plan is to examine whether the eccentricity or partial madness is of such a nature as to compromise the safety of the individual and of those around him. In such a case there can be no doubt of the propriety of placing the individual under restraint. This variety of insanity may take place without any marked impairment of the intellectual faculties. It is very apt to come on after some shock to the mind or body; after some heavy affliction, or sometimes after disease, as for example a stroke of palsy or epilepsy, or after fever. It may often be suspected when an individual shows a remarkable change of character, especially in fickleness and capriciousness as to his pursuits, engaging with great earnestness and energy in particular pursuits, or exhibiting great suspicion of temper increasing in a great degree; yet with all these changes and perversions of feeling, the activity of the intellect is still shown by the individual being able to give plausible reasons for all that he does, and all that he thinks; so that if you were to talk to such a person you would suppose he was a very injured man; he talks of the frauds against him, or the ill treatment he has received, or else that he is a very clever man, and he will try to persuade you in a very plausible way, that he is really going to make his fortune. It is often very difficult to distinguish some varieties of insanity from eccentricity, more particularly those in which the tempers of many persons are so wayward that they are apt to give way to bursts of anger and violent impulses, during which they become for a time insane. Of this we have an illustration in a spoilt child, who has been from early life left quite uncontrolled, giving way to every burst of passion, so that it acquires the mastery over his better feelings, and in some sudden fit of frenzy he commits a crime—murder or something of that sort. These persons should be watched with great anxiety for a long time, for this giving way to anger borders on, and ultimately may pass into real and permanent insanity. It is when these gusts of passion and violence of temper shew themselves without provocation, or without adequate provocation, that one would not hesitate to call it madness. Even with regard to moral insanity, the individual may be good and rational on most points, even with regard to his feelings, but there is one particular project on which he is bent, which, if not resisted may end in fatal consequences to himself or others. There are many instances of this kind of insanity, and it is a state in which many persons are led to commit suicide. There are also many instances of madness called melancholy, in which the individual may be able to reason extremely well on all subjects, so that there is scarcely anything to account for the delusion he is labouring under, but at last he becomes depressed to such a degree that his judgment is perverted, he becomes a trouble to himself, and at last commits suicide. There are various other partial forms of insanity, moral insanity as it is called, which consists of exaggerated feelings or impulses, without the mind partaking, in an equal degree, in the disorder. The change is in the conduct of the individual compared with what it was before. Many persons who have been, before, prudent and thoughtful, suddenly become careless, show a great amount of reserve, or talk of private matters in public society. There is a variety of moral insanity that takes place not unfrequently among old people, in which there is a perversion of the natural feelings, or else an exaggeration of them, so that the individual complains of the conduct of all his relations; or else he becomes moved with regard to them in an unnatural way; hence it is a very common thing with regard to old persons to find their moral feelings altered, and even rendered obtuse, and hostile to those formerly dear to them, or sometimes the reverse. There is an exaggeration of affection in wrong directions. It is remarkable in some cases of partial insanity how during some periods, that are a sort of sane intervals, the individuals will be aware of their morbid propensity to murder and to commit suicide, and will tell their attendants not to trust them, as the feeling comes on, sometimes so that they cannot overpower it; they will caution their friends to beware of them. This has several times happened with regard to the commission of murder, and shows the partial character of the feeling, and that it arises from impulse, and not from an error of judgment.

The second variety is intellectual madness, where the intellect and the memory are the seat of the disorder; this being often attended with hallucinations and the belief in unreal events, or with

unreal impressions of events. This likewise may be partial or general. Where it is partial, it consists of an error of either the judgment or conception confined to particular subjects, while the patient may converse well on all other subjects. This constitutes one of the common varieties of monomania. The melancholia of Cullen is a variety of this, though it sometimes includes moral insanity. The case in which Lord Erskine detected the insanity of a man, exhibits in a very strong light how very partial it may be. This man baffled all the attempts of the counsel to elicit from him the slightest proof of insanity, until Lord Erskine, who was made acquainted with his previous history, suddenly put on an air of great reverence, and apologised for having spoken with so little deference to so great a personage, when the man's insanity was immediately revealed, and he declared, "It is true, I am the Christ!" There is another case of a man who had no other kind of insanity than an erroneous notion that he was too large to go through the door. This case was brought to the *argumentum ad hominem*, for some one pushed him through without any difficulty. He fancied that he should be squeezed to death if he went through, and the impression was so strong on his mind, that he actually did die after he was pushed through.

Monomania is connected with moral insanity; the suspicions connected with moral insanity engender hallucinations and feelings under which the individuals labour. Mania or intellectual insanity, is where one impaired faculty has sway over the other powers of the mind, and the general conduct of the individual. General madness often begins at once, without any premonitory attacks; suddenly after excitement of body or mind. After intoxication, or feverishness, the mind often becomes confused whenever it is brought into operation. When the individual talks, or manifests the current of his thoughts, it is all confusion and excitement; at the first outbreak there is a great disposition to talk—he is incoherent, laughing and crying by turns, associated in an extreme degree with symptoms like delirium tremens, and then the symptoms burst forth in all their extravagance. In these cases, sensation is not unfrequently impaired. The third variety is incoherent madness. It begins with excitement like the last: the passions are all bustle and activity, gradually rising up to violence, changing in their character; the body and mind are quite restless; the ideas and motions become more and more rapid, following in quick and confused succession; until at last the individual is wholly engrossed by these internal impulses, and quite regardless of external things. This is the outbreak of the incoherent insanity in which the confusion of the mind is complete, and it does not appear that the patient either thinks, talks, or acts in any reasonable way at all. This form of insanity is sometimes chronic with intervals of rest; the patient often talking nonsense, but in a quieter way. In all cases of insanity the mental faculties appear pretty perfect, but not in madness. Consciousness and perception, generally speaking, are tolerably perfect, but perception is often perverted by hallucinations. A madman sometimes imagines he is the commander of an army, and issues the word of command to his troops to occupy this or that position; while at the same time he is quite alive to the real scenes around him. There is a case of a woman who had a mistaken idea that her husband was dead, and in order to convince her that he was not, her husband was brought before her; in bodily shape she saw him, and acknowledged it, but she said it was the devil in his shape. This may be said with regard to moral and intellectual insanity of the partial kind; the reason and power of judgment are not universally perverted, but there is a great desire to exercise it on morbid riches; a sort of propensity or fondness for morbid and erroneous notions; these notions being strongly implanted in the mind, the mind so far clings to them, that although the judgment will be active and correct with regard to other subjects, it will be duly exercised with regard to these. Great ingenuity of judgment and intellect are often shown by madmen in defending their wrong notions. This is also applicable to the partial variety of intellectual insanity.

The bodily functions are often in many instances much disordered in the different forms of madness. In melancholia, and all those affections connected with great depression of spirits without excitement, the circulation is generally languid; the extremities are cold; the bowels costive; appetite impaired; and there is often loathing of food, and with this there is sometimes connected a desire of the patient to destroy himself by starvation, so that generally in such cases there is considerable emaciation. There is also generally increased vascularity, beating of the carotids and flushing of the face, and sometimes fever. Sometimes, where sleepiness occurs, it is followed by an increase of the symptoms, and if the disease gains ground this is always a bad sign. The exacerbations are accompanied by vascular excitement, and in many cases there is increased pulsation of the carotids and flushing towards the head and face. This is important in a theoretical point of view, because it comes under the head of determination of blood. The bowels are apt to be costive even in the excited form, and subsequently they become loose and dysenteric. Ulcers and fluxes that have been habitual in the individual become diminished. The catamenia of females are apt to become irregular or suppressed, and eruptions of the skin—chronic cutaneous eruptions—disappear. Phthisis, where it exists, is suspended for a time; the exacerbations of insanity return again, shewing in a very marked way the relation which increased vascular action has to the cause and increase of the disease.

With regard to the prognosis of insanity, it may continue only a few days and then cease, and not return again, or it may last for a long period, or for life; varying with the extent of the disease, and its termination may be either recovery, aberration of the mental powers, or fatuity. The proportion of recoveries varies very much in different establishments, and Esquirol calculates that it varies from one in four to one in two. In England the average is below fifty per cent. in public establishments. In the asylum at York, conducted by the Society of Friends, the average of forty-four years has been fifty per cent.; in the Exeter and the Limerick Asylums, the result for thirty-nine years gives the average of recoveries at fifty-two per cent. On the other hand, at Hanwell, about which we hear so much, the recoveries are only twenty-two per cent. for a nine years average; but this being an asylum for the lower classes, many of these cases have been treated in work-houses and infirmaries previously, and they may be considered to be cases of the worst nature. Recovery sometimes takes place suddenly, and in recent cases it is usually after a sound sleep, or after a spontaneous discharge from diarrhœa. More generally the recovery is gradual with lucid intervals. The age of the patient influences the recovery. The young have a better chance, and in old people few above sixty recover at all. Pinel states that the recoveries take place within five or six months, on the average; and Esquirol remarks, that the greatest number of recoveries take place in the first year. The account given by Dr. Thompson with regard to the York Asylum is, that the recoveries take place within three months of the first attack, in above fifty per cent. Esquirol gives a table of cases not complicated with paralysis, in which, out of two thousand and five, six hundred and four recovered in the first year, four hundred and ninety-seven in the second year, eighty-six in the third year, and only forty-one in the seven following years. In a few rare cases, recovery takes place after a much longer period. Pinel gives a case of a girl who was mad ten years, and suddenly came to her senses, on the reappearance of the catamenia which had been suppressed. After the first month the disease is apt to become chronic. Sometimes the recovery is complete, the patient being in mind and body as sound as he ever was; but in the greatest number of cases there is a great liability to relapse, and where the disease is not properly removed, the patients, though quite rational, never have the same strength of mind they had previously.

The second termination is in fatuity, idiocy, or dementia as it is improperly called. Pinel applies that term to incoherent madness, but this is its more usual application; where there is a diminution of the intellectual powers, the individual may be quite inactive and harmless—the physical part of the frame may flourish, while the mind becomes more degraded than ever. However, even then the patient is excited by bursts of mania, and this state is more hopeless than any other, as the individual becomes degraded even below the stupidity of animals, losing not only the intellectual powers, perceptions, and feelings, but the animal instincts. This generally terminates by coma, paralysis, and death.

Madness is not a very fatal disease, the mortality being not above four and a half per cent. In some cases it is more, but it varies very much in different cases, and some mad persons attain a very great age. Many maniacs die from maniacal exhaustion, and many with diseased lungs, or hearts, and from dysentery. Fatuity generally ends in paralysis, which shows itself first in a defective articulation, or general weakness, which obliges the individual to keep a restrained posture, or to lie in bed in the same position, this being followed by sloughing. Eruptions often occur in insane persons. The accidental occurrence of disease is most fatal to insane persons, as it is difficult to distinguish these complications from their not being able to describe their symptoms and feelings.

Of the predisposing causes, hereditary conformation must be considered the chief. It is more common in the higher ranks than the lower; Esquirol considered the proportion to be one half of the higher ranks, and of the lower not more than a third. Probably, intermarriage increases this considerably, and more among the upper classes than the lower. The disease prevails considerably among Jews and Quakers. Hereditary disposition is apt to show itself at the same time of life in different members of some families, just like gout and phthisis, and in these cases it obviously depends on the physical constitution. Esquirol says that convulsions of the mother during pregnancy give a predisposition to madness in the offspring. Fatuity occurs most in children; mania in middle age; melancholy in advancing age, and dementia in old age. The exciting causes of insanity are both physical and moral. The physical causes prevail much among the lower classes, and the moral most among the upper. The physical causes are intoxicating liquors, blows on the head, gastritic, and arteric diseases; disordered bowels; fevers; suppressed eruptions, and metastasis. The moral exciting causes are strong emotions, &c.

COURSE OF LECTURES ON SKIN DISEASES.

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwick and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

We this evening, gentlemen, take up the subject of psoriasis. This is sometimes a disease in which our treatment is not very successful, as do what we will, it will remain some length of time to plague our patient. In these cases, where it attacks the trunk, or extremities, in a subacute form, we may sometimes be successful in removing it in a short time. I do not think that you need ever use blood-letting in this disease. At least, if you do, it should be but very seldom, as I do not think it called for. Here medicine of a purgative class is indispensable, and, I think, that from alkaline purgatives, you will derive more benefit than from any other of the same class of medicine. The use of the warm sea-bath will be of very great service also, and when the disease has become chronic, and will bear stimulation, you will derive additional benefit from the use of what the French term the "alkaline bath." This is nothing more than a solution of carbonate of soda in the water of a warm bath; for this purpose ℥iv carb. sodæ added to the bath, will answer effectually. This makes a bath of sufficient strength, which can, of course, be rendered more stimulating by adding more alkali; it softens the scales, detaches them, and acting upon the exposed skin, excites it to a new and healthic action, and as I have remarked, under its use th

patient often gets well. This disease, in some families, would seem to be hereditary, and we often find it attacking both parents and children; in such instances the use of the warm bath twice or three times a week for some years, or in many instances for the person's lifetime, has prevented the disease from re-appearing. In cases of P. palmaria, which I am inclined to think often depends on derangement of the digestive organs, you will find the liquor potassæ administered in doses of M. xv. three times a day a very useful remedy. Along with this remedy, if the eruption should be in an irritable state, you will receive advantage from the use of ung. cerussæ albæ, and at a latter period you may add to this an equal portion of an ointment composed of carb. sodæ ʒss. ad ung. cetacei ℥j. However, I think that in this variety of the disease, you will derive more benefit from the use of oiled silk as a dressing to the part than from anything else. If you wish to try ointments you can do so, and over these lay the oiled silk dressing; this acts by confining the perspiration of the part, which condensed upon the surface of the silk, keeps the scaly portion constantly moist until it becomes detached, when it acts in a similar manner on the exposed skin, keeping it also moist, and preventing it from becoming fissured again. But in some instances the plans which I have here mentioned fail, and then our treatment must be more or less empirical, that is, we must use remedies which have been found useful in other cases in curing the disease, although we cannot tell why they are so. Among the list of applications which you may have recourse to are, ointment of tar, creosote, ioduret of sulphur, &c. This, I think, is all I have to tell you on the subject of lepra or psoriasis.

We come next to pityriasis, a disease of little or no consequence. This is generally met with in children, and the place it usually attacks is the head. Its attack is most generally as follows:—A child has been some time previously labouring under scarlatina, or some other disease which leaves the skin thin, tender, and irritable; in a few months after, the nurse or mother finds its hair completely white with small scales, which come out in abundance whenever the hair is combed or brushed: this constitutes the disease. In such cases you will find the scales which fall off quickly replaced by a new crop. All you need do here, is to prescribe an ointment or pomatum of ʒss carb. sodæ to an ounce of lard, and let a small portion of this be well rubbed into the scalp every morning and night for a few times, when it disappears altogether. It is, as I have already mentioned, a disease of no importance, but you ought to know there is such a disease. There is a variety of it, which appears on the back of the neck and occiput, and spreads downwards over the shoulders, in which the patches assume an appearance which might lead you at first sight to suppose the eruption one of a venereal character. But if you examine it closely, you will find these patches to want the copper colour which I have spoken of as belonging to the true venereal eruption, and that the scabs are not the result of papulæ, but are merely minute portions of cuticle which are thrown up in the first instance without the intervention of any fluid. These scales present a character which venereal ones do not. You can remove them rapidly by means of friction with the hand or a towel. All you need do is to direct the use of a warm bath once or twice a week for a few times; this will slightly stimulate the surface, and cause it to die away. In many cases of this disease and psoriasis, we find them to come out quite suddenly, and afterwards as suddenly to vanish.

Closely allied in appearance to the discoloration of the skin, induced by this variety of pityriasis, is an affection which I have frequently seen attack the skin of the neck in persons of delicate cutaneous structure. This discoloration appears most generally in females of delicately fair skin and auburn hair. Its first appearance is as a small yellow speck on the neck; this gradually travels over a large extent of surface, until the neck at length presents an appearance exactly like spots, well shown in this drawing. (Here he exhibited a beautiful drawing of an exquisitely beautiful head and face, and a neck which Praxiteles might have taken for a model of beauty and symmetry, but which presented on one side the appearance as if of an enormous freckle.) Now what this proceeds from I do not know; and what is yet more unsatisfactory, I am not able to tell you what will remove it. I have had many cases of it under my care, and although in every instance I tried a multitude of remedies, yet in not a single instance was I successful in curing it. All I can say is, that do what you may, you still will be unsuccessful here, in removing what we must all consider as a very great deformity on a part of the female figure, which is so constantly exposed and open to observation as the neck.

The next disease, icthyosis, is marked by a peculiar scaly or rather horny texture of the cuticle, which becomes altogether changed from its primitive structure. In psoriasis the action would seem to be confined to the skin throwing up patches of cuticle, which scale off and are reproduced, while here it would seem to acquire a power of secreting new matter totally different in structure from its primitive nature. It would seem here to be thrown into a state closely analogous to that of hypertrophy. This is a disease of which I have not seen many examples, but writers in general, agree as to the almost utter impossibility of removing it when once formed. Not having seen as much of this disease as would warrant me in giving you a description of it drawn from actual experience, I shall therefore refer you to works on the subject for information. There is at present a person exhibiting in Dublin affected with this disease. I am sure it must be a good stock-in-trade to her. She presents rather a curious spectacle, and I believe goes under the name of the "Horny Woman." As the disease is worth seeing on account of its variety, and as the price of admission is but one penny, I think you all had better go and see her; and on second consideration, in place of referring you to books, I shall send you to Grafton-street to study icthyosis (shouts of laughter). The next class of Skin Diseases, "Tubercular," contains four orders—*Elephantiasis*, var. A. *Græcorum*, var. B. *Arabum—Molluscum—Morula—Frambœsia.*

A tubercle is a hard, slowly-suppurating tumour, which rises above the level of the skin, and which sometimes secretes on its surface a fluid which forms a scab, while in other cases the tumour remains without any change. Elephantiasis Græcorum, the ancient leprosy, is a disease which I have never seen, and know nothing of but from description. Not wishing to give you a history of it at second hand, I shall refer you to systematic works for information on this head. Of Elephantiasis Arabum, or the Barbadoes leprosy (a disorder said to be endemic in the island whose name it bears, as well as in other West Indian islands), I may just remark *en passant* that it is nothing more than a state of hyperkrinia of the subcutaneous cellular tissue of the lower extremities. It is a disease exclusively confined to the very lowest of the lower orders of society; and one which is perfectly unyielding to any plan of treatment. It may exist with or without ulceration of the leg, the latter being merely an incident, and quite unconnected with the elephantiasis. Beyond the use of compression by bandage, I am not aware that any other plan of treatment yields benefit. This may temporarily check the action which is going on beneath, and arrest the further deposition of the material which causes the growth of the leg. I shall not delay you any longer by dwelling on this subject, which, after all, is perhaps but of secondary importance, being perfectly indomitable by medicine.

The next disease is one to which the name of molluscum has been given. It consists in the presence of tumours of a pendulous character and of a pyriform shape, which hang from the skin by a narrow pedicle. In the centre of each tumour a small orifice is perceptible from which a fluid secretion issues. This secretion I believe to be contagious. The disease would seem to be an enlargement of the sebaceous follicles of the parts it attacks, partaking perhaps somewhat of a specific nature at present unknown to us. The opinion of the disease being confined to the sebaceous follicles is confirmed by the fact, that on squeezing out the contents of these tumours, they present all the characters of the cheesy matter which these follicles usually contain.

It sometimes makes its appearance in young children, but much oftener in old persons of exceedingly filthy, uncleanly habits, persons who never clean their skin from the accumulation of sordes which the condensation of the perspiration upon it must naturally produce. This coat of saline matter and filth of perspiration blocks up completely the mouths of these sebaceous follicles, and the consequence is that they become inflamed; the disease varying according to the constitution of the person attacked. Thus we find the same cause producing rupia in one, impetigo in a second, and molluscum perhaps in a third. Under these circumstances the cyst becomes enlarged, the sebaceous matter is generated in larger quantity, and continues to be secreted until the follicle becomes so much distended as to be materially elongated and attached to the skin by a very slender pedicle. If the skin on which one of these tumours has grown be viewed laterally, the whole will present the appearance of a pear hanging by its stem. These tumours may appear on any part of the body, and are sometimes very thickly scattered, and of a size varying from that of a split pea to a hazel nut. You will sometimes see as many as 100 on a single person. The means of cure which I have found most successful are—stimulating the surface three or four times by the plain warm bath, or by the use of the alkaline bath in cases where the former does not possess sufficient power to excite the surface to increased and more healthy action. To this I have added the internal use of tonics, such as bark, in its simple form of infusion or decoction; or in its more powerful state of alkaloid, quinine, joined to a nutritious and plentiful diet of animal food. Recollect, as I have said before, that you meet this disease more frequently in old persons of filthy, uncleanly habits, and weakened capillary circulation, than in the young, who possess a more vigorous cutaneous action. The general indications of treatment here are to stimulate the surface by simple or alkaline warm baths, and by the use of tonics to promote absorption.

The next disease of this class is morula or "Button Scurvy," one with which the lower orders are intimately acquainted. It is an affection exceedingly prevalent in some parts of the country. The lower orders themselves are intimately acquainted with every thing necessary for its cure. It commences at first with a reddish elevation of the skin, which feels soft to the touch; this, like a phlyzacious pustule, is seated on a hardened base, and surrounded by an inflamed areola. This tumour secretes from its surface a fluid which dries and forms a scab. This tumour continues to increase until it has raised itself considerably above the level of the skin; and in this state presents the appearance of a spherical tubercle, covered with a brownish scab. When pressed upon by the fingers, the feel of fluctuation conveyed is more likely to mislead then than at first. This arises from the looseness and sponginess of texture which the diseased part possesses. These two cases give you a pretty good idea of the form which these tubercles assume, and of the appearance which they present. The only mistake you could make with regard to this would be to confound it with rupia, but a very simple test will always enable you to decide between them. Suppose these two diagrams to represent the two diseases, and you want to know which is one and which is the other;—first put a poultice over each, or better still, a piece of leather spread with lead plaster. Allow this to remain on until the scab comes off; and what do you now find in each? In the diagram which I have supposed to represent rupia, when the scab is removed, you find beneath a jagged, unhealthy ulcer, with everted edges, and sloughy underneath, discharging an unhealthy pus; whereas, when the scab is removed from the other, morula, it still presents a tuberculated appearance. It is now red, soft and pulpy to the touch; elevated above the level of the skin with its surface still secreting a fluid, which, if allowed to dry on it, again forms a scab. This disease is liable to appear on any part of the body, but there are some situations in which

its appearance might lead you to mistake it for other and different diseases. On the scrotum, a situation it frequently attacks, it presents characters which you might mistake for lipoma of the part. The scrotum is covered with roundish elevated patches, closely resembling fungous growths. These patches, owing to the natural rugosity of the scrotum, are deeply fissured, and sometimes bleed, owing to the irritation to which they are in this situation exposed. These tubercles extend from the superior portion of the scrotum in front, to the left of the nates, posteriorly. On the inferior portion of the scrotum, along the perineum, and through the sulcus of the nates, they do not acquire such an elevation, as on other parts of the body, and are always moist. But in these situations they always occupy a much greater length than elsewhere; in fact you will meet with some cases of it in these situations, which, if you did not examine them attentively, would seem to be one immense flattened tubercle. The attrition of the opposite surfaces here prevents their elevation, but promotes their longitudinal extension; and the natural moisture of the parts prevents the formation of a scab in these situations. It also appears on the lips and about the alæ nasi, where by an inexperienced or careless observer it might be mistaken for cancer. No one who has ever seen cancer could for a moment fall into such an error. When morula attacks the lips, it still presents the same tuberculated form as on other parts of the body, but you have not the lancinating pain of cancer. You have not the fetid ichorous discharge which attends cancerous ulceration. You have not the condensation of structure in the neighbourhood of these tumours which accompanies cancerous ulceration; nor have you that destruction of tissue which presents the most appalling feature of cancer. This disease is highly contagious. It generally spreads among the lower orders, to whom it is confined, from the habit which prevails among them of using articles of dress in common. The most severe case I ever saw was in an old man, who in buying a pair of second-hand breeches got more than he had bargained for. He was literally covered with it from head to heel, and quite beside himself with fear of the strange and horrible disorder he had upon him. I am inclined to believe this to be a disease of venereal origin. Although we find it occurring in persons in whom neither papular, pustular, nor scaly syphilis is discernible, yet we find it in conjunction with condylomata, which are undoubtedly venereal. I have told you that the vulgar are intimately acquainted with the proper plan of treatment to be pursued here; and I think *even we* may condescend to borrow a hint or two from their plan of cure. As soon as ever it appears upon them they have recourse to the never-failing remedy, mercury; and the preparation in vogue with them is corrosive sublimate. This they use locally and internally; topically in the form of lotion or ointment, and for internal use dissolved in whiskey. You may apply to the tubercles a caustic lotion of sulph. cupri, or argent. nitras, or, if you will, of the oxymur. hyd., which is as good as any you can use. For internal use, direct the mercurial salt to be taken in the dose of 1-24th or 1-12th of a grain three times a day, until the gums become tender. For the cure of this, you need not salivate your patient. All you need wish to produce is a tenderness and turgidity of the gums without salivation. It is astonishing the effects which mercury produces over this disease. No sooner have the gums become painful and swollen from its use, than you may perceive these tubercles begin to decrease in size, shrivel up, and finally disappear. Keep up this action a short time longer (without salivation), and your patient is permanently cured.

Framboesia or yaws comes next. This is a disease peculiar to the West India Islands. As I cannot describe it from personal observation, and furthermore, as from its non-appearance in these countries, it is not likely to prove an object of much interest to you, I shall say nothing about it.

The only remaining class, after having gone through the others, is maculæ or spots. This includes nævi, with which we have nothing to do, their treatment being reserved for the surgeon. Of ephelis or sun marks I have spoken while on the subject of pityriasis, when I told you that I knew of nothing which could remove the discoloration in question. On the whole, this class does not call upon us for any particular attention. This concludes the subject of skin diseases, at least of that portion of them which it is necessary or essential for you to understand. I have not touched upon syphilitic skin diseases, as I am confident that these have been fully entered into by the Professor of Surgery. As I have spoken of syphilitic diseases, I shall just mention one fact which it may be well for you to bear in mind. If at any time you should meet with a skin disease which you cannot refer to any of the orders here described, if, for instance, you have a papular disease which you cannot refer to lichen or prurigo; a scaly disease which does not correspond with psoriasis, pityriasis, or icthyosis; or a pustular disease which not answer the definition either of the psydracious or phlyzacious pustule, or of porrigo—if, in fact, you have an example of what is called an anomalous skin disease, you may set it down as syphilitic, and treat it accordingly.

Before we part, allow me to say a few words about "lupus." This is a disease usually classed among the cutaneous, but erroneously, as, strictly speaking, it is a disease originating in the subcutaneous cellular tissue, and after some time implicating the skin in its ravages. In strictness of nomenclature, it should be placed among the ulcerations. There is a form of ulceration where the quantity of material deposited by the reparatory vessels exceeds that which is in progress of removal by the absorbents; this is called the filling, or healthy ulcer. There is another form, when this state of things is reversed; where the absorbents take up more than the reparatory vessels lay down; this is the phagedenic, or eating ulcer, and in this class should lupus be placed. The situations generally chosen by lupus for its attack, are the cheeks, alæ nasi, and upper lip. When the cheek is attacked, it gradually extends to the eyelids, which it involves in its ravages. When the alæ nasi suffer, the septum narium is sure to be destroyed, along with its investing soft parts. To a disease closely resembling lupus in many particulars, and formerly mistaken for it, I wish to call your attention for a little time. This disease goes under the name of subcutaneous, or esthiomenic scrofula, and for its cure (as for lupus) arsenic was formerly recommended. This disease appears at the same period of life as the other forms of scrofula, that is from the age of childhood up to the term of manhood, or until the person has attained the age of twenty-five or thirty years. It begins in the shape of a small indolent tumour, which may appear on any part of the body. We find it remaining stationary for some time, then inflaming, bursting, the ulcerative process slowly creeping along from the part which has been first attacked, and which heals as slowly. If it appear on the hip, after some time we find the whole buttock surrounded with a belt of unhealthy ulceration; or if it attack the trunk, it pursues the same course, healing in one situation and extending in another, until the body is surrounded by it. This, if allowed to go on unchecked by medicine, will continue for years before it gets well. It would seem as if this form (esthiomenic) of scrofula possessed the power of exempting its victims from phthisis. I can confidently affirm that in all the cases of it which I have seen (and they have been very numerous), I have never known a single instance where phthisis accompanied it, or where it had set in after the former had been cured, while it is a melancholy fact that a very great proportion of those who are afflicted with white swellings of any of the various joints which are most commonly attacked by scrofula, are labouring either under the co-existence of this mischief with pulmonary phthisis, or eventually die of hectic from diseased lungs. This never occurs, at least in my observation, in subcutaneous scrofula. Iodine is the remedy which has been found most useful here, both taken internally and applied locally. You may stimulate the ulcers either by a solution of iodine, of caustic strength, or with the chloride of zinc. You must also prescribe iodine internally; and for this purpose a combination of iodine with iodide of potassium in decoction of sarsaparilla will answer best.

Under this plan of treatment the ulcerations, before unhealthy, assume a healthy appearance; good pus is secreted, healthy granulations arise, cicatrisation progresses, and in a very short time your patient is perhaps permanently cured.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN,

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Lecture I.

The cerebro-spinal system is composed of the medulla spinalis, the medulla oblongata, the pons Varolii, the cerebellum, and the cerebrum—these two last themselves consisting of several lobes. It will not be uninteresting, therefore, before studying the diseases to which these organs are subject, to pass rapidly in review their functions, which are as important as they are numerous.

The functions of the medulla spinalis are well known at present, but ancient anatomists assigned to the different parts special functions, of whose nature they were far from having any accurate ideas. Sir Charles Bell was the first who determined by experiments the influence exercised by the anterior and posterior cords, assigning motion to the former, and sensation to the latter; although Alexander Walker announced an opinion diametrically opposite. Dr. Magendie, in an article inserted in the *Journal de Physiologie*, supported the opinions of Sir Charles Bell, though at a later period he seemed to adopt the views of Walker. Numerous experiments have been performed since by several physiologists, on the subject under consideration; but it must be admitted, that it is principally the important researches of Dr. Longet, to whom the physiology of the nervous system owes so much, which have settled the point, by confirming the assertions made by Sir Charles Bell. The problem of the localization of motion and sensation in the anterior and posterior fasciculi of the medulla spinalis is now proved beyond a doubt; but there is another which seems to be likewise solved, and to which the attention of physiologists has of late been particularly directed —viz., whether the medulla spinalis ought, like a large nerve, to be considered as merely a conductor of sensation, or to be regarded at the same time as a conductor and a centre of perception. This question has been decided in favour of the latter opinion. In fact, if the whole of the cerebrum and cerebellum are removed, the medulla spinalis and medulla oblongata alone being left, when any part is pinched, the animal will immediately make a movement, with the intention of withdrawing the part from the cause of irritation. If, on the contrary, the brain is left entire, and the medulla divided transversely in any given part, the organs, which receive their nerves from the portion of the spinal marrow no longer in communication with the brain, may be pinched with impunity, and without the animal being affected, as in the preceding case, although it may make some slight movements, showing that the sensibility is not completely extinct. Finally, when the medulla spinalis is entirely destroyed, the brain remaining in its normal condition, sensation no longer exists, nor has the animal any power of making the least movement in order to withdraw the part from the instrument which wounds it.

What must be concluded from these facts? Evidently, that the medulla spinalis is a true centre of perception; that it really receives the sensation of pain, to a certain extent, without the knowledge of the individual; and that it transmits it to the brain, which appreciates it, the latter alone possessing this faculty. Legallois, Prochaska, Calmeil, Marshall Hall, Muller, and Dr. Longet, are of this opinion, and have enriched science with numerous and irrefragable experiments, proving the reflective power of the medulla spinalis.

Legallois performed a great many experiments tending to demonstrate, that the spinal marrow had a very manifest action on the circulation. Without entering into the details which this

subject requires, I will only state that its influence is not direct nor very considerable—a fact admitted by Legallois and many other physiologists; indeed, it is sufficient to read the description of the experiments performed to be convinced of the truth of this assertion. The close affinity, which exists between the ganglionic and cerebro-spinal nervous system, explains the phenomena on which is founded the admission of a direct general influence of the brain, and a peculiar one of the spinal marrow, on the pulsations of the heart and subsequently on the circulation, which, however, are not subjected to the direct or immediate influence of the medulla spinalis. The same remarks are applicable to the respiration; for I do not coincide entirely in opinion with Sir Charles Bell, with respect to the respiratory or collateral fasciculi of the medulla spinalis. In this important function—this function so eminently vital, *respiration*, not only the mechanical and chemical phenomena, but likewise those which may, in a measure, be denominated moral—that is to say, the need of breathing, the most requisite of all, originate in the medulla oblongata, which, like the medulla spinalis, is a conducting organ. All the portions of the nervous centres may be removed without causing any disturbance in the respiratory functions, whereas the extirpation, or destruction of the medulla oblongata alone, especially of the portion opposite to the eighth pair and the roots of the spinal accessory, puts a stop to the respiration.

The pons Varolii, or mesocephalon, is the central portion of the cerebro-spinal system. Is it not well known that it is traversed by the anterior and posterior corpora pyramidalia; that it contains a notable portion of the cineritious substance, which evidently is a prolongation of that of the medulla oblongata; that it is the end of the middle and upper peduncles of the cerebellum, (processus a cerebello ad testes) and that it is from it that the greater part of the peduncles of the brain originate? Its functions must, therefore, be complicated and highly important; and it is not merely a conductor of the nervous fluid, but a true centre, a focus of innervation. In fact, if we wound the posterior surface of the pons Varolii, the animal is violently convulsed, and sometimes cries from pain, proving that this part presides over sensation. If, on the contrary, the anterior portion, the transverse fibres which constitute the pons Varolii are wounded, phenomena indicating perversion of the movements on the side of the body opposite to that in which the injury is done to the mesocephalon are observed. Dr. Magendie remarked that, after the division of the fibres forming the pons Varolii, the animal experienced a rapid rotary motion, somewhat similar to that produced when the middle crura of the cerebellum were divided, and Dr. Longet observed, that when the corpus annulare was wounded anteriorly, the animal did not appear to suffer pain; but that in some cases convulsions took place in the limbs, a circumstance which he attributed to lesion of the ganglionic trunk of the trigemini.

Independently of these functions, there are others of a higher order; for instance, certain general sensations which are constantly abolished by lesions of the pons Varolii—such as the knowledge of our own existence. Stupor, profound coma, and lethargy are produced by congestions situated at the base of the brain, the corpus annulare being affected, and yet in these cases respiration is generally performed with tolerable regularity. But as soon as the medulla oblongata participates in the disease, respiration becomes slower and slower in proportion to the extent of the lesion, so much so, that in some cases life seems to be extinct.

From the numerous experiments performed, it results that all animals, from whom the brain, with the exception of the pons Varolii is removed, retain their tactile sensations, and are capable of performing certain instinctive movements; but as soon as the medulla oblongata (the organ in which Professor Gerdy places the seat of the will) is taken away, these functions are abolished. In short, in reflecting on the reunion of functions, if it were possible to place the soul in any one part of the nervous centres, evidently it ought to be placed in the pons Varolii.

Deprived of cerebrum and cerebellum, animals perform certain instinctive, regulated, motions, as long as the pons Varolii is intact. Thus the part when pricked is withdrawn—the pigeon puts its head under its wing—besides which the respiration and the circulation continue, and the animal, though mutilated, may still live some time; but as soon as the corpus annulare is removed, these phenomena immediately cease, with the exception of the two last, which continue, though much more feebly.

The functions of the crura cerebelli are distinctly marked; the superior and inferior are in direct relation with the phenomena of sensation, and are not conducting fasciculi; the middle preside over motion. When the two first are wounded, the animals experience very violent convulsive movements, and when the third, a rapid rotary motion on themselves, very different from what they perform when the crura cerebri are injured, for then they run round in a circle.

The simple enumeration of these phenomena is sufficient to explain the functions of the crura; it may, however, be added, that the proof of the fibres crossing each other is constantly observed in the lesions of the medulla oblongata, and of the crura, though the experiments of Dr. Magendie have led this eminent physiologist to form a contrary conclusion.

From the numerous experiments performed by Dr. Flourens, and at a later period by Dr. Longet, as well as from the pathological facts recorded by different authors, it may be asserted that among the corpora quadrigemina, the functions of the *nates* have an influence on the sense of vision. Dr. Magendie at first denied this fact, but subsequently new experiments and some pathological facts led him to the conclusion that such was the case. The functions of the *testes*, in spite of all the researches of these two distinguished physiologists, are yet unknown; it is, however, probable that, like the former, they have peculiar functions, and it is to be hoped that physiologists, with the help of pathology, will at some future day, notwithstanding the difficulties attendant upon the experiments performed on organs so minute, and so deeply situated, be able to discover the parts over which they preside. In the present state of medical knowledge, if we sought to assign to each particular part of the nervous centres, a peculiar species of neurosis, it would be difficult to say which are seated in the corpora quadrigemina. What appears to be the most probable is, that certain affections, yclept nervous, of the sight and movements of the eyes, may perhaps originate in a neurosis of these bodies.

REPORTS ON DISEASES OF FEMALES

By EDWARD RIGBY, M.D.

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Inflammation of the Cervix Uteri, complicated with general Constitutional Derangement.

H. H., ætat. 40, mother of four children.

Jan. 4, 1840.—Has been under my care for some time as an out-patient at St. Bartholomew's Hospital, with symptoms of inflammation of the cervix uteri, for which it has been repeatedly leeched. She has suffered much from lancinating pains. At first there was much albuminous and white creamy discharge, which gradually ceased afterwards. These symptoms, as well as her general health, have varied considerably at different times: she has invariably derived benefit from the use of leeches to the cervix, especially when they bled well. The os and cervix uteri have ordinarily been hard, swollen, and very painful; but latterly, on two occasions, the os has been soft and of the natural size, although intensely painful to the touch. She has been also occasionally liable to attacks of congestion of the head; and during the last year a considerable disposition to hæmorrhoids has manifested itself, for which reason, leeches have of late been twice applied to the anus; once especially with great relief. There has also been latterly a good deal of congestion and swelling about the os externum, with irritation and prickling in the vagina. At present she is suffering from much gastro-intestinal derangement, with pain in the region of the liver, which is very torpid.

℞ Hydrarg. chloridi. gr. v. hâc nocte et post tres noctes repetanda.

℞ Aquæ menthæ viridis, Aquæ distill. aa ℥vss. Acidi sulph. dil. M. x. Syrupi rhœados ʒss. Misce, et adde magnesiæ sulph. ʒj. solve ft. haust. ter. die. sumendus.

℞ Extr. conii ʒj. Decoct. papaveris ℥viii. M. ft. lotio in vaginam sæpius injiciendu. Hirudines viii. ano.

11th.—Feels much better. The leeches and calomel have acted well, producing much relief. The darting pains are much less; she has only one or two in the evening. There is no discharge. Tongue and appetite better. Rep. medicam.

18th.—Feels generally ill and feverish, but she has not been troubled either with the darting pains or her other pelvic symptoms. Much headache and bad taste in the mouth. Pergat.

Feb. 1st.—Since last report has taken three or four five-grain doses of calomel with improvement in the local symptoms and general health. No darting pains; but last week she complained of severe pain in the left hypogastrium, for which she was ordered to rub in some antimonial ointment. She is prevented coming to-day by the eruption which it has produced.

8th.—Still much pain in the direction of the left ovary. She has had a return of the darting pains: no leucorrhœal discharge.

Hirudines vi ano. Rep. lotio.

℞ Acidi Nitrici dil. M. xv. ex infus. gentianæ co. bis die.

℞ Ext. hyoscyami gr. v. o. n. Rep. haust. menthæ sulph. o. m.

15th.—The menstrual period has arrived without the catamenia making their appearance. Has had severe darting pains and increased pain of the head for the last two or three days, apparently in consequence. Pain in the ovarian region much relieved.

Repet. Hydr. chloridi gr. v. bis in hebdomada. Omitt. mist. gentianæ. Rep. alia.

22nd.—Much headache, with a full and strong pulse: no darting pains. Rep. hydrarg. chlorid. et alia. V.S. ad. ℥xviii.

May 2nd.—Since last report she has passed two catamenial periods without any appearance. The headache was temporarily relieved by the V. S., and she has had no darting pains since; but the bowels have continued obstinately deranged, and the pulse full and throbbing in spite of brisk laxative medicines, and occasional smart doses of calomel, which on one occasion slightly salivated her. During the last week the catamenia have appeared perfectly regularly and naturally in every respect. No darting pains; no leucorrhœa; says she feels better than she has done for the last two years. Has been taking during the last week the following prescription:

℞. Hydrarg. chloridi. gr. ij., Extr. coloc. co. gr. viii. om. nocte.

℞. Potassæ nitratis gr. x. Mist. amygdal. ℥iss M. ft. haust. ter. die. sumend.

16th.—Bowels confined. Catamenia shortly expected; severe headache; frequent darting pains; throbbing pulse. V. S. ad ℥xii. ℞. Hydrarg. chloridi gr. v. bis in hebdomada.

℞. Aquæ menthæ viridis, aquæ distillatæ aa ʒvss.; acidi sulph. dil. m. x. syrupi rhœados ʒss. Magnes. sulph. ʒii. M. ft. haust. o. m. s. Rep. mistura.

30th.—The head was relieved by the bleeding. Catamenia have not yet appeared. Complains of violent darting pains in the left side of pelvis and small of back. Hirudines xij. ano.

June 13th.—Was unable to come last week, being very unwell from severe darting pains, which have ceased since. No discharge nor turbidity of urine. Evacuations fœtid and clay-coloured. Much hæmorrhoidal congestion.

℞. Hydrarg. c. creta. Pulv. ipecac. co. aa. gr. v. o. n.

Rep. haust. menthæ sulph. c. magnes. sulph. ʒii. o. m.

20th.—Frequent darting pains; urine thick; tongue dry; much headache; bowels confined.

℞. Liq. potassæ m. x. Sp. ætheris nitr. ʒss. Aquæ menth. viridis ℥iss. m. ft. haust. ter die sumend.

℞. Pil. hydrarg. Extr. coloc. co. aa. gr. v. o. n. s.

27th.—Has missed the last two catamenial periods, with increase of the darting pains, feverishness, headache, &c. Urine not so turbid.

℞. Potassæ nitr. gr. x. Sp. ætheris nitr. ʒss. Aq. menth. pip. ℥iss. M ft. haust. ter die sumend.

℞. Hydrarg. c. cretâ, Pulv. ipecac. co. aa gr. v. o. n.

Haust. menthæ sulphuricus c. magnes. sulph. ʒij. o. m. Hirudines vj. ano.

July 4th.—Has been very unwell since last report; frequent darting pains until the early part of the week, since which, the catamenia having appeared, she has become easier. Evacuations very light-coloured; pulse not so strong.

℞. Hydrarg. chloridi gr. v. hac nocte, et post tres noctes repetand.

℞. Haust. sodæ tart. effervesc. bis die.

Rep. haust. menth. sulph. c. magnes. sulph. o. m.

18th.—The darting pains and other symptoms much increased. Pergat hirudines x. ano.

August 1.—Leeches bled profusely with much relief; very few darting pains since, and those slight. Much gastric derangement, and bad taste in her mouth. Expects the catamenia to-morrow.

℞. Bismuthi trisnitr. Extr. hyosc. aa gr. v. o. n.

Rep. haust. sodæ tart.

8th.—Much better both as regards the local symptoms and her general state of health. Tongue furred. Pergat.

22nd.—Catamenia appeared during the last week; she had a few darting pains at the time, but otherwise the period was tolerably healthy. Much fulness and heat of head, with sense of drowsiness and confusion. Treatment omitted to be noted.

September 19.—Since last report she has been actively depleted by bleeding and purging. To-day she has much headache and gastric derangement. Merely a show appeared last week at the catamenial period; it was attended with severe pain, and was like coloured water. Tongue furred; breath and taste in mouth fœtid. Pulse quick and hard.

℞. Tinct. digitalis m. xij. Liq. ammoniæ acet. ℥ss. Aquæ distill. ℥j. M ft. haustus ter die sumendus.

Rep. haust. menthæ sulph. c. magnes. sulph. ℥ij. o. m.

26th.—Feels very unwell; is suffering from severe darting pains. No discharge; expects the catamenia shortly.

Examinatio per vaginam.—Os and cervix uteri somewhat enlarged, and *very* hard. Pergat.

November 21.—The same treatment was continued for some time, and then, as she had rheumatic pains of her limbs, and sparing high-coloured urine, she took the tinct. guaiaci ammoniata twice a-day. Catamenia are now present; some leeches which were applied to the anus last week bled well, but the darting pains are extremely severe. No leucorrhœa.

℞. Liq. potassæ m. x. Tinct. hyoscyami m. xv. Sp. ætheris nitr. ʒss. Aq. menth. pip. ℥iss. ter die.

As soon as the catamenia have ceased, let viii. leeches be applied to the os uteri.

January 9, 1841.—Much better in every respect. Menstruated last week sparingly, but with a great deal of pain. Omitt. medicam.

℞. Decoct. scoparii comp. ℥iss. ter die.

℞. Ext. hyoscyami Ext. gentianæ aa gr. v. o. n.

February 6th.—The catamenia did not appear at the last period; she suffered severely at the time from headache and darting pains; feels much better now. No darting pains; scarcely any pain of limbs; no leucorrhœa; urine clear; bad taste in the mouth; tongue creamy; clean at the edges.

Rep. Decoct. scoparii co., pil. hyoscyami, c. gentiana, et haustus menthæ sulphuricus c. magnes. sulph. (May 16th) omni mane.; sumat pil. hydrarg chloridi comp. gr. v. hac nocte.

March 27th.—Is suffering severely from lancinating pains. Examination with the speculum shows no peculiar change in the shape of the os uteri, but its mucous membrane is studded with little patches of a red colour. Examination with the finger, shows the os uteri to be open, circular, cartilaginous to the feel; the edge irregular, and pressure produces lancinating pain. Pergat.

April 10th.—On returning home after the examination she states that a large quantity of puriform fluid was discharged from the vagina, since which all her symptoms have abated. Pergat.

24th.—Feels remarkably well; no pain. Pergat.

April 20th, 1844.—Has discontinued her attendance for two years. The pains in the pelvis still exist, but are much less severe. They abated considerably six months after she ceased to attend; about which time she began to experience pains of a similarly lancinating character in both eye-balls and orbits. Has occasional flashes of light, objects appearing distorted, and surrounded by a halo; occasional loss of sight; vertigo; pain of forehead and occiput, during which the sight is dim. Three or four months ago, she observed that the right eye was becoming enlarged and prominent; its vision is much more impaired than that of the other. At present there is a decided prominence of the right eye, producing a fixed and vacant stare with it; there is a greenish tinge of the pupil. The left eye appears natural; both pupils act naturally. Catamenia ceased in December last; no leucorrhœa; much hæmorrhoidal congestion.

Hirudines vj. ano. ℞. Pil. hydrarg. Extr. coloc. co. aa gr. v. o. n.

Haustus menthæ sulphuricus c. magnes. sulph. (16th May, 1840) bis die.

27th.—No relief produced. V.S. ad deliquium. Pergat.

May 4th.—Pain of eyes somewhat relieved by the bleeding; blood slightly buffed, but not cupped; evacuations light colored.

Rep. V.S. ad deliquium. Hydrarg. chloridi gr. v. hâc nocte. Rep. alia.

11th.—Evacuations still light coloured; much hæmorrhoidal congestion; pain of head and eyes very severe; pulse weaker.

Rep. pil. hydr. c. Extr. coloc. co. Hirudines vj. ano.

℞. Haust. gentianæ c. senna bis terve die.

18th.—Hæmorrhoidal symptoms relieved by leeches; bowels freely opened; pain of head and eyes still severe; tongue dry and pale; evacuations clay-colored.

Omitt. pilulæ. ℞. Pil. hydrarg. chloridi co. Extr. coloc. co. aa gr. v. o. n.

Rep. haust. gentianæ c. senna. Hirud. viij. temp. dextr.

25th.—Head much better; evacuations improved in color.

Rep. medicam. et hirudines.

June 1.—Much pain of head, with dimness of sight; eyes suffused; pulse hard and vibrating; carotids beating strongly; evacuations clayey; urine turbid.

Hirudines viij. ano. ℞. Hydrarg. chloridi gr. v. h. s. bis in hebdomadâ.

℞. Tinct. digitalis M. xij. ex infus. gentianæ co. ter die. Omitt. alia.

20th.—Symptoms unabated.

℞. Antimonii potass. tart. gr. ¼. ter die ex. aqua.

Rep. hydr. chloridi. Omitt. haust. digitalis c. gentianæ.

July 20th.—No improvement. Pulse hard and throbbing.

V.S. ad ℥xvj. ℞. Hydrarg. chlorid. gr. v. hac nocte. Rep. alia.

27th.—Relieved for a short time by the bleeding; motions as light colored as before; much hæmorrhoidal congestion.

Hirud. viij. ano. ℞. Hydrarg. chloridi gr. iij. alternis noctibus.

℞. Haust. gentianæ c. senna ter die.

August 10th.—Was too ill to attend last week, since which the evacuations have become more healthy; the headache and throbbing of the carotids greatly abated; the eye-sight much improved.

℞. Extracti taraxaci ʒi. bis die ex liquore calcis.

℞. Haust. menthæ sulphuricus c. magnes. sulph. ʒij. o. m.

17th.—Head symptoms much improved; evacuations dark. Pergat.

24th.—Much congestion of head. V.S. ad ℥xvj. Pergat.

Sept. 7th.—Headache greatly relieved for two or three days, but has returned since, more severely than ever. Pulse very hard; evacuations dark; complains of rheumatic pains about her limbs. V.S. ad ℥xviij.

Adde misturæ taraxaci, vini colchici. M. xv. bis die. Rep. haust. menthæ sulphuricus.

14th.—Was rather faint after the bleeding; has still much headache, and congestion of head.

℞. Liq. ammon. acet. ʒss., Vini antimonii pot. tart. ʒss., Aquæ distillatæ ℥j. M. ft. haustus ter die sumendus.

Rep. mist. taraxaci m. et n.

21st.—Complains of lancinating pains in the vagina and uterus two or three times a day; the other symptoms are much the same.

V.S. ad ℥xviij. Rep. mist. taraxaci.

28th.—Head symptoms much the same; darting pains troublesome. On examining with the speculum, the os uteri is found red, studded with red points, like the papillæ of the tongue. It was touched with lunar caustic. Pergat.

Oct. 5th.—Has had no darting pains since last report, but has much headache, and flushing of the face; bowels regular; pulse strong.

℞. Tinct. digitalis M. x. Liq. ammon. acet. ʒij. Aquæ distillatæ. Mist. camphoræ aa ʒvj. M. ft. haustus ter die sumendus.

Rep. haust. menthæ sulphuricus c. magnes. sulph. ʒij. o. m.

20th.—Better in general health; still much pain of head, although on the whole it is less; pulse soft; bowels open; no darting pains. Pergat.

Nov. 16th.—Much better; no headache; motions natural.

Rep. haust. ammon. acet. c. antim. ter die.

23.—Pulse soft and natural; no pain in head; bowels natural.

Adde mist. vini colchici. M. xv.

30th.—Head entirely free from pain; right eye seems to have decreased in size; bowels are easily moved and natural; tongue still dry.

Rep. mist. et haust. menthæ sulphuricus.

℞. Extr. taraxaci ʒij. o. n.

January 4th, 1845.—Much pain of head; evacuations dark; cough, with pain of chest.

℞. Pil. hydrarg., Extr. coloc. co. aa gr. v. o. n.

Rep. mist. ammon. acet. c. antimonio.

25th.—Much better in every respect; tongue dry; evacuations twice a-day, and natural. Pergat.

℞. Sodæ potass. tart. ʒij. o. m. ex aqua.

February 1st.—Going on favourably. Omitt. omnia.

℞. Ext. taraxaci ʒij. m. et n.

℞. Acid. nitrici dil. M. xv. Infus. gentianæ c. Infus. sennæ co. aa ʒvj. M. ft. haust. ter die sumendus.

8th.—Much pain of head; tongue red and dry; bowels not sufficiently open.

℞. Pil. hydrarg. Ext. coloc. co. aa gr. v. o. n.

Rep. haust. ammon. acet. c. antimonio.

15th.—Pain of head much relieved; bowels confined.

Rep. pilulæ. Rep. haust. menthæ sulph. c. magnes. sulph. ℥ij. o. n.

℞. Vin. antim. pot. tart. ʒss. Infus. gentianæ co., Infus. sennæ co. aa ʒvj. ter die.

22nd.—Motions light colored. Omitt. pillulæ.

℞. Hydr. chloridi gr. i., Extr. coloc. co. gr. v. o. n. rep. alia.

April 12th.—Still much congestion of head. Setaceum nuchæ. Pergat.

May 3rd.—Much headache; pulse hard; tongue furred. V.S. ad ℥xviij. Pergat.

17th.—Much better; less pain of head; bowels open; pulse natural.

℞. Pil. hydrarg. chloridi co. Extr. coloc. co. aa gr. v. o. n.

Rep. vinum antimonii ex infus. gentianæ c. senna.

24th.—Seton has been in for five weeks, and is evidently producing much relief. The right eye is distinctly smaller. Pergat.

June 14th.—Head symptoms much improved since the application of the seton; she has little or no pain of head. The sight of the right eye is nearly perfect, but it is still distinctly more prominent than the other; no darting pains; bowels regular. Pergat.

CASES FROM PRIVATE PRACTICE,

By Evan Thomas, Esq.,
Late House-Surgeon to King's College Hospital, Fellow of the Royal Medical and Chirurgical Society of London.

Death from the Abuse of Intoxicating Liquors.

Mr. T., ætat. 26, a civil engineer, of very intemperate habits, but who, notwithstanding, has enjoyed very good health, on the evening on the 27th of March, after an early dinner, drank in the course of a few hours about a pint of strong whiskey, and during the evening he made a bet that he could drink a pint of *raw rum* (sixteen ounces)—one half of which he drank at once, and in three minutes' time the other half. Not long afterwards (five minutes) he was perceived by his companions to be fast asleep, snoring—his mouth open, and saliva flowing from it; he became quite insensible, and fell backwards in his chair; they thought he was quite dead. I saw him in about an hour and a half; his countenance was then ghastly pale, and cold; surface generally cold, breathing stertorous, pulseless, eyes half open, pupils insensible to light, and unequally dilated. I used the stomach pump immediately, finding that he could not swallow) and injected about two pints of warm water; he then vomited a large quantity of straw-coloured fluid, having a strong spirituous odour. I also injected a pint of strong coffee, with some sal volatile: he was placed in a warm bed and well clad, warmth applied to the feet, back, and abdomen; he still continued quite insensible, breathing stertorously; the surface generally became equally warm. The bladder being over distended, a catheter was passed, and three pints of urine, having no odour of liquor, were drawn off. I then left him to the care of his friends, leaving strict injunctions that he should not be left alone. The following day he was quite rational, but remembered nothing of what had passed; he was very feverish, pulse very rapid, and the breathing quick; he complained of great palpitation and pain in the region of the heart, as well as at the pit of the stomach; vomited every thing he took, and complained more or less of all the symptoms mentioned, in spite of the treatment that was adopted, till the 30th, when he died. All the information that I could get was, that he was attacked suddenly with great difficulty of breathing and a rattle in the throat, and died in an hour from the commencement of the attack.

A coroner's inquest was held upon the body under the suspicion that death was caused through my want of skill in applying and using the stomach pump; the clamour was also aggravated by a medical man who had attended him some time before when intoxicated (not when poisoned) when he employed other means to those which I adopted; for this reason a *post mortem* examination was performed, which removed all the assertions and allegations, even from those with whom they originated. The throat, œsophagus, and stomach were free from all marks of mechanical injury; there was a large patch of the mucous membrane of the stomach of a cherry-red colour, the capillaries ramifying on the villi, looking as if they had been injected; the brain and its membranes were healthy; the heart healthy, *i. e.*, its valves; the right lung much gorged—the left lung was so much encroached upon by a large quantity of serum, which had been recently effused into the cavity of the pleura, that in some portions it amounted to red hepatization; liver was in the first stage of cirrhosis; spleen very much gorged; kidneys healthy; intestines more injected than natural.

What was the immediate cause of death? Could it not be the rapid effusion into the chest? The fluid must have been of very recent date, for I had very carefully auscultated the chest on account of the palpitation and pain in the region of the heart and shoulder. Did the alcohol excite the pleurisy? The practice of emptying the stomach of its convents with the pump ought to be abandoned. The presence of the tube itself is invariably sufficient to excite vomiting, the most natural and the safest way; had I done so in this case, and the slightest rent been found in the mucous membrane, there were medical men present at the examination who would not have had the slightest hesitation in asserting that the patient died from my treatment, and that he probably would not have done so under that of another practitioner.

Carcinoma of the Tongue treated successfully by Excision.

Robert Jones, ætat. 46, a farmer's labourer, a native of Wales, where he has always lived, and enjoyed very good health till about ten months ago. He says that about that time he felt something the matter with his tongue, as if he had scalded it by taking some hot fluid. This gradually got worse; the tongue began to swell and to protrude beyond the front teeth, and at last an ulcer formed on its dorsum, which has been getting worse ever since, in spite of every kind of treatment that has been adopted. He has been treated by all the surgeons in this locality who consider his case incurable; says that he has never had syphilis, hæmoptysis, nor any scrofulous affection; has never taken mercury.

I saw him on the 5th of January, 1845. He was then in very poor condition, weak, emaciated, very little appetite, deglutition performed with great difficulty, very low spirited, and scarcely able to walk about. On the back of the tongue there was an ulcer one inch and a half in length, commencing opposite the last molar tooth and extending towards the apex; a probe introduced into the ulcer passed deeply in various directions. The whole of the tongue on the right of the raphe, from the base to the apex, seemed to be implicated; there was also a very peculiar fetid odour from this ulcer, which was very different from that resulting from carious teeth; the submaxillary, sublingual and absorbent glands were free from disease.

I succeeded in persuading the patient to go through a course of sarsaparilla and nitric acid for a month, in order to improve his general health, and ascertain what effect it might have upon the tongue. He took it for that time without any benefit, except a great improvement in his general health; he was in better spirits, and was very anxious to have an operation performed. He had no faith in physic, as he had been taking medicine for six months. Having first ascertained that the chest was free from disease, I removed the diseased portion in this way: his head being supported by an assistant, the part was first grasped with a vulsellum and then, with a strong bistoury, that side of the tongue was excised at one stroke. The bleeding was suppressed with a little difficulty by a few ligatures, and the actual cautery.

May 31. *Remarks.* The case went on so well after the operation, that it is useless to say anything about the subsequent treatment. The wound cicatrised in five weeks, and the patient has continued quite well in every respect ever since. Though he has lost one-half of the tongue, mastication and deglutition are performed without much difficulty; his speech is thick, but not worse than it was before the operation. I have ventured to call the disease *carcinoma*, though the history and symptoms of the disease were certainly not such as are usually found in books upon the subject. My friend, Dr. Thomas Inman, of Liverpool, examined specimens of it under the microscope, and has kindly favoured me with drawings showing the elongated cancerous cells, developed upon the *sarcolemma*, and others within the sheaths of the muscular fibrillæ.

Carcinoma of the Tongue?

Jno. Williams, æt. 27, a ship carpenter, native of Wales, where he has always lived, had enjoyed very good health till last January, when he perceived a small pustule on the right side of the tongue, which rapidly increased to its present extent. Of late he has experienced some difficulty and pain in swallowing: has never had syphilis nor any eruptions about his body, and has never taken mercury.

January 4th.—I saw him for the first time; he was then in very good condition. On examination I found a long narrow ulcer one inch and a half long, having a very hard surface when examined with a probe; on the right tonsil there was another exactly of the same character extending along the soft palate to the *uvula*, which it had nearly destroyed. In every other respect he was in very good health; no enlarged glands under the tongue or inferior maxilla. I proposed an operation to remove the whole of the diseased part at once, to which he readily consented. I removed the diseased tonsil and the uvula at one sweep, the patient sitting on the floor, as in the old fashioned way of drawing teeth from the upper jaw with the key. The affected part of the tongue was next removed, the patient being still in a sitting posture; the bleeding was easily suppressed with the actual cautery, and he was discharged well in a month. I saw no more of him till the latter end of February, when he told me that his tongue was worse than ever; he had been at work in South Wales, and had been under the care of several doctors, and of wild-wort doctors among the rest. He consented at last to undergo a second operation; there was now an ulcer of the same character as the former one, extending from within an inch of the soft palate to the apex of the tongue, penetrating deeply towards its centre, and nearly through the mucous membrane, where it is reflected from its under surface. It was now evident that no operation short of removing the whole of the tongue would be in the least degree successful. It was performed, the man sitting, one assistant supporting the head, with another prepared to make effectual pressure over the lingual arteries in their respective courses over the corner of the hyoid bone. The body of the tongue was first firmly grasped with a vulsellum, and its anterior two-thirds removed at one incision; the vessels were secured without much difficulty. Every thing went on most favourably, and the raw surface healed in six weeks; the man has remained in excellent health ever since.

Remarks.—Was the disease carcinoma? It so much resembled the specimens examined by Dr. Inman, that in my opinion there can be no doubt about the case. I was induced to try excision because it had been so successful in the case, R. J. After trying so many remedies without the least benefit, I prescribed for this patient iodide of potassium and sarsaparilla, with the view of improving his health; he had, however, taken it before he underwent the operation, to no purpose. The peculiar smell mentioned in the other case was also very well marked here, and in both disappeared after the operation. As far as I could learn from his own history, the disease re-appeared in the old cicatrix. I may also add that lunar caustic, arsenic, the actual cautery, besides a host of other empirical remedies, had been tried, but without any advantage.

THE PHENOMENA OF GENERATION.

(To the Editor of the Medical Times.)

Commercial-road, London, June 6, 1845.

Sir,—If the following resumè of a paper read by me before a Medical Society last January, will suit your pages, I shall feel greatly obliged by the insertion of it.

I remain, faithfully yours,
JOHN W. TRIPE.

In the following brief paper it is not intended to consider the phenomena attending Impregnation in all organised beings, but chiefly as it occurs in flowering plants and Mammalia.

To arrive at a just conclusion on any of the organic processes, it is necessary that we examine the function considered, in the vegetable as well as in the animal kingdom, as the laws by which the Universe and its inhabitants are governed, are few, simple, and uniform.

The first step consists in the production of a cell, the formation of which has been thus described by Schleiden. The material from which the cell is formed is a structureless fluid, or soft substance named cytoblastema, in which numerous minute granules are produced. Around one or more of these, a sort of coagulation of the fluid occurs, forming an imperfect layer of substance, which gradually becomes more dense until a thin membrane is formed, which increases more superficially than in thickness, so that after a time a space is left between its inner surface and the

granule. Next, a second membrane forms from the first, and enlarging much faster than the former, separates from it, as a watch glass does from a watch, and then gradually rising leaves a cavity, which becomes filled with fluid. The original granule is called the nucleolus, the second the nucleus or cytoblast, and the third and largest, the primary cell.

In the lowest tribes of plants, the above process occurs, but the whole plant being concerned in the reproductive process, impregnation strictly speaking, does not happen, reproduction being effected by the formation of cells within the cavity of the parent, which bursts after a time, and allows of their escape. In tribes somewhat higher, the cryptogamia, and algæ, the reproductive cells are special (*i. e.* distinct from the rest of the structure) but the process is essentially identical, and in some of the lichens, propagation is effected by means of buds. As we ascend the scale, the reproductive organs become more specialised until we arrive at the lowest tribe of flowering plants, the marsiliaceæ, when the thecæ containing the spires, are enclosed with their ovule in one common envelope, impregnation being effected by direct communication, so that this is the lowest tribe in which we have any process analogous to that which obtains in animals, (as far at least as the two sets of reproductive organs are concerned); below which (tribe) the properties of the two appear combined in one cell, and therefore seem to indicate that only one cell takes any direct part in the formation of the future embryo.

In the exogenous plants the phenomena attending it may be briefly described as follows; the pollen grain produced by the male organ possesses two coats, an outer and inner, the former moderately thick, the latter exceedingly thin. On being brought into contact with the stigma, the outer membrane ruptures, and allows of the protrusion of the inner coat in the form of the tube, which passes along the style to the ovarium, where it enters an opening in the outer membrane of the ovule, which contains granules, and mucilaginous matter. The steps which next occur are much disputed, some asserting that a cell forms in the ovule previously to the pollen tube reaching the ovarium, the germ of the plant being furnished by the ovule, the pollen tube exerting no other than a dynamic influence on it, whereas Schleiden makes a contrary statement which will next be considered. He states that a cellule will develop itself from the nucleus of the ovule previously to fecundation (so far agreeing with the others), forming the sac of the embryo, the contents of which are formative matter for cellular tissue. That the pollen grain is a cell with transparent walls, containing granules of starch; the canal of the style, the placenta, and walls of the ovary are covered with cellular tissue (the conducting tissue), which, at the period of fecundation, exudes a mucilaginous fluid. The pollen falling in the stigma, elongates itself as a tube passing along this membrane to the ovule, enters an aperture in its integuments, and attaining the sac of the embryo, pushes its membrane before itself, apparently penetrating the sac, but, in reality, only thrusting the membrane inwards; next, the part above the membrane, being tightly encircled, drops off, leaving closed the other extremity, which produces the lateral organs and the cotyledons, the female part of the ovum affording the integuments of the grain and the albumen. He, therefore, considers, the germ to be supplied by the anther only. Dr. Carpenter, however, believes the so-called starch granules of the pollen to be analogous to the reproductive granules of the algæ, and to afford the germs of the new being, agreeing, therefore, with Schleiden, that the germ is supplied from the anther, the female merely affording nutriment for it. The corresponding phenomena in mammalia are next to be considered. The ovary is a glandular looking body, usually of an oval shape, composed of dense cellular tissue (the stroma), and a number of very small cells the Graafian vesicles), each of which consists of membranes, a contained fluid, and an ovulum; the latter of which is made up of four parts, viz., the germinal vesicle, a number of granules, the yolk and the yolk bag; the best description of which has been given by Barry. He mentions the earliest stage of the germinal vesicle as consisting of minute cells situated within the stroma, surrounded by a granular envelope, and a few oil globules, the central cell containing fluid, and having at a late period a spot on its wall, at which time a new envelope (the ovisac) is formed outside the former. At this period the ovisacs are very small, in the ox, 1-562nd of an inch, but becoming much larger at the period of heat or puberty, when the oil globules cluster around the germinal vesicle forming the yolk of the egg, and the granules arrange themselves in contact with the ovisac, whilst a membrane forming between the two, constitutes the yolk bag. When ready for impregnation, the granules in the ovulum become developed into cells, the germinal vesicle approaches the surface, and an opening forms in the membranes of the ovum (the ovule of Baer), so that anything which entered from without, must come in contact with the germinal vesicle. The external envelope of the ovulum has received the name of the zona pellucida, from appearing microscopically, as a thick ring, around which some of the granules contained in the ovisac arrange themselves, forming a loose membrane (the tunica granulosa); the interior of the ovisac is lined by another membrane (the membrana granulosa), and between these is situated more or less fluid, which is traversed by four bands (retinacula) which retain the ovule in the centre of the ovisac, and guide it, when nearly mature, to the side of the vesicle nearest the surface of the ovary, by retraction of that band. The vascular tunic covering the ovisac with the two membranes above described, form the Graafian vesicle.

When the animal is in a state fit for procreation, one or more of these vesicles project from the surface of the ovary, but at other periods they are scarcely visible to the unassisted eye.

The use of the ovary appears to be the secretion of an albuminous fluid in the vesicles and the formation of an ovule within, which is one of the agents in reproduction, and being thrown off every twenty-eight days in women, causes the phenomenon called the menstrual flux or catamenia. That the two are coincident, are shewn by the following:—cicatrices have been found in the ovaries of women who have never conceived; bodies called corpora lutea, have been discovered under the same circumstances; by an ovule being found in the Fallopian tubes at the time of menstruation, whilst the ovary of the same side had a ragged bloody opening in it leading into a Graafian vesicle, and this in virgins. The same has been observed by Raciborski in his very extended observations amongst mammalia, his statement being, that an ovule or more always escape from the ovaries of animals during the rutting period, whether access to the male is allowed or not; and the same applies to birds, and many of the lower animals. That it depends on the escape of the ovule, is supported by the fact, that at the rutting time of the female mammal, previously to the passage of ova in birds, and also of the pollen to the nucleus in flowering plants, the membrane lining the generative passages secretes a mucilaginous, or muco-sanguinolent fluid, whether a uterus exists or not.

In mammalia, the mode by which the escape of the ovum is effected, appears to be, by a deposit taking place between the coats of the Graafian vesicle, and pushing it (the ovule) forwards, distending the integuments to such an extent, that on being grasped by the Fallopian tube, they burst and allow of its exit. The Fallopian tubes are two in number, attached by one extremity to the uterus, whilst the other is free, floating in the peritoneal cavity, and having fimbriated extremities by which they are enabled to grasp the ovaries. They have each a narrow canal lined with mucous membrane covered with ciliæ. These terminate in the uterus, which may be considered as a continuation of them, serving as a receptacle for the ovum, having a triangular cavity lined with mucous membrane opening into the vagina beneath.

The seminal fluid of the male contains a number of cells called spermatic animalcules, or spermatozoa, each having a large or rounded end, and a caudal extremity. They are an universal constituent of the spermatic fluid in all animals, being invariably found in it during the whole procreative period. They also have a certain determinate form in different animals, coinciding with those of the same species, but differing from those of others. They are imperfectly formed in hybrids. The size of the spermatozoön has not any stated proportion with that of the animal. They differ considerably in their movements, being generally propelled forwards by lateral motion of the tail, but those of passerine birds usually spin round on their axis, advancing in a manner similar to that of a screw, and those of the Salamanders and Tritons lie curled up, exhibiting a jerking movement. The normal duration of their movements varies exceedingly, being shortest in birds (from twenty to thirty minutes,) whilst in fishes they are longer (several days,) and in them the tail is said to drop off in twenty-four hours. But it is probable that when contained within the living organs, whether male or female, their motion exists for a much longer period, as in the bee, and some other animals, it certainly must continue for a great length of time, as the female has a special organ for retaining the male fluid, and thus fertilising the ova as they pass from her body. With the bee, one congress will suffice for one season, and the impregnation of 20,000 ova.

These animalcules, or cells having been injected into the vagina, pass up into the uterus, thence to the Fallopian tube, and eventually reaching the ovary, pierce the Graafian vesicle in a manner identical with that of the pollen tube in plants.* If therefore the menstrual period was not at hand, the aperture existing in the membranes, the ovule being ready for expulsion, and the Fallopian tube grasping the ovary whilst the spermatozoön was within it, the animalcule could not reach the ovule, but would fall into the peritoneal cavity, or on arriving at the ovary could not impregnate the ovule, unless an opening existed in the integument, or it might cease moving previously to reaching the end of the Fallopian tube. That the above conditions are necessary to allow of impregnation, we have already shewn, and may therefore conclude that an ovule does not escape from the ovary of the human female at any other period except just previously to, or at the same time with the menstrual discharge, and that impregnation cannot occur except the male cell reach the ovary just previously to the exit of the ovule from the Graafian vesicle.

Further, every fact connected with the animal and vegetable kingdoms are in favor of this view, and mammalia are not capable of impregnation, except during the periods of heat or rutting, which return at a more or less certain stated period, which periods are marked by the escape of a cell from the ovary, attended with a greater or less secretion of mucus, or muco-sanguinolent fluid, and in plants by the secretion of a mucilaginous fluid with the formation of a small cell (the nucleus) in the ovule. Fishes have their spawning time, birds the period at which they lay, and at which they do not, the fruitfulness of the ova depending on contact with the male cell, but their expulsion on their formation only, not being in any way connected with their impregnation. This is shewn by most of the fishes, the female of which expel their ova without

* We may cite a further proof, the statement of Dr. Martin Barry and Bischoff, that they have seen a spermatozoon on the ovarium, the former in the rabbit, and the latter in the dog. Dr. Barry also states, that he has seen something very much resembling its large extremity in the cleft of the Graafian vessicle. Also the researches of Racisborski in regard to the corpora lutea, who after examining the ovarie of almost numberless animals, both after and previously to any congress having occurred, concluded that the capus luteum invariably differs in appearance accordingly as impregnation has occurred or not. These researches were made in Birds and Mammalia, and prove that to have enabled this change being effected, the spermatozoon must have reached the ovary previously to the escape of the ovule from the Graafian cell, otherwise the corpora lutea, of the mated animal would not have differed in appearance from that of the virgin.

any congress with the male, fertilisation being effected after their expulsion; and the same will happen in birds when access to the male is prevented, but here the ovum does not become fertilised.

Such then being the method adopted by nature in the other classes of animals, why should we expect the human female to be capable of impregnation, at any other than stated periods. Let us then trace out further analogies with other classes, and see what conclusion will be arrived at. In all the essentials it has been, or will be, shewn that she conforms to generallaws.—The number of the future new beings in plants depends on the number of ovules contained within the ovarium, and their impregnation; in animals the greater number of ova thrown off at one time from the ovarium (cæteris paribus) the greater the number of offspring at the birth; in the uniparous animals, but one ovule is expelled at each period, in the multiparous many. The frequency of conception also closely corresponds with the frequency of menstruation, which is shown by comparing the greater frequency with which both occur in inhabitants of hot, than in those of cold climates.

Let us now cursorily compare the reproductive process in both kingdoms. In the lowest order of animals—the sponge, a number of gemmules or granules are thown off from the parent without any stock of nutriment for their future growth, and in the lowest of plants, the protococus nivialis, by the growth of new germs within the parent, which bursts, and throws off the granules as in the sponge tribe. In the polypes by an increase of part of the animal, like a bud from a plant, and in entozon, the young sprout from the interior of the parent. In the highest orders of animals, the ova correspond with the ova of plants, the germinal vesicle of the former, with the nucleus of the latter. The spermatozoa of the one is the analogue of the pollen of the other; they both consist of a cell containing granules, from which it is most probable the embryo is produced. The form of the pollen with its tube whilst passing down the style resembles closely that of the spermatic body, having an enlarged extremity with an elongated tube, so that in form it assumes temporarily, and while at its highest development, that of the permanent condition of the spermatozoon. The form of the spermatozoon, and probably of the pollen, being determinate in each kind of animal, prevents the female, with but few exceptions, being impregnated by the male of any species except her own.

The conclusions then, may be briefly stated. We have shown, that throughout all animated nature, the new being derives its origin from one cell which is the production of the whole plant or animal, in the lowest tribe of each kingdom, and of the male in the higher, the female affording merely the nutriment for it; that with but few exceptions the male cell cannot produce an embryo, unless it meet with an ovule from the female of the same species. The constitution of the cell afforded by the male, and of the ovule formed by the female, are essentially similar in animals and vegetables, and lastly, that the female does not afford ova to allow of impregnation at any other than a certain stated period, which is called heat or rutting in most animals, but in human females is characterized the catamenial discharge.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, May 30, 1845.

Academy of Sciences. Sitting of the 29th May. M. Elie de Beaumont in the chair.—Received :—Cambridge Mathematical Journal, Nos. 1 to 9, from Nov., 1837 to May, 1840. Letter of thanks from the Secretary of the Royal Society, London, for the *Comptes Rendus*, sent to the Society by the Academy.

On Chlorurretted and Bromuretted Organic Bases. By M. A. Laurent.—When chlorine is made to act on a hot concentrated solution of hydrobichlorate of cinchonine, a nearly insoluble salt is precipitated, which, when re-dissolved in water, and treated by ammonia, furnishes a precipitate which is a new organic base (*chlorurretted cinchonine*); formula $C^{76}\ H^{40}\ Cl^4\ Az^4\ O^2$. It is cinchonine in which four atoms of hydrogen are replaced by four atoms of chlorine; it crystallizes in needles, restores the blue colour to the tincture of litmus; forms with acids crystallizable salts; and with potass quinoleine. *Bromuretted cinchonine;* by adding bromine to a solution of hydro-bichlorate of cinchonine, a salt is obtained, which, decomposed by ammonia, furnishes a precipitate; formula $C^{76}\ H^{42}\ Br^2\ Az^4\ O^2$; is cinchonine in which two atoms of hydrogen are replaced by two of bromine. *Cinchonine 3-2 bromuretted* is prepared like the preceding, with which it is united, but may be separated on account of its greater solubility; formula $C^{76}\ H^{41}\ Br^3\ Az^4\ O^2$. *Chloroplatinic salts of cinchonine* are distinguished by the quantity of acid and bi-chloruret of platina which they contain, and because they absorb two equivalents of water, which are disengaged at about 266° F. are all of a pale yellow, and nearly insoluble; formulas :—

Bichloroplatinate of Cinchonine.

$C^{76}\ H^{44}\ Az^4\ O^2 + 2\,(H^2\ Cl^2 + Cl^4\ Pl) + 2\ Aq.$

Bichloroplatinate of Cinchonine Monobromuretted.

$C^{76}\ H^{42}\ Br^2\ Az^4\ O^2 + 2\,(H^2\ Cl^2 + Cl^4\ Pl) + 2\ Aq.$

Bichloroplatinate of Cinchonine 3-2nds bromuretted.

$C^{76}\ H^{41}\ Br^3\ Az^4\ O^2 + 2\,(H^2\ Cl^2 + Cl^4\ Pl) + 2\ Aq.$

Bichloroplatinate of Cinchonine bichloruretted.

$C^{76}\ H^{40}\ Cl^4\ Az^4\ O^2 + 2\,(H^2\ Cl^2 + Cl^4\ Pl) + 2\ Aq.$

The hydro-bichlorates and hydro-bibromates are all very similar, isomorphous and crystallize in the same manner; formulas :—

Hydro-bichlorate of Cinchonine.

$C^{76}\ H^{44}\ Az^4\ O^2 + H^4\ Cl^4$

Hydro-bichlorate of Cinchonine mono-bromuretted.

$C^{76}\ H^{42}\ Br^2\ Az^4\ O^2 + H^4\ Cl^4$

Hydro-bichlorate of Cinchonine 3-2nds bromuretted.

$C^{76}\ H^{41}\ Br^3\ Az^4\ O^2 + H^4\ Cl^4$

Hydro-bichlorobromate of Cinchonine 3-2nds bromuretted.

$C^{76}\ H^{41}\ Br^3\ Az^4\ O^2 + H^4\ (Cl^2\ Br^2)$

Hydro-bichlorate of Cinchonine bichloruretted.

$C^{76}\ H^{40}\ Cl^4\ Az^4\ O^2 + H^4\ Cl^4$

Hydro-bibromate of Cinchonine bichloruretted.

$C^{76}\ H^{40}\ Cl^4\ Az^4\ O^2 + H^4\ Br^4$

The author terminates by stating, that some time ago he described, under the name of *isomeromorphism*, a curious case of *isomeric* or *isomorphism*, produced in the same substance first by chlorine and bromine, and afterwards bromine and chlorine; and that he does not doubt the possibility of its being obtained with cinchonine, though as yet he has not attempted it.

On Sulphurous Ether. By MM. Ebelmen and Bouquet.—When anhydrous alcohol is poured on proto-chloruret of sulphur, heat is disengaged and sulphur precipitated; fresh alcohol must then be added until no re-action takes place; when this mixture is distilled at about 176°, alcohol, acidulated with hydro-chloric acid, passes over; by continuing the distillation the sulphur is melted, the liquid becomes of a reddish-brown colour, between 302° and 338°, furnishes a liquid which must be collected separately, melted sulphur remaining in the retort. The liquid obtained between 302° and 338°, rectified until the boiling point becomes fixed, is limpid; colourless; has a peculiar ethereal smell, somewhat similar to that of mint; taste cooling, at first pungent, afterwards sulphurous, boils at 320°; density at 61°, 1·085 : soluble in alcohol and ether; decomposed by water, the precipitate being re-dissolved very slowly and disengaging a strong smell of sulphurous acid; when kept some time in badly stoppered bottles, it is decomposed as by water; formula $So^2\ C^4\ H^5\ O$; it absorbs a great quantity of chlorine under the influence of the solar rays.

Theory of the Formation and Composition of Pyrogenic Substances. By G. Chancel.—The facts examined in this memoir refer to acetone, and to the series of compounds which arise from the dry distillation of monobasic substances, analogous to acetic acid. The general formulas deduced therefrom, explain the production of pyrogenic compounds, the character of the dry distillation, the peculiar affinities presented by particular cases, and the rules concerning acetone; they assign to these substances a general form; define their chemical nature; show that they ought to be considered as simple, but assimilated to compound bodies; for instance, to ethers; finally, they show that they belong constantly to the series of acids whence they proceed; and point out the ties which unite them to the acids, and also the places they occupy in the series.

On the Electro-magnetic Chronoscope.—Professor Dumas read a paper in the name of C. Wheatstone, Esq., F.R.S., corresponding member of the Academy (Section of physique generale), present at the sitting, in which it is stated, that the opinion announced in the memoir of M. Brequet, presented at the sitting of the 20th January last, attributing to M. Konstantinoff and himself the invention of a chronoscope to calculate the rapidity of projectiles, is erroneous, as he had made one many years before. Proofs were given of the accuracy of this assertion.

On the Quantity of Caloric disengaged during Chemical Combinations. By MM. P. A. Favor and J. Silbermann.—According to these authors the numbers representing the quantity of caloric during the combustion of oxide of carbon were : 1° 2388·8 ; 2° 2416·6 ; average 2402.7. During the combustion of charcoal :—

	Not Corrected.	*Corrected.*
First Experiment	7775	8085·0
Second „	7868	8048·7
Third „	7885	8122.8
Fourth „	7861	8086·1
Fifth „	7809	8092·2
Average	7833	8086·02

during the combustion of charcoal with oxyde of carbon 2480·62.

On Electro-Chemistry.—From the facts contained in the memoir, the learned academician considers himself authorised to conclude, that the elements separated by the action of the pile do not move in the liquid with equal facility, for instance, chlorine moves with greater rapidity than gold, and it is on this account that the positive pole is without action on the gold which it has separated from its equivalent of chlorine, and which consequently reaches the negative pole with difficulty, where it ought to be deposited and deprived of the electricity it contains. If this explanation be admitted, there remains to be examined how far this aptitude of moving more or less freely presents an affinity with the volume or mass of the chemical equivalent of the element. That if it be correct that in compound bodies the neutralization of the opposite electric fluids is incomplete, evidently they excite an equal action—that in plunging in a solution, a conductor not electrified, the molecules in contact with the liquid, present the positive or negative power, according to the electric power which predominates in the compound body.

Academy of Medicine. Sitting of the 27th May, M. Caventou in the chair.—Professor Blandin presented two memoirs, one for Dr. Sene on uterine hemorrhage, and the means by which it may be prevented; another for Dr. Corbin, surgeon to the Hotel Dieu, Orleans, on a new mode of extracting foreign bodies from the respiratory tubes.

M. Bouley read several memoirs on mineral waters. As usual when such reports are read, the inattention and conversation of the learned members prevented a word being heard; the conclusions, however, were unanimously adopted. M. Chevalier remarked, that some mineral waters which contain very few salts are, notwithstanding, curative; it may therefore be concluded, that they contain an active principle which has hitherto evaded our modes of investigation, but which probably will, as our instruments become more and more perfect, be discovered.

Professor Velpeau presented a memoir on dropsy in the name of Dr. Desjardins, of Havre.

Professor Berard, in reply to M. Bussy, relative to the nature of the colours employed by M.M. Cartaux and Chailloux, stated that they were those in ordinary use. The conclusions of the report having next been read were adopted.

On Hare-lip. By Professor P. Dubois.—In this communication it is my intention to draw the at-

tention of the Academy to a question still enveloped in doubt, and on which I hope to throw some light; I mean congenital hare-lip, and the age at which the operation ought to be performed. The reflexions here presented are founded on facts observed by myself, and therefore must be rapidly and briefly indicated, and I trust that the objections made by a great number of eminent surgeons, will be successfully combated by the recital of these facts, and by the examination of three children now present. (1)—*Case* 1. About four years ago, a colleague requested me to examine his child, affected with labium leporinum; he wished the operation to be performed immediately, but I reminded him that such was not the opinion of my father, whose pupil he had been, however, as he insisted, and as I was prevented operating on account of a phlegmon of the arm, Dr. Jobert de Lamballe was called in and performed the operation with his usual skill. The child took the breast immediately after, and cicatrization was complete in a few days; unfortunately six months after, the infant died of a disease quite different from that under consideration. *Case* 2.—A few months after I was called in by a *sage femme*, pupil of the *Maternite*, to see a child just born with a hare-lip; emboldened by the success of the preceding case, I operated the next day; a cure was effected, but the child, brought up by hand, died for want of proper care. *Case* 3.—A month after I operated on a child born the day before; the hare-lip was on the left side; the cure was immediate and complete. *Case* 4.—On the 8th of last April, one of my patients was delivered of a child affected with a hare-lip on the left side; the operation performed the next day succeeded. *Case* 5.—A fortnight after, Dr. Sestier requested me to examine a child born about the same time as the preceding, affected with hare lip on the left side, complicated with fissure of the velum palati and the bones of the palate; operation performed immediately with success. *Case* 6.—A short time ago a child was born in the Lying-in-Hospital with hare-lip on the left side, complicated with fissure of the velum palati alone; I operated on it successfully five days after birth. *Case* 7.—Finally, Dr. Depaul, my former *Chef de Clinique*, has performed it with a similar result.

From these facts it may be concluded that hare-lip may be operated on with success in very young infants, and that the facts recorded are too numerous to be considered as exceptions. As to the *modus operandi*, after cutting off the edges of the division, they were united by means of the pins employed by naturalists, and the twisted suture (the pins are scarcely strong enough); no bandage was applied because it is easily put out of order, nor did I have recourse to the hands of an assistant on each side, as recommended by Dr. Bonfils, of Nancy; the pain was acute, but soon over and forgotten; the dressing was so simple that often it was done without waking the child. Professor A. Berard: Might I ask Professor Dubois what is meant by dressing? Professor Dubois: I mean changing the threads, which was performed twenty or twenty-four hours after the operation; the pins were removed on the third or fourth day on account of there being no bandage; in none of these infants did the pins divide the tissues, for though it is true that they are softer, still their vascularity being greater renders them capable of resisting effectually: very little blood, except in one case, was lost; in two it was swallowed and vomited up again in one, whilst in the other it passed in the stools, without giving rise to any accident. The breast was given immediately after the operation; this is important, since it forms one of the counter-indications to its immediate performance, and it was on this account that when operated on at a very early age, the infants were made to fast; now I consider the unsuccessful results might rather be attributed to this abstinence, than to the operation itself. As to my patients, two were fed by hand, the others suckled, and that immediately after the operation, except in one case, in which a few hours intervened. Another objection is the screams to which the operation gives rise, but, in general, children do not cry much, and even when they do, if the pins have been properly placed they will not be put out of place; I had a proof of this in one of my little patients, who screamed so much that I regretted having performed the operation; but the cicatrization was more perfect than in the others. But it may be said, nothing is gained in operating so young, since it is as successful at a later period, but is it not natural to suppose that the earlier it is performed, the less the cicatrix will be visible? A distinction ought here to be made as to the necessity of operating, for instance, if the child is sickly and affected with hare-lip complicated with division of the bones, it ought not to be performed, but only in strong and healthy children, and when the division affects only the lips. As to the consecutive accidents they were very slight, and sometimes absent altogether. A curious coincidence here exists, which is deserving of being recorded, viz.:—that during the month of May, not only numerous cases of hare-lip were observed, but likewise several other deformities of the extremities. From what precedes it may be concluded, 1° that the operation may be successfully performed in very young children; 2° that it gives rise to no accidents; 3° that the objections made against it are not sufficient to cause it to be rejected; 4° and that the opinions generally ought to be modified, if not abandoned. This memoir was received with marks of satisfaction by the whole assembly. *Dr. Husson*,—I thought I heard Professor Dubois explain why the left side is more frequently affected than the right. *Professor Dubois* in reply, said, that he had stated nothing of the kind, besides which, he could give no plausible cause of this extraordinary circumstance. *Professor Roux*, after thanking Professor Dubois for his interesting communication, said that he considered it would be unfortunate, if, on the authority of Prof. D's name, it was concluded that the operation ought to be performed early in every case. The facts recorded are relative to simple uncomplicated harelip, and in this respect, he, (Prof. R.) coincided in a great measure with Prof. D., although he is always fearful of dangerous results, consecutive to operations in very young children, the more so as he has witnessed several which terminated fatally. There is, however considerable advantage in operating when there is a fissure of the roof of the mouth, because the soft parts being united, the anterior portion of the bony palate is closed, leaving only the posterior, which would require, at a later period, the operation of staphyloraphy. As to the cause of the frequency of the disease on the left side, Professor Roux attributed it to the inequality of the primordial forces distributed to the left side of the body. *Professor Dubois* in reply said he thought the operation ought never to be performed when complications exist; that the junction of the lips of the wound is sufficient to stop the hæmorrhage; that it is on this account that the suture is drawn somewhat more tightly at first; and that he does not consider it necessary to detach the upper part of the solution of continuity from the maxillary bone.

Paris, June 5, 1845.

On Diseases of the Eye. By Professor Velpeau.—In my last lecture I mentioned that it was my intention to describe specific iritis, but on reflection I considered it more advisable first to conclude the description of the acute form.

Prognosis.—Iritis is always a serious affection, especially if allowed to proceed unchecked, a fact the more worthy of attention, as several inflammations of the eye disappear even when no remedial measures are had recourse to. Iritis on the contrary if neglected, produces various lesions, such as diminution in size, or immobility of the pupil, opacity of the different media, causing more or less defect, or even loss of vision. Fortunately the danger attendant on this affection is only local, destroying the functions of the organ, but in no respect placing the life of the patient in danger.

Duration.—In general, iritis, when abandoned to itself, lasts some time, seldom less than a month, and even when properly treated does not soon yield.

Treatment. 1° *External Remedies.*—In the treatment of this affection energetic measures must be employed, and in this respect numerous substances have been praised, but as this phlegmasia has not been accurately distinguished from the other inflammations of the eye, and mistakes have frequently been made as to the supposed specific causes which produce it, it was natural that substances should be recommended which have but little or no effect on the disease. In the first place, collyria, ointments, and other remedies, which have a local action, are of no great use unless there be a complication, such as, an injected state of the organ, a slight conjunctivitis, in which case, collyria containing sulphas zinci, or nitras argenti may be beneficial. But on the contrary collyria containing opium, belladonna, hyoscyamus, and the ung. hydrargyri cum belladonnâ, vel opio, in short all those substances which act on the part after having been absorbed into the system are useful. The reasons of the inutility of the former and the efficacy of the latter may be easily conceived, when we reflect that the iris is so situated, that it is impossible for any topical remedy to be applied immediately to it, and that consequently it is only after absorption that any benefit can be obtained. Revulsives ought likewise never to be neglected, blisters, plasters to which tartar emetic has been added, setons and issues may be employed with advantage, inasmuch as they diminish the vascular and nervous action, and induce an advantageous revulsion. A choice, however, may here be made; thus blisters or plasters on the forehead or temples ought to be preferred to setons and issues, because their action is more rapid, and though I am far from wishing to throw any discredit on the two latter, still I say the preference ought to be given to the former as counter-irritants.

2° *Internal Remedies.*—However useful and efficacious the means just described may be, still they are far from being sufficiently energetic to combat acute iritis; it is therefore absolutely necessary to have recourse to internal remedies, which may be comprized under two heads, (*a*) *antiphlogistics.* If the patient be strong and robust, one, two, three, four, and even five venesections may be practised; should he be too weak to support such active measures, local bleeding by means of leeches, behind the ears, or on the temples, and cupping on the nucha, must be had recourse to, and repeated as often as necessary.—(*b*) *Mercury*; when the individual is of a deteriorated constitution, and so weak as to counter-indicate the preceding remedies, calomel must be administered in divided doses. This substance has long been employed in iritis, but with a very different intent; thus it was formerly and is often still, prescribed as a purgative, but an experience of fifteen years has convinced me that its curative effects are but slight when it purges; nay more, if given in such a way as to avoid producing salivation, the results are far from satisfactory; on the contrary its efficacy is indubitable as soon as its action on the buccal mucous membrane is manifest. Clinical facts daily show the correctness of this assertion, and prove that a patient may take calomel for four, five, or even six days, without deriving any benefit, and without any modification being produced in the disease; but let salivation ensue, and immediately an evident improvement is the consequence. It is for this reason that in iritis the patient must be salivated as rapidly as possible, and therefore calomel must be given from the very outset, conjointly with antiphlogistic remedies. Were it requisite to choose between the two, I should give the preference to calomel, because having tried them separately, though I found blood-letting frequently useful, still it sometimes failed, whereas calomel given alone for four or five days, so as to produce salivation, was constantly followed by a marked improvement. There is, however, a disadvantage attendant upon the administration of this remedy, for instance, it may be given for upwards of a fortnight without affecting the mouth. As may be supposed, the practitioner fails in attaining his end in persons refractory to the influence of the remedy, since the disease continues to make progress as if nothing had been done. It is in order to prevent this from occurring, that I combine antiphlogistics with mercurials, because I have re-

(1) These three children were examined by me. In one the operation was too recent to present any definite result; in the other two the cicatrices were perfect and hardly perceptible.—[G. de B.]

marked that the loss of blood induces salivation more rapidly, and even when it cannot be effected (and no sign exists by which this peculiarity can be recognised), we have the beneficial results which generally follow an active antiphlogistic treatment. Again, some individuals bear salivation with great difficulty, and in private practice if we happen to mention the probable result of the medicines about to be employed, we are almost certain to meet with obstacles, arising from the patient's refusal, which are often insurmountable. If through an error of diagnosis or any other circumstance, the disease has on a previous occasion been cured, no reasons, however plausible they may be, will succeed in convincing the patient that this remedy is the most efficacious; besides which, few individuals are aware how dangerous this disease is, and consequently they refuse to take mercury; nay more, many practitioners are themselves averse to prescribing it. But, notwithstanding, and even in spite of these reasons, I affirm, that there is no better remedy in iritis than calomel, employed in the manner I have recommended. But has salivation really all the disadvantages attributed to it? If so, they are excessively rare, when properly and prudently used; for during the last fifteen years I have induced it hundreds of times, and in no one case has it been followed by any serious effects. The looseness of the teeth and necrosis, of which so much has been said, may take place; indeed, I have observed these effects, but they are very uncommon if proper care be taken. Thus to avoid all mischief, as soon as salivation ensues, calomel must no longer be administered, and other measures must be had recourse to; for instance, when the salivary flux is slight, a gargle containing a small quantity of alum, should be prescribed; and when it is more severe, the parts should be rubbed with powdered alum twice, thrice, or four or five times a-day. These means generally suffice to cause it to disappear in the course of a few days. To resume, in the treatment of uncomplicated acute iritis, the following remedies must be had recourse to—1° General or local blood-letting, repeated more or less frequently, according to the patient's strength. 2° Calomel in vi, viii, x, or xii grain doses, combined with opium, so as to render its action on the intestinal canal less powerful. 3° Blisters and other derivations, and 4° gargles, containing alum and powdered alum, when salivation has been produced.

In my next, I shall pass in review the other remedial measures, and then commence with specific iritis.

Remarkable Case of Pleuritic Effusion. — A man entered the wards of Professor Cruveilhier, at La Charite, on account of an affection of the chest which terminated fatally. At the *post mortem* examination, the left side of the thorax was found to be divided into two cavities, the upper one containing serosity in the midst of which was the lung; the lower one, the upper wall of which was formed by the base of the lung, was full of pus. Right lung œdematous. Had paracentesis been performed in this case, the same result would have been obtained as in one already observed by the distinguished professor, where, in a child, the upper part of the thorax was found to give a dull sound after the operation, which led to the conclusion that two cavities existed, and the autopsy proved the correctness of the diagnosis.—*Gazette des Hopitaux.*

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
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PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

On the Chemical Knowledge of Tartar Emetic.—Tartar emetic is decomposed by alkalies and the stronger acids, and a precipitate is formed of oxide of antimony. This caused several chemists to doubt the accuracy of the formula for tartar emetic: $R\,O\,Ta + Sb_2\,O_3\,Ta$. On this account, Dr. Schweizer has instituted several experiments, which tend to elucidate the subject. In order to decompose tartar emetic, he selected ammonia from among the bases, and nitric acid from the acids, because the separated oxide of antimony is almost completely insoluble in an excess of these substances, which can easily be removed by heat. *Action of ammonia on tartar emetic.* If you put ammonia into a perfectly saturated solution of tartar emetic, the latter becomes cloudy in a few minutes. A flocculent precipitate of oxide of antimony is formed, and gradually increases. The precipitation takes place immediately in heat. Notwithstanding an excess of ammonia, the liquid filtered from the precipitate still contains oxide of antimony, because it is soluble in alkaline liquids, but it amounts to so small a quantity, that it can only be regarded as an impurity of the tartrate of ammonia, which can be separated from the filtered liquid as a crystalline precipitate by means of alcohol. From one hundred parts of tartar emetic ammonia precipitates 43,35 parts of oxide of antimony, and in the filtered liquid only forty-one per cent. of the latter oxide is contained, as has been shown by precipitation with sulphuretted hydrogen. This result closely agrees with the analysis of Dumas, who found in tartar emetic, 44,86 per cent. of oxide of antimony. II. *Action of nitric acid on tartar emetic.* Nitric acid immediately produces in the solution of tartar emetic a considerable precipitate of oxide of antimony, which is increased by heat. But all the oxide of antimony is separated by this re-agent. Dr Sweizer always found tartar emetic in the liquid decanted from the precipitate, which could be precipitated by spirit of wine; besides the products of decomposition, consisting of tartaric acid and nitrate of potass. The precipitate obtained by nitric acid from the tartar emetic is not a pure oxide of antimony, for Sweizer found it to contain nitric acid, as basic nitrate of oxide of antimony. He convinced himself at the same time, that nitric acid added in excess removes, by the help of heat, not only oxide of antimony, but also potash, thus liberating tartaric acid, which again acts as a solvent on part of the precipitate, re-producing tartrate of oxide of antimony. The decomposition of tartar emetic proceeds more quickly, when the quantity is small, and the solution much diluted. Larger quantities and concentrated solutions are only partly decomposed. When the author decomposed the diluted solution of a small quantity of tartar emetic at a low temperature, the precipitate of basic nitrate of antimony amounted to 41·20 per cent. of the weight of tartar emetic employed. Also, by decomposing it with hydrochloric acid, a thick caseous precipitate resulted, as a basic chloride of antimony, which was re-dissolved in an excess of hydrochloric acid. The preceding experiments lead to the following conclusions:—1st, that in the action of alkaline bases on tartar emetic, the base employed takes the place of the oxide of antimony, which is then precipitated; 2d, that in the action of powerful acids on tartar emetic, all the oxide of antimony is precipitated with the acid employed, as a basic salt, by which means bitartrate of potash is formed, but that an excess of the acid employed causes fresh decomposition; 3d, that consequently, the whole quantity of oxide of antimony exists as a base in tartar emetic, and thus the stoechiometrical formula—$R\,O\,Ta + Sb^2\,O^3\,Ta$, is correct.—(*Dr. Schweizer, of Zurich, in Buchner's Repertorium.*)

On the Pharmacology of Quinine.—Desiderio, of Venice, instituted numerous experiments on sulphate of quinine, of which we shall mention the following:—1st, one scruple of the sulphate of quinine, in honey, suffices to kill a rabbit. The fatal effect is accelerated by acetate of morphia and by alcohol, but retarded, and even prevented, by laurel-water (aqua Lauro cerasi). Venesection was a more efficacious preventive. Rabbits, in which all the characteristic symptoms of poisoning by quinine were already developed, were perfectly restored by venesection. Pulv. herb. digital. purp. also proved curative as an antidote. These experiments were confirmed by Desiderio's observations on men. According to him, the effect of quinine on the organization is of a phlogistic nature.—(*Buchner's Repertorium.*)

Lesion of the Spleen remarkable in a Medico-Legal View.—A female, 37 years of age, after having been sickly for about eighteen months, was struck by her paramour with a stick on the back and left lumbar region. She complained of violent pain, fainted, and died six weeks afterwards. No trace of injury could be perceived externally, but in the abdominal cavity from six to seven pounds of yellowish, cloudy, and pus-like liquid were found, intermixed with flakes; the peritoneum dull, injected, and covered with yellowish, friable layers of fibrine. The liver atrophied; the *spleen-capsule* separated from the convex surface of the organ; below this, a resisting blackish-brown clot of blood, and a reddish-yellow coagulum of fibrine of the thickness of 1" was found, small lumps of which (of the size of beans) penetrated into the substance of the spleen to the depth of ¼". The kidneys showed a degree of degeneration indicative of Bright's disease.—(*Dr. Fritz, of Vienna, in Oester. Medic. Wochenschrift.*)

On the Mutual Differences in Structure between the Right and Left Ventricles.—In examining the heart the author found accidentally that the mean of a great many measurements as regards the parietes of the right ventricle amounted to exactly half the diameter of the analogous parts of the left ventricle. Proceeding from the conviction that the proportions of all our organs are based on mathematical calculations, he pursued the subject further, and obtained the result, that the mass of the right ventricle (in a normal state) is to that of the left ventricle in the proportion of one to two. This investigation can be performed in three different modes:—1° by measuring the thickness of the ventricular parietes in as many points as possible; this method is the most simple, but also the most unsafe. 2° by determining the volume; for this purpose the heart is divested of its appendages; the auricles are cut off from the ventricles at their points of insertion, and then the ventricles are separated. The latter is done in the following manner: the knife is passed round from the ostium venosum dextrum close to the septum ventriculorum; thus the whole wall of the right ventricle is exactly separated. The same is then done on the left side. Thus three pieces are obtained; the two ventricles and the isolated septum. The volume of each of these three is ascertained in the following manner: a glass-cylinder of proper capacity is placed on a horizontal table, and filled by means of a properly graduated measure, with a certain quantity of water. One side of the heart being now put into the cylinder, the level should be marked with a dash. The cylinder being then emptied, and again filled with water as far as the marked line, let the quantity of the liquid be again decided by means of the graduated measure. If the volume of the first quantity of water was = a, and that of the second quantity = b, the volume of the examined piece of the heart must consequently be = b—a. Having obtained by this method the volume of the right ventricular paries = a, that of the left = b, and that of the septum = c, the latter must be divided. As much of the septum ought to be attributed to each ventricle as corresponds with their respective volumes. If, therefore, the septal part of the right ventricle be = d, and that of the left = e, d must be in proportion to e as a to b (d : e = a : b). The following will then be the calculation:—Since a + b : c = a : d, we have $d = \frac{a c}{a+b}$ by the same reasoning we obtain $e = \frac{b c}{a+b}$ We thus have for the right ventricle in the whole $a + \frac{a c}{a+b}$ and for the left $b + \frac{b c}{a+b}$ Or if we put, for the purpose of facilitating the account, a : b = l : m, b is = a m, and thus $d = \frac{a c}{a+b} = \frac{a c}{a+am} \frac{c}{m+l}$ we obtain for $e = \frac{b c}{a=b} = \frac{a m c}{a+am} = \frac{m c}{m+l}$ Thus m + l : l = c : d, and m + l : m = c : e. It naturally follows that $a + \frac{c}{m+l} : b + \frac{m c}{m+l}$ is = a + d : b + e = a; b,

that is to say, the proportion of the two ventricles is not altered by the septal division (3). *The determination by weight.*—The heart is divided as above, each piece exactly tared on a good scale, and the whole calculated as detailed in number 2. The mass of the right ventricle standing to that of the left in the exact proportion of 1 to 2, it may be concluded, that in equal intensity of contractions the muscular powers will exhibit an analogous proportion. The hydrostatic blood-pressure of the pulmonary artery must amount to half the hydrostatic pressure of the aorta, and the whole resistance of the bodily circulation must be exactly double that of the pulmonary circulation.—(*Dr. Valentin in Henle's Zeitschrift.*)

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Use of stimulants in palsy.—Dr. Blackmore says that he has little faith in the use of stimulants in the treatment of palsy. They have been supposed to do good, when the real benefit was from nature and time. People have recovered just as well without them, and they have used them without the least benefit. Stimuli are little to be relied on in hemiplegiac palsy; in the palsy of the legs from cold, and in partial palsy from the mineral poisons, they have been useful. External stimulants are safer than internal, and there is a greater chance of success from them. Sulphuric acid with oil has been applied to the skin; it is, in his opinion, useless. Ammonia mixed with eight parts of oil, is a better stimulus, as it is not necessary to produce permanent inflammation on the skin. Ammonia applied to the nostrils is dangerous. Sea salt is also used, so is brine; as a rubefacient it is of inferior efficacy to the linimentum ammoniæ. Volatile oils are powerful stimulants; as oleum succini, petroleum, terebinthina. Dr. Blackmore uses mustard most commonly: sinapisms induce inflammation, which may run into gangrene; they will induce inflammation in one hour; in general they are safe; a blister is, however, preferable. Stinging with nettles also is used for palsy of the limbs. Friction with a flesh-brush, or a rough flannel cloth, or a horse-hair cloth, is a powerful stimulus to the nerves and blood-vessels of the skin, and it promotes the circulation. Some physicians impregnate the flannel with aromatic steams, or dusts, as those of storax and benzoin: patients then think more of them; the friction is the most powerful part of the remedy. Heat is, in general, the most powerful of all stimulants; by it life is supported. Warm bathing is used, and the hot mineral waters, as the Bath waters. A safe way of applying it is the warm pumping. Cold is sometimes a stimulant; this is seen in dashing cold water over people to rouse them from syncope. The cold bath is used in the cure of palsy, supposing it to be a tonic. It is stimulant only from intense cold made by a shock; cold permanently applied is a sedative, and would benumb the parts; a transient sudden application of it is followed by an increase of heat all over the surface, from the increased action of the heart and arteries. The plunge bath is rather an ambiguous remedy; and cold applied to the extremities may drive the blood to the head, and bring on a fresh attack of palsy; the shower bath is safer, and more likely to be effectual; but the feet and legs may be chilled by the cold water. Electricity is a powerful remedy in the palsy of water-gilders from quicksilver; and it is applied to the cure of palsies of every kind; but it is doubtful whether any one with palsy, not from mineral poisons, was ever cured by that stimulant. The sparks are safe; the shocks are not equally so. The difference in these two modes is only in degree. Exercise, so as not to produce fatigue, is a very excellent remedy; strength will be gained by it, but it must not be violent. Some recommend the fumes of burning alcohol to be directed to the palsied limb; but no reliance can be placed on it. Internal stimuli are of less use, and more dangerous than the same substances used externally. Some give ten grains of carbonate of ammonia; others give mustard or horse-radish. The patient may use it for a condiment; but it is doubtful if the stimulant in the stomach has a direct effect on the palsy. Infusum raphani is diuretic, and may stimulate the absorbents in the brain to carry off the effused serum. Aromatics are used, as pepper, and the essential oils; their stimulus is too great, too permanent; that of carbonate of ammonia is sooner over. Some give alcohol, as in the compound tincture of cardamoms, and the aromatic spirit of ammonia; it cannot do any good.

Vessels in fat.—At a meeting of the Microscopical Society, Mr. Smee read a paper on vessels in fat smaller than the capillaries. He commenced by saying that although it was extremely difficult to ascertain precisely the original size of the capillaries, he was about to describe in the present paper another system of vessels so much smaller that it is impossible to attribute their diminutive size to any shrinking of those vessels; they are given off from them, and are distributed at every angle of each cell of fat. To these vessels he proposes to give the name of vasa adipis, as clearly pointing them out as appendages to fat, and also as preventing their being mistaken for the vasa across of some anatomists; the existence of which is, in his opinion, very problematical. The vessels now described are very minute, measuring from about 1-10,000dth to 1-25,000dth of an inch in diameter. They are found in every kind of fat when in its highest state of development, but do not appear until then. They exist only in fat the globules of which have assumed their polygonal form, so that it would appear the last process for the development of fat in its perfect state is the production of these minute appendages to the capillary system. It must, however, be borne in mind, that, although the term vessel has been applied to them, no evidence whatever can be adduced either of the existence of a cavity, or of distinct walls. The term vasa is here applied to denote that a certain part exists in a definite position with certain boundaries, permeable by fluid injections, and possessing generally tolerably regular dimensions. It would also appear that their formation depends upon the two sides of contiguous vesicles leaving at their angles a little space, which becomes converted into one of these minute vessels. Nothing has been ascertained with respect to their office.

Gonorrhœa.—In a paper entitled Statistics of the Edinburgh Lock Hospital, published in the *Northern Journal of Medicine*, Dr. Skae and Mr. Benbow, state with respect to Gonorrhea, that its treatment was almost entirely local, consisting, in the few cases which presented inflammatory symptoms, of scarifications and warm water injections, and in the others in the use of stimulating injections, consisting of solutions of sulphate of zinc, sulphate of copper, alum, acetate of lead, and decoction of oak bark. In chronic cases, mostly of long standing, advantage was occasionally obtained from the introduction of bougies coated with citrine ointment; more marked benefit, however, in similar cases, was derived from plugging the vagina with tampons of lint saturated with some astringent lotion; in others, again, the introduction of the nitrate of silver, in substance, into the vagina or uterus, was followed by immediate and decided amendment,—so much so indeed, that in two cases, one of them of two years' duration, a complete cure was effected by a single introduction of the caustic. In each of these cases the discharge proceeded both from the uterus and vagina. With regard to the efficacy of internal remedies, they tried numerous experiments with cubebs and copaiba, and are satisfied that neither have any effect upon gonorrhœa in the female. Even in one case where the discharge proceeded from the urethra, the copaiba, contrary to the opinion of M. Ricord, did not appear to have any effect. In chronic discharges from the uterus and vagina, apparently of a leucorrhœal character, they administered pills of sulphate of zinc in a great number of cases, in others they tried the ergot of rye, and in others the tincture of cantharides. From the two former they observed no marked advantage; the latter, however, was found very useful in a majority of instances. In obstinate cases, a cure was sometimes effected after the application of blisters to the sacrum; and, lastly, where the uterus presented much congestion, they found great use from scarifications of the cervix. With respect to the diagnosis between gonorrhœa and leucorrhœa they describe the characters laid down in works on forensic medicine as extremely fallacious. Gonorrhœa, it is said, affects the lower part of the vagina only, while leucorrhœa proceeds from a higher source. This may be true in certain recent cases of gonorrhœa, the result of violence; but it is by no means true in the great majority of cases. In many instances which they have seen of the disease in its acute stage, the mucous membrane of the vagina was inflamed throughout its whole extent, and also that of the cervix uteri; while a discharge exactly similar to that secreted in the vagina was also seen issuing from the os uteri. And in chronic cases, on the other hand, so far from this statement being accurate, they believe that the discharge of gonorrhœa proceeds principally from the *upper* part of the vagina. It may be said that the characters of the discharge will enable any one to distinguish between the two affections. This may also be true in some instances; the thin mucous discharge of the first stage of gonorrhœa, and the purulent discharge of the stage immediately succeeding, are certainly distinctive if taken in conjunction with the other signs of inflammatory action, and are, no doubt diagnostic. But when the affection has assumed a chronic character, it is not distinguishable from leucorrhœa, either by reference to its seat or the character of the discharge; the discharge in both instances is the result of a similar condition of the same membrane, which in some cases is pale and relaxed, in others livid and congested. Lastly, they have repeatedly inoculated with the matter of gonorrhœa without in a single instance obtaining a positive result, their experiments in this respect being in accordance with those of M. Ricord and others.

Inhalation of Oxygen in Asphyxia.—Dr. Wilson in the *Northern Journal of Medicine* recommends the inhalation of oxygen in cases of asphyxia as superior in its application to common air, and advises its disengagement from the chlorate of potash with one fourth or one fifth of a metallic oxide. There are numerous weighty objections to its use.

County Asylums for Lunatic Paupers.—In an article in the British and Foreign Medical Review, it is stated that these are erected and paid for by county rates. The great expense of their construction has prevented the erection of others. Some have cost as much as £200 per head for those they will accommodate, whereas the average expense of a union workhouse is £40 a head. Half of this large expense seems to have been caused by making the buildings fire-proof, and from the number of separate cells. These asylums should be placed on high ground, on a dry soil, with cheerful prospects, where there is a plentiful supply of water, and proper drainage, surrounded by sufficient land to give out-door employment and exercise, and not overlooked. The interior should be light and cheerful, and there should be light and warm galleries for exercise in bad weather. Some have these advantages, but in many they are partially or wholly neglected. The want of an ample supply of water in places where numbers are collected (many of whom are extremely dirty in their habits) is obviously a serious calamity, and the want of sufficient land is a great defect, as out-door employment (especially for the poor) is a great means of restoring the health of the mind, and of promoting tranquillity. Warmth, dryness, and ventilation are most important. At Stafford, since the adoption of an improved mode of ventilation and warmth, dysentery which was before prevalent, has not occurred, and the same disease has been removed in the Dorset Asylum since the floors which were damp have been taken up and relaid. In many of the older asylums the circulating steam or hot water apparatus has been introduced instead of open fires and stoves. In the Chester Asylum open fires in the day-rooms are still used "with a view to the enjoyment of the inmates, who much preferred them to a heating apparatus as being more cheerful." In the Kent Asylum, arrangements for ventilation (as should always be the case) were

executed with the building. The fresh air passes into a chamber beneath, where it is heated by passing over hot water pipes, thence it enters the galleries in a large volume near the ceiling, and is drawn off through holes in the floor into air drains communicating with fires in the cellar, which fires are entirely supplied by the vitiated air from the galleries and dormitories. This is said to answer perfectly. It is obvious, however, that a decided error has been committed in allowing the air to enter at the top and drawing it off from the bottom of the rooms, as the air vitiated by respiration is thus breathed over again, which it ought never to be. In day-rooms open fires properly guarded are preferable from their cheerfulness; for where low spirits and gloom and melancholy are the diseases of so many of the patients, every means should be taken to promote an opposite condition, and the mere question of expense should not decide the point. But refractory wards, galleries, and dormitories should be warmed by hot air, or by some system which combines warmth with proper ventilation, and in all new asylums this should be a part of the plan of the building, and not an after thought. Ventilation of the cells for the dirty patients, is often much neglected, and in some asylums the galleries which were not warmed artificially were extremely cold and comfortless. Sleeping-rooms should be built on one side only of a gallery, as they make it gloomy when on both sides; or if this latter arrangement is unavoidable, as in old buildings, recesses should be left between the rooms at intervals, lighted with windows on the outer wall. Light, if possible, should be admitted at the end of galleries. The commissioners are of opinion that good-sized sleeping-rooms, with a few beds, are preferable to single cells, as having a more free circulation of air, a more even temperature, and greater cheerfulness, but the writer considers a certain proportion of cells most desirable. Rooms on basement floors as a rule should not be used for lunatics, as they are cold, dark, and ill-ventilated. In some older asylums their cheerfulness has been improved by making them open on green grass slopes instead of areas. The commissioners incline to the opinion that galleries should be used for exercise only, and not as day-rooms, as the preparations for meals, placing and removing benches and tables interfere with the chief object. There is, however, another point at which this may be viewed. These preparations and changes make a break in the day which cannot be otherwise than agreeable to these poor idlers in wet weather, and it must be for some such practical reason as this that the galleries in the Kent Asylum, one of the best, are used as day-rooms, and that the resident physician of Hanwell approves of their double purpose. The yards should have as much light, sun, and prospect as possible. Many in the older asylums are gloomy, from high walls, and neighbouring buildings. Every yard should have a shed for shelter from the sun.

Acute spinal myelitis.—M. Pescetto, Physician to the hospital at Genoa, has published in the *Gior. della Soc. Med. Chir. di Torino*, the particulars of an interesting case of acute spinal myelitis, accompanied with amaurosis. The patient was a man, aged forty-two, of robust habit, a convict in the galleys at Genoa for the last four years and a half, in which he worked as a spinner of ropes, and had during all that period enjoyed good health. He was often exposed, when in a state of perspiration, to currents of moist, cold air. In consequence, he began to feel flying pains through the whole body, especially in the back, with a sensation of weight in the occiput, and slight amblyopia towards dusk. He endured these premonitory symptoms without complaint, and with extraordinary resolution. In a few days the pains became intolerable, the amblyopia was converted into complete amaurosis, and, on the 14th of March, he was admitted into the Infirmary. On examination, he was found in the following state:—Features contracted, and expressive of great suffering; complete amaurotic blindness; dull, heavy pains, at the base of the cranium, nape of the neck, and between the shoulders; no sleep for several days, general uneasiness and restlessness; respiration difficult, torpidity of arms; decubitus on the back painful; pulse febrile, but variable and feeble, anorexia, constipation. Rachialgitis, with cerebral congestion, was diagnosed. He was bled largely from the foot, and was also purged. The next day, the sleeplessness continued; neck stiff, its motions accompanied with the most intense pain; convulsive twitches, occasionally, in the arms and trunk; the patient complained of a feeling of combustion in the head, and suffocation about the chest; the amaurosis continued in the same degree; the restlessness and cardiac anxiety were greater; pulse more regular, but hard and contracted. He was then bled from the arm, both morning and evening, the blood the next day exhibiting a tough, thick, buffy coat, with little serum. The symptoms were then aggravated in character; the restlessness and anxiety were converted into a kind of terror, accompanied with inexpressible oppression at the precordia. He was again bled from the arm, four-and-twenty leeches were applied to the spine, and tartarized antimony was exhibited internally. The report of the fourth day is that the blood of the previous evening still buffy, but contained more serum; the pains in the back and neck, which had, till now, been lancinating and heavy, were somewhat mitigated since the last bleeding, and a copious perspiration, which followed it in the course of the night; decubitus on the back less painful, but the cardiac anxiety was still alarming; the sleeplessness and amaurosis still continued; the tartar emetic potion was suspended, the system not tolerating it; it was replaced by a simple tisane. The patient was again bled twice, after which the pains diminished in severity, as well as the spasmodic contractions of the neck, back, and arms; there was less oppression, and vision began to improve. He still, however, complained of pain at the epigastrium, and the tongue was covered with a thick fur. He was again bled twice, after which he gradually improved, and ultimately quite recovered.

Gangrene of the penis.—At a meeting of the Royal Medical Society of Copenhagen, Dr. Muller, of Elsinore, read the details of a case of gangrene of the penis, followed by urinary fistula and death. The patient, a Prussian sailor, thirty years of age, was admitted into the Oresund and Elsinore Infirmary, in the following condition, which he referred to having fallen with a handspike in his hand, which struck him over the root of the penis. On examination, the skin on the erected and much swollen penis was found blackened and hard; in some places (as on the glans) ulcerated, where it was also painful to the touch. In the pubic region, surrounding the root of the penis, the skin was discoloured and hard. On the lower part of the belly a tumour was observed, stretching from the symphysis pubis to the navel,—which latter was much distended, it had the form of a bladder. There was no pain on pressure, in the seat of the original injury. The under part of the belly was scarcely pained by a heavier degree of pressure. The pulse was somewhat low (75) the tongue a little yellow; he was rather thirsty, and had had no sleep during the previous night. The contents of the bladder (four imperial pints) were drawn off by the catheter, and leeches applied over the region of the pubes. The patient was relieved, and had some sleep. On taking away a part of the blackened skin and cellular tissue, a deep suppurating sore was seen on the under side of the penis, in front of the scrotum, and in this a hard body was observed, which, on nearer inspection, was found to be a ring of some kind of metal. It lay round the penis, and at its root. After having carefully introduced a suitable instrument, under the ring, to wit between it and the upper side of the root of the penis, a vain attempt was made to take it off. A watchmaker's saw was however successfully used in cutting it through, and as the ring was not whole, but formed by overlapping ends, both halves were thus easily separated. The bore of the ring was scarcely one inch, the breadth one and a quarter to two lines, and the thickness about the same. At the place where the ends began to overlap each other, of which part was turned down, a wedge-like hook was found, which went scarcely half through the ring, supposed to have been produced in an attempt which the patient had made to cut through it. The urethra was found perforated at the bulb, by an opening of the size of a pea, through which flowed the urine, mixed with blood and pus. About half a pot (one imperial pint) of urine was discharged by the catheter. The patient died a few days after from the constitutional effects of the continual sloughing of the parts. Autopsy, twenty-four hours after death.—The urethra was found injured for four-and-a-half inches from its mouth; above two-thirds of its calibre were wanting in the extent of one inch, where the upper paries only remained. At the opening of the intestines a large quantity of urine mixed with putrid matter flowed out. The whole of the fundus and body of the bladder were found adhering very closely to the surrounding parts, so that it was not possible to separate them. It was altogether changed in structure and consistency, being soft. The colour was dark grey; all the membranes were thin, bloody, and in some places dissolved into a bloody gangrenous mass. At the cervix two openings were found, one the size of a silver shilling, the other like an eight-penny piece,—small ovals with round corners; also in the fundus several small openings were found, which seemed soonest to appear in attempting to loosen the bladder from the surrounding parts to which it was adhering. The bowels were covered with a coat of plastic lymph, which in some places resembled a pseudo-membrane of the thickness of thick paper; this was loosened in large pieces. There was also some liquid pus, but it was nowhere gathered in any large collection. The ileum on the side opposite the attachment of the mesentery, was partly injected. The remaining organs in the lower part of the belly, as well as those within the thorax, were sound. *,* The author, Dr. Muller, seems quite at a loss to account for the presence of the ring on the penis, the secret respecting which, he says, the patient carried with him to the grave. There can, however, be no doubt but that it was used for the purpose of onanism.

Fungoid Tumour of the Lung.—At a meeting of the Birmingham Pathological Society, Mr. Russell, jun. brought forward a specimen of fungoid tumour of the left lung, coexisting with fungus of the breast of the same side. The patient, a female, 41 years of age, was admitted into the hospital, under Mr. Hodgson's care. About twelve months ago she first observed the left mammary gland to be somewhat hard, and felt considerable pain in it, shooting towards the shoulder; various remedies were employed, but without any avail, for the tumour continued to increase until she entered the hospital, when it was larger than an orange, firm, but slightly elastic, moveable on the subjacent parts, but attached to the skin above; the nipple was retracted, and two or three glands in the axilla were a little enlarged, but were neither hard nor painful; the breast was exquisitely painful; the patient not much emaciated, but had an anxious and cachectic appearance. The breast and the skin attached to it were removed, but not the glands in the axilla, as they were considered to be merely sympathetic. The wound healed rapidly, the glandular enlargement disappeared, and she left the hospital apparently cured on March 24th. The tumour presented the appearance of fungoid disease. Four months afterwards she was again admitted, a tumour having made its appearance just above the old cicatrix; it was about the size of a walnut, hard, and very painful; she experienced also very great pain down the arm; there was no glandular swelling. It was again removed, and presented the same characteristics as the former one. It had not healed much more than a month when it made its appearance a third time. It continued gradually to enlarge until the beginning of last May, when, having received a blow upon it, considerable inflammation took place, and it increased more quickly than at any former period, becoming firmly fixed to the parts beneath, and also to the integuments above, which were reddened and distended, but not ulcerated until the latter end of November, when it had attained its largest size, measuring twenty-five inches in circumference, and fifteen inches over it. Ulceration now rapidly extended itself, the tumour threw up large and loose granulations,

which frequently furnished most copious hæmorrhage, until sloughing of the surrounding tissues took place, and nearly the whole mass thus separated, but was soon re-produced. The poor woman ultimately sunk exhausted. *Sectio cadaveris*, thirty hours after death. The tumour covered nearly the whole of the left side of the chest, extending from the third rib to below the level of the ensiform cartilage, and from the centre of the sternum backwards to the axilla; the whole of it was in a state of black slough, and when cut into, presented a tough and cellular appearance, containing some sanguineous matter. It was not connected with the ribs, but occupied those intercostal spaces over which it was situated. The pleura on that side was covered at its lower portion by a small quantity of slightly organized lymph; the lung was also much consolidated; and at the upper and back part of the inferior lobe, was a portion of fungoid matter, about the size of a walnut, soft and friable; the lung around it was inflamed, and infiltrated with serum. The right auriculo-ventricular valves of the heart were thickened and opaque, and a false membrane could readily be separated from the endocardium. The mitral valve was also thickened and fringed, together with the aortic valves along the fibrous margins, by numerous small warty vegetations; from one of the latter valves there depended into the ventricle a piece of organized fibrine, attached to the same part of the valve as were the vegetations. The liver was large, pale, and loose in its substance, and presented the characteristics of a fatty liver. The kidneys were large and rather congested, and the right contained a quantity of lithic acid, some of which was found in the ureter. The other viscera were healthy.

Pulmonary Apoplexy: Valvular Disease of the Heart.—At a meeting of the Sheffield Medical Society, Dr. Favell exhibited portions of lung, shewing circumscribed pulmonary apoplexy, and a heart, the left ventricle of which was in a state of hypertrophy, and the left auriculo-ventricular opening so contracted, that it would not admit the tip of the little finger; the orifice was surrounded by ossific deposit; the mitral valve was remarkably short, thick, and of a cartilaginous hardness. The patient from whom these specimens were obtained, was a female, aged thirty-seven, who was admitted into the Infirmary, March 14th. She stated that she had been out of health for several months, but only unable to work since the preceding December. Her chief complaints were cough, dyspnœa, and palpitation. The abdomen subsequently became enlarged, and afterwards the inferior extremities. She stated that she had never had rheumatism. At the period of her admission the countenance was exsanguineous and expressive of considerable distress; dyspnœa very urgent; inability to lie down; severe pain in the left side of the chest; cough, attended with copious bloody expectoration; pulse 120, very feeble; general anasarca. There had been no catamenial discharge since December. Impulse of the heart natural, apex beating one inch below the left nipple, and in a line with it; slight *frémissement*; dulness on percussion more extensive than natural; loud and prolonged blowing heard with the first sound, most distinct at the apex and a little to the right rib; the abnormal sound gradually diminishing as the stethoscope approached the base of the heart. Pressure between the intercostal spaces from the second to the seventh rib occasioned considerable pain, and the respiration was attended with a loud pleuritic *frottement*. Mucous and sibilant rhonchi were heard extensively over the chest, both anteriorly and posteriorly. Dr. Favell stated that the rhonchi and the pleuritic friction together, were quite sufficient to mask any murmur accompanying the second sound of the heart, which is always comparatively feeble.

Cerebral Disease.—At a meeting of the Sheffield Medical Society, Mr. Ray exhibited a portion of brain, showing great apoplectic capillary engorgement of the optic thalami, with extensive softening of the surrounding parts. The specimen was obtained from a young woman who died somewhat suddenly, after having suffered from anomalous cerebral symptoms.

REVIEW.

An Essay on the Philosophy of Medical Science. By Elisha Bartlett, M.D., Professor of the Theory and Practice of Medicine in the University of Maryland. Philadelphia: Lea and Blanchard, 1844.

Dr. Bartlett may fairly claim the merit of having written one of the best works in our common language on the Philosophy of Medical Science. He thinks for himself and expresses his thoughts in good, plain language. Take this for a specimen.

There seems to be a common feeling, that the facts, phenomena, and events, with their relationships, classified and arranged, consitute, not the entire science to which they belong, but only the *foundation* of the science. There is a feeling, that these facts and relations are to be used as elements, out of which the science is to be built up or constructed by what is called *inductive reasoning*. The feeling implies, and the avowed doctrine growing out of it often asserts, that the science *is in this subsequent process of reasoning* and not in the facts themselves and their relationships. We are constantly told, that the facts are to be used *as materials*, to be sure; that it is not safe to take for our materials anything but facts; that they constitute the *basis* of every science; but, after all this, the essential condition and constituent of the science is often placed, more in the process of reasoning, as it is called, than in the facts of their relationships. Now, what I wish to insist upon is this, that the science *is in the facts and their relationships, classified and arranged, and in nothing else.* The ascertained facts and their relations, classified and arranged, constitute, in themselves and alone, the science, and the whole science to which they belong. The science thus constituted is, so far, complete. No process of inductive reasoning, or of any other reasoning, no act of the mind can add anything to what has already been done. The only reasoning that has anything to do with the matter, consists simply *in the act of arranging and classifying the phenomena*, and their relationships, according to their differences, their resemblances, or their identity. Words are things, and I cannot doubt, that much obscurity and confusion would be removed from our conceptions of the nature of the philosophy of science, if this long-abused term *inductive reasoning*, could be suffered to disappear from the language of science and philosophy, and if, for the indefinite and shadowy ideas which it so often expresses, or attempts to express, could be substituted those which are so clearly and obviously contained in this phraseology—*the classification and arrangement of phenomena and their relationship.*

This passage seems to us fully to justify the commendation we have just pronounced. It conveys the author's meaning in the clearest manner, and the principle contended for is one of considerable importance. For an illustration of it, as applied both to physical and medical science we must refer our readers to the work itself. The following are the leading propositions in relation to physical science which form the texts of the several chapters of the first part of the volume.

1. All physical science consists in ascertaining facts, or phenomena, or events; with their relations to other facts, or phenomena, or events; the whole classified and arranged. 2.—These facts, phenomena, and events, with their relations, can be ascertained only in one way; and that is by observation, and experience. They cannot be deduced or inferred, from any other facts, phenomena, events, or relationship, by any process of reasoning, independent of observation, or experience. 3.—A law, or principle of physical science consist in a rigorous and absolute generalization of these facts, phenomena, events, and relationship; and in nothing else. It is identical with the universality of a phenomenon, or the invariableness of a relationship. 4.—An hypothesis is an attempted explanation, or interpretation, of these ascertained phenomena, and relationships; and it is nothing else. It consists in an assertion, or a supposition, of certain other unascertained and unknown phenomena, or relationships. It does not constitute an essential element of science. All science is absolutely independent of hypothesis. 5.—Theory is one of two things, according to the manner in which the word has been used. It is either a generalization of phenomena, and relationships, and in this case, identical with a law, or principle of science; or, it is an attempted explanation of phenomena, and relationship, through the intervention of other assumed, and unascertained, phenomena, and relationships, and, in this case, identical with hypothesis. 6.—All classification, or arrangement, depends upon, and consists in, the identity, or similarity, amongst themselves, of certain groups of phenomena, or relationships; and their dissimilarity to other groups of phenomena or relationships. All classifications or arrangements are natural and perfect, just in proportion to the number, the importance, and the degree of these similarities, and dissimilarities.

These are the fundamental propositions relating to physical science. Having discussed and illustrated them in separate chapters, our author lays down a series of similar, and, in many cases, identical propositions in reference to medical science, which forms the subject of a second part. We subjoin the last three propositions which take the places of the last four already quoted.

An absolute law, or principle of medical science, consists in an absolute and rigorous generalization of some of the facts, phenomena, events, or relationships, by the sum of which the science is constituted. The actual ascertainable laws, or principles of medical science are, for the most part, not absolute, but approximative.

Medical doctrines, as they are called, are, in many instances, hypothetical explanations or interpretations merely, of the ascertained phenomena, and their relationships, of medical science. These explanations consist of certain other assumed and unascertained phenomena and relationships; they do not constitute a legitimate element of medical science. All medical science is absolutely independent of these explanations.

Diseases, like all other objects of natural history, are susceptible of classification and arrangement; this classification and arrangement will be natural and perfect, just in proportion to the number, the importance, and the degree of the similarities and the dissimilarities between the diseases themselves.

We wish we had space, for more quotations, and for longer comments upon this excellent work of Dr. Bartlett. We are especially pleased to find our children on the other side of the Atlantic measuring their Anglo-Saxon strength of intellect with difficult and lofty subjects of inquiry. They are evidently of the breed which produced our Bacons, our Newtons, our Lockes, our Herschells. They have the daring to cope with difficulties, and the strength to master them. They are beginning to display their power in all the points in which we have excelled. In divinity they have produced at least one great work, in sculpture they have just laid claim, if report speaks true, to one of the first artists of the age, and we doubt not that in medicine, and in all the sciences, they are destined to take a place by our side. Let them bridle their ambition, and moderate their Anglo-Saxon love of acquisition, and instead of laying claim to every territory which borders on their own, and incurring the risk of war by absurd and unreasonable pretensions, let them strive to emulate us in all the arts of peace, and in those pursuits

which make States really prosperous and happy. In such a race we shall be proud to have them for competitors, and to run side by side for that prize of high renown which is unstained by blood, and suffers no decay from time.

NOTICES TO CORRESPONDENTS.

A Fellow of the Royal Medical and Chirurgical Society, *complains that "it is not right that gentlemen, not members of the Society, nor belonging to the press, should be admitted to the meetings as visitors, night after night, and session after session, thus availing themselves of all the privileges of the Fellowship, without contributing in any way to the expenses." He has "understood that there is a special bye-law as to such unlimited admission, and asks "Why is it not put in force?"*

Gateshead.—*All members of the College of Surgeons will, if the Bill passes, be entitled to register as general practitioners, and as such to recover for medical attendance, retaining, at the same time, the title of "surgeon." Licentiates of the Apothecaries' Company before the passing of the Act, will be entitled to register as general practitioners, and recover for attendance also, but will not be allowed the title of "surgeon." Our correspondent had better now use his own discretion.*

X. Y., *if not duly qualified, would gain nothing by commencing practice before the Act passes, even if he considered it justifiable.*

We should recommend Dubitas *to take the fee offered.*

A St. George's Student *is informed that the* Medical Guide and Almanack *is published by* Renshaw; Mr. Ede's Works *by* Simpkin and Marshall; *and we believe* Wiley and Putnam *are the English Agents for the* American Almanack.

We have a very high opinion of the work mentioned by X. Y. R.

We are sorry to inform our correspondent from Llanfyllin, near Oswestry, *that no registration of students can take place till October next. We should have recommended him to register as soon as possible.*

We have received an immense mass of correspondence, which is necessarily postponed, much to our regret, to our next number.

THE MEDICAL TIMES.

SATURDAY, JUNE 21, 1845.

There is a tide! the affairs of man, &c.
SHAKSPEARE.

It is important that the Profession should know, that the carrying of the Medical Bill this session is not a certitude; and that the result may depend very considerably on the reception it *now* receives from the Profession, and the energy we *now* exhibit in making known our sentiments. Sir James Graham, not supported by the physicians—directly opposed by the pure surgeons—*id est* the twenty-four councillors—looked on with little favour by the druggists, and assailed with organized zeal by every empiric medical, and medico-political, in the state—will scarcely persist in his design, unless he learns from that portion of the Profession, for whose conciliation he has finally done so much, that he can be assured of their warm, generous and grateful support.

It is useless, it is worse than useless, to be slack in our support of the Bill, because it does not realise everything we believe necessary to a perfect organization of the Profession. With so many differences of opinion and theory, about what in *conception* is best for the whole; with so many conflicting interests in reference to what is practically desirable to us *individually*, it is almost impossible that at any time any one scheme of medical reform can appear to an equal number of us more faultless on the score of its positive excellency, and less to be opposed on the score of its omissions. We are so far fixed in *wrong*, anomalous and mischievous, that the journey to *right*, even with legislative omnipotence, cannot be made in a day. We must heal by degrees if we would remain without a relapse. The appetite for right will strengthen by degrees. An abstractedly perfect bill might do well enough for a few of the less impassioned philosophers; for the stomach of others it might be too much. Let us assimilate what Graham offers us, and we shall soon gain the power and inclination to inwardly digest more. Once fairly entered on the career of improvement, it will be difficult to say where we shall stop.

The aggregate meetings and requisitions about an object that when practicable, was overlooked and despised, have turned out, of course, so much moonshine. When the make-believe of imaginary *maladies* is foiled on that ground, because the patients address the legitimate doctor, he betakes himself to the *rôle* of the "make-believe" of imaginary *remedies*. Imagine *one* meeting of fifty or sixty, or a hundred gentlemen achieving, in June, 1845, what the whole Profession incessantly laboring through a score or more years, could not effect! An aggregate meeting reforming the College! The peasant who took a quack's purgative to find his lost ass, was about as well advised. The College will come to terms, the College will hear reason, when we bring another of our own along side of her, and teach her that she must sink or surrender! Not one instant before.

Let every gentleman really anxious for the union, well-being, and dignity of the whole Profession—Physician, Surgeon, or he who claims, in a large degree, to be both—the General Practitioner—now join together at this opportune moment to get passed a bill which, on the score of good government among ourselves, and high education for our successors, will do more to make us truly a learned, a liberal, and deeply respected Profession, than any other thing that has been done for us for a century. We are all, of whatever class, interested in professional amelioration, and we should all lustily put our shoulders to the wheel, to share in the important labour of giving the professional car a lift out of the rut in which it has been long imbedded. That effort successfully made, it will be time enough to discuss what we shall do next.

And let the Profession not overlook the stupendous toils undertaken, the stupendous labours accomplished by the National Association. That body has supplied for the Profession an immense *hiatus*. It has given us an executive, by which our energies have been wisely wielded, and a certitude guaranteed of immense future good. Let votes of confidence coming from every district that holds a single practitioner, support and encourage them in their disinterested labours for us; and let Sir James Graham and Parliament be taught, by individual petitions and memorials, that the Association enjoys the full confidence of the Profession. We beseech our brethren, at this critical juncture, to ACT—and act vigorously. Let them PETITION and MEMORIALIZE TO A MAN!

SINGULAR CASE OF WORMS.—At a meeting of the Sheffield Medical Society, Mr. Law exhibited some portions of lymph, (false membrane,) expectorated by a man labouring under bronchitis; and also a large round worm, (*ascaris lumbricoides*,) which had a hair tied round its middle, and was further tied in a knot. The patient from whom it was obtained, stated it had been voided in the state which it then presented.

PENCILLINGS OF EMINENT MEDICAL MEN.*

PH. PINEL.

Philip Pinel was born on the 11th of April, 1745, at Saint Paul, a village in the department of Jaru, not far from the town of Castres. His father practised medicine and surgery—his mother was a model of piety. They had a large family, but a small income. Philip Pinel was sent to the college of Lavaur, to commence his education; after which, being intended to take orders, he went to Toulouse, where he attended the lectures on philosophy of a professor, who made him a proficient in mathematics. Wishing to comply with his parents' desire, he commenced the study of theology; but his inclination did not lead him to this as a profession, and with his father's consent he left the university, and obtained a livelihood by giving lectures on arithmetic and natural philosophy. He competed in the Floral games, and carried off the prize; took, at his own expense, all his degrees in medicine; was chosen, for several years, assistant by one of the professors, and finally, on the 22nd of December, 1773, after passing with *eclat* the necessary ordeal, he was honored by the title of Doctor. Pinel, then 29 years of age, was far from being in prosperous circumstances! Having lost his father, he could expect no aid from his family, and the small income his lectures produced, rendered his position hardly tolerable, and made him fear for the future. The hope of improving his fortune, and still more the desire of increasing his scientific knowledge, made him quit Toulouse for Montpellier, where he arrived in 1775. The school of that celebrated town was then in all its glory; it is true, that Fizes and Sauvages were no more, but the knowledge of Barthez, the learning and eloquence of Lamarc, Leroi, Venel, and Gonan, as professors, and the talents of Vigaroux, Chaptal, and Fouquet, in private practice, shed on Montpellier a splendour which was reflected throughout Europe. Pinel had no sooner reached this modern Cos, than he found an asylum and protectors. He was received into the family of M. Benezeck, where he had as a pupil a young man, who has since become one of the most skilful officers of the engineers. But, notwithstanding the care and attention which he gave to the education of his pupil, he still had some time to devote to the completion of his medical attainments, to lectures on Chemistry and Natural History, to the study of the Greek and English languages, and to the composition of theses for young students. These theses, written in a correct and elegant style, were considered to be master-pieces of Latin composition, and were eagerly sought after. They were proofs of the wisdom and moderation of his mind, since he almost always chose a question of Hygiene for the theme, for if there be any shadow of probability or certainty in medicine, it is assuredly to be found in a subject of this kind. As to the more abstruse questions in medical philosophy, which at a future period he was destined to examine with such vigour, and which exercise considerable power over an inexperienced but imaginative mind, Pinel did not attempt to discuss them. Perhaps it was that, in his opinion, the systematic was equivalent to the hypothetical, and that there was something arbitrary which counterbalanced their utility, even in the most methodical classification. This kind of modesty was the more worthy of praise, inasmuch as, on the same subject, and with the same fund of knowledge, Sauvages, when much younger, had given an example of fortunate boldness, and if any man was to be Sauvages' rival, he it was who, at a later period, was destined to reform his most valuable work.

In order to shew the direction his character and ideas had taken, the following fact may be mentioned:—A young man was then at Montpellier, ardent in the pursuit of knowledge—impatient to produce something, and trying his strength on all subjects—writing poetry, comedies, tragedies, medical and philosophical treatises;—delighted,

* A series of eulogiums, from the pen of Dr. Pariset, the distinguished perpetual secretary of the Academy of Medicine, Member of the Institute, &c., will, after having been revised by the author, be published by his especial permission in the MEDICAL TIMES.

above all things, by a good classification of ideas, seeking to find symmetrical proportions in his own arrangements, and substituting, when necessary, imaginary or hypothetical for real proportions; in a word, captivated by what is called a system, and adopting nothing which did not present a regular order. Struck with the luxuriance of such a mind, and sorry to see so much natural talent wasted in chimerical conceptions, Pinel determined to cure his young friend of this species of enthusiasm.—"You are not in the right path," said Pinel to him, "but to be so, a little care only is needed on your part; come and read with me a few pages of Hippocrates, Montaigne, or Plutarch, every day." This proposition was cheerfully acceded to, and the two friends read Hippocrates during the day, reserving Montaigne and Plutarch for the evening. The perusal of these works was without restraint; it ceased from time to time, and was intermingled with digressions, remarks, and commentaries. This study, so diversified, drew, from its very variety, a charm which rendered it the more solid, and the more efficacious. For, however different may be the description of these distinguished painters of human nature, they possess a common character, by which they may be known from the descriptions of other writers. Their opinions take possession of the mind, elevating, enlightening, and strengthening it, and often all at once opening before it an immense horizon, shewing it the infinite variety of ideas, sentiments, passions, and infirmities of which the frail tissue of our frame is composed; finally, familiarizing it with that prodigious union of combinations and analogies, which, joining states so different from each other, proves, that this favours but indifferently systematic engagements. Under the tuition of such a master, and inspired by these noble geniuses, Pinel's young friend learnt to consider particular objects in their true light, and in their real position, with respect to the whole. Thus shaken, his ardour took another direction. He neglected erroneous systems to concentrate his powers on the exact observation of particular facts, for particular facts alone constitute certainties, and these are the sole grounds on which we can form our judgment. There are no fundamental truths but those they sanction, and without them, maxims are like a body without a soul. But what advantage did Pinel's friend, changed by the study of such masters, reap from the truths inculcated in their works? France has seen him shine, at a later period, by his knowledge and skill in her schools, in her academies, in various situations under government, and as a minister. His writings, and numerous services, rendered him worthy of the highest and most glorious recompense the august author of our constitution (the King) could bestow—to be chosen among the noble guardians of our liberty. He was named a Member of the Chamber of Peers—his name is Count Chaptal.

The country from which, in the same century, sprung Machiavel and Guiccardini, Michael Angelo and Raphael, Ariosto and Tasso, gave birth also to that eminent genius—Galileo, and produced in his school a sect of geometricians, who, after having submitted natural history to geometrical laws, endeavoured, after the example of Descartes, to extend them to medical subjects. The most distinguished and renowned of these was Alphonso Borelli, whose posthumous work on the movements of animals, was composed for Christina, Queen of Sweden,—a book full of original discoveries and views. It is there that, in explaining the double apparatus, or cords and levers, by which animals are enabled to move, Borelli showed, contrary to the opinions of the ancient writers, that in order to bring these organs into play, and enable them to overcome the slightest obstacle, an animal—a man especially—is obliged to expend an immoderate and disproportionate amount of force; but on the other hand, he proved, that by such an arrangement, the animal occupied less space; its shape is more elegant, its bulk less, its articulations stronger, and its movements more rapid, and that by this marvellous compensation, it has more power over surrounding objects, giving them, at the same time, less power over its frame. Admirable truths! which alone would be equal to a course of theology, of the glory of which, neither the critical observations of Parent, Varignon, and Hamberger, nor the works of Perrault, Vicq D'Azyr, and Barthez,* on the mechanism of animals, can deprive the name of Borelli. Following the example of Chirac and numerous others, Pinel became enthusiastic respecting so remarkable a work; he studied it attentively, in order to be enabled to apply the principles it contained, to the movements performed by the human frame. This produced a work, which was comprised under two heads, the one relating to the partial movements of the extremities, the other to the general movements of the whole frame. The former was completed before 1777, and was communicated by the author to the Royal Society of Montpellier; the latter was finished some years later, and reserved for the Academy of Sciences of Paris. Neither was printed. It is, however, probable, that the articles on Zoology, Comparative Anatomy, and even Surgery, published by Pinel at a later period, in various periodicals, were fragments of this work on the *Treatise of Borelli*, and unfortunately, they are the only fragments which have reached us.

Notwithstanding his natural modesty, which amounted almost to shyness, and his reasons for living at Montpellier, still an inward sense of his worth told Pinel, that he was destined to shine on a larger stage. His views were turned towards the capital, and in 1778, he left Montpellier, accompanied by an Englishman, whose talents in medicine have since placed him at the head of his profession. The two friends travelled without passports, and being distrusted by the functionaries of a village on the road, they were kept some days in prison;—an incident, indicating the modest manner in which they travelled. Having at length reached Paris, Pinel sought to gain his livelihood, and fortunately for him, he had the same resource as the celebrated Boerhaave before him, viz. *Geometry*. He had letters of recommendation to M. Cousins, an excellent geometrician, who, struck with his mathematical genius, sought to obtain pupils for him among the young men studying for the artillery or engineers. Pinel accepted two only, the fees received from them being sufficient for the necessaries of life, in order that he might have leisure for objects of another kind. Chance gave him for a lodging a small chamber, opposite to one occupied by a young man, who, like himself, pursued his scientific studies with indefatigable ardour. This was M. Desfontaines, whose travels, writings, and examples, abounding in sincerity, united to the amiability of his disposition, and the rectitude of his character, conciliated universal esteem. M. Desfontaines and Pinel were perfect strangers, but they saw one another daily, hourly, occupied by study, and this was sufficient to create in their bosoms a mutual inclination, and to give rise to one of those unusual friendships which in time become so necessary to existence. This friendship produced others. Pinel became acquainted with Roussel and Cabanis—Roussel, whose delicate touches caused his sketches to be admired, even after the sublime and more finished pictures of Rousseau and Thomas,—Cabanis, who by comparing the phenomena of internal and external sensibility, and by studying the effects produced by their mutual influence, laid the true foundation of human philosophy. Roussel and Cabanis formed part of the society received at the house of Madame Helvetius, and Pinel was by them presented there. He thus became a member of an assembly, where, joined to an agreeable freedom, there reigned the essence of politeness and wit, of which the remembrance alone remains, but which has conduced to embellish our judgment. With the number of Pinel's friends and acquaintances, the opportunities also of using the rich stores of his intellect increased. He wrote articles on medicine, natural history, moral philosophy, and political economy, for the *Journal de Paris*; the *Gazette de Santé* was placed under his direction, and its prosperity was for several years attributable to his exertions. Several remarkable articles on hygiene, which was still his favourite study, were, from time to time, inserted, and attracted special attention. In his critical remarks on the books which he reviewed, flashes of wit now and then appeared, proving that he could be satirical, had not prudence and the kindness of his heart prevented him. From 1754 to 1779, extracts from all the memoirs read before the various learned societies of Europe, since the period of their institution, had been published in thirteen 4to. volumes. This publication, worthy of a better fate, had ceased to appear, and the philosophical transactions particularly had only been continued until the year 1694, leaving an important *hiatus* to be filled up. These transactions, in an abridged form, had recently appeared in English, and their translation into French was commenced and published in 1786, 1790, and 1791. Of the fourteen volumes of which they are composed, the studious Pinel translated three; the first on Chemistry, the second on Anatomy and Physiology, and the third on Medicine and Surgery; he also assisted in the compilation of a fourth, on Materia Medica and Pharmacy. It cannot be denied, however, that in the co-ordination and choice of subjects, the English author did not possess the judgment and method necessary for so vast a subject; for we find in the work needless repetitions, redundancies, and long articles taken from French authors. But, in spite of these faults, the reader is gratified by the perusal of numerous highly interesting articles, from among which we quote the three following:—*The first* relates to the comparative experiments performed in 1721 and 1722, at Marseilles and Montpellier, with the bile. In some cases, it was taken from the bodies of individuals who had died of diseases common to the country; in others, from the bodies of persons who had died of pestilential diseases. In the former cases, this fluid, injected into the veins of strong and healthy animals, produced serious and even fatal consequences, but without causing gangrene, buboes, or any of the characteristic symptoms of the plague; in the latter, on the contrary, it caused a disease truly pestilential to appear with the utmost rapidity. *The second*, enriched, in common with many others, with annotations by Pinel himself, relates to a woman condemned to death and executed. At the *post mortem* examination, she was found to have conceived a short time previously, and there was thus an opportunity of proving, contrary to the opinion of Buffon, the truth of Valisneri's ideas on the mechanism of generation. An ovum, about to be detached from the right ovarium, adherent to it only by a pedicle, and surrounded by an unctuous and transparent fluid, was embraced by the extended digitations of the Fallopian tube, of which the dilated extremity, bent downwards, was spread over, and strongly adherent to the surface of the ovarium. *The third* is the description of that extraordinary malformation which would appear to confirm, in some cases, the fable of the Androgynes, or that of Tiresias, and which, by uniting the rudiments of both sexes, seems to complete neither one nor the other. This imperfection, observed by the ancients in men and animals, has always been a source of controversy. In 1786, Pinel had an opportunity of studying a case of this kind, and gave a description of it in the *Journal de Physique*, and in the *Recueil de la Societé Medicale d'Emulation*. This case, not more extraordinary than those described by other authors, teaches us nothing new on hermaphrodism; but, considering the question further, Pinel concluded, that the authors who had examined it, by confining their opinions to their own observations, believed too readily what they saw to be the limits of what was possible; and after impartially passing, in review, the most authentic, but at the same time contradictory, opinions, from Aristotle and Pliny, to Buffon and Haller, he stated, that the problem was yet unsolved, and could only be decided by means of future investigations. This principle of reserve, frequently requiring boldness, Pinel employed in the examination of a fact not less astonishing,—we mean the ossification of the brain, discovered in oxen, some of which had retained all their pristine vigour. The first of this

* *Nouvelle Mecanique des Mouvements de l'Homme et des Animaux*, Carcassonne, 1798, in 4to.—See especially the remarkable works of G. and E. Weber:—*Traite de la Mecanique des Organes de la Locomotion*, translated from the German by Jourdan, Paris, 1843, in 8vo., with an atlas of 17 plates, in 4to.

kind was mentioned by Bartholine, who gave it on the testimony of another, but stated, that he did not know how far we might rely on its correctness.* The second, in 1703, by Duverney, to whom the diseased organ was presented. Valisneri reproached him with being credulous, although Malpighi, in 1670, saw and described a similar case. Such is the fate of every extraordinary fact; it is at first looked on as incredible, and obtains belief only on repetition, as if what we are pleased to call our judgment is, after all, only habit. Be this as it may, other brains, ossified to the consistence of the hardest marble, were observed in Saxony by Petschells, and in Scotland by Simon. The last seen at Paris was presented by H. J. Baron to the Academy of Sciences, and it was this brain, preserved by M. Deyeux, which Pinel examined, and on which, in 1793, he wrote a memoir, terminated by this dilemma:—"These masses are either brain metamorphosed into stone, as the vascular net-work, whose ramifications are not destroyed, seems to prove; or they are tumours, which growing slowly, so as to fill the whole of the cranial cavity, cannot fail to exercise considerable pressure on the cerebrum; in either case, it is extraordinary that life should continue, and still more so, that the animal should seem in good health." But in what state were the origins of the various cerebral nerves in animals thus affected? This was not ascertained—a circumstance which, in Pinel's, and we may add, in our own opinion, is ever to be deplored. But constantly attracted to the wonders of animal mechanism, Pinel sought to explain those of the osseous system—of that frame-work which, by its arrangement, determines the external appearance of animals, and which, at the same time solid and mobile, makes an admirable use of these two opposite qualities, which, increasing and multiplying its strength by its curves, receives, sustains, protects, and maintains in their position the various organs, and which, when put in motion by the springs it gives attachment to, leads in different directions its several parts, whether it be to support the animal on the soil, to permit its moving with agility from one spot to another, or to launch it into the air with rapidity and force. This spectacle, wonderful to a mind capable of appreciating it, caused Pinel to discover what had escaped Borelli's observation,—that the power which the latter supposed to be lost in motion, aids, as a necessary effect, by strengthening the articulations, to give a more solid fulcrum to the bones which form them; thus rendering their motions more sure and energetic. On the other hand, by studying the articulations with greater care, Pinel became convinced, that practitioners in general were not familiar with their mechanism, and that, from the want of having an exact description of them pourtrayed in their minds, the most skilful form erroneous ideas concerning the reality of luxations, and the manœuvres necessary for their reduction. In order to prove the correctness of his opinions, Pinel wrote memoirs on the different luxations, which he presented to the Academy of Sciences in 1785 and 1786, and extracts from which are to be met with in various periodicals. These memoirs are only be considered as proofs of geometrical, rather than surgical skill, and were of little use practically. Finally, the more Pinel studied the structure of animals, the more his mind became convinced of the important fact, that in the living creature the parts are strictly dependent on each other; so that, between its wants and its faculties, its organs and the liquid which forms them and repairs their losses, its nervous system and its muscles, its blood and the products which during the circulation are eliminated from it, as well as the food from which it is formed, and which is left to the animal's choice, and again, between this food and the secretions destined to dissolve and vivify it; in fact, between all parts of the animal frame there exist powers, correlative, hidden and impenetrable, though real, established purposely the one for the other; from which, in each animal, an harmonious whole results, and whence it may be drawn, as a final conclusion that, as all these parts have a mental affinity, it would be sufficient for a skilful eye to discover one in order to know the remainder. But the greater number of the component parts of an animal have no connexion with surrounding objects; and the only one, placing the animal in relation with these objects, which may be always consulted, and which, from the solidity of its texture, and the pre-eminence of its forms can always suffice for the wants and habits of the animal (at least in certain classes) is, the osseous system. And it is by that portion of this system which bounds it anteriorly (the maxillary bone), by the arrangement of the teeth and the structure of the articulation of the lower jaw, which is firm or loose, as the animal is carnivorous or herbivorous, and which presents in different animals, a thousand different modifications of the parts composing it, that Pinel proposed to distinguish the species. This method he followed with a certain degree of success on a great number of quadrupeds, and supported it by a memoir which he wrote on the subject. But it was easy to perceive, even in the classification proposed by Pinel, that the idea which directed him had not sufficient compass, and would soon vanish in his hands; a praiseworthy though sterile effort of the mind, for which more learned classifications have since been substituted. This subject, however, gave origin to three interesting articles from the pen of Pinel; *the first*, on the structure of the head of the elephant; *the second*, on the retraction of the claws in the carnivorous animals; and *the third*, on the best method of preserving quadrupeds and birds for anatomical collections, so as to retain their natural colour, shape and attitude, in short, to give each the appearance it had when alive. Such a variety of memoirs on the same subject, rendered their author justly celebrated, and it is, said, that the professorship of comparative anatomy having become vacant, Pinel was named to compete with G. Cuvier, who, even then, was without a rival. Cuvier was elected, a fortunate choice, favourable to Pinel's celebrity, and from which both natural history and medicine reaped great advantages.

* *Vide* Barth. Aut. 3, Phist. 8.

(To be continued.)

TO THE PRACTITIONERS OF MEDICINE AND SURGERY IN THE PROVINCES.

Gentlemen,—Since I last addressed you, two important documents have been presented to the profession;—viz., a "statement" from the Council of the College of Surgeons, and a letter from Mr. Guthrie, the Chairman Elect of the banquet to be given at the Freemasons' Tavern. The majority and the minority in the Council have severally declared their sentiments; and it would certainly puzzle an adroit casuist, to determine in which scale corporate liberality weighed the heavier. Their opinions are so nearly balanced, that the opposition of the redoubtable champion of liberality to his brother councillors, must remain an enigma. It was a problem with the old schoolmen, whether *a pig being driven to market was held by the man, or by the cord in the man's hand!* Now it is some such a subtle question as this,—a similar hair-spliting distinction, that has caused so much wrath and rancour among the learned disputants in Lincoln's Inn Fields. If silly people will indulge in such follies, it is not, at all events, very prudent to publish them to the world.

The supercilious insolence of the former document exceeds anything that has yet been perpetrated against decorum by its authors; and while it defeats every hope of an amicable arrangement with the College, it reflects indelible disgrace on the Council, who in the narrow and exasperated spirit of disappointed selfishness, have so far forgotten the dignity of their office and the honour of the profession, as to stigmatize by an opprobrious epithet the majority of their brethren, to decry their just position, and to depreciate their acquirements and general usefulness. Nothing could have been conceived in worst taste,—nothing could more glaringly display the bitter dislike which the Council entertains towards the general practitioners,—the exclusive, contemptuous and grasping spirit in which they have hitherto acted,—their resolution to persevere in this unworthy career, and nothing could have afforded a better comment on the labours of the National Association, or tended more effectually to convince the general practitioners of the necessity and justice of the movement which this body has, hitherto, so triumphantly carried on. It were a gross folly,—a mean dereliction from self respect to attempt any further diplomacy with this arrogant Council. Their days are numbered.

The coquetry in which certain gentlemen at the Freemason's Tavern have been indulging with the fascinating G. J. Guthrie cannot now serve the purposes of the profession. It would seem that the bashful *inamorata* was a long time discovering her sentiments, and declaring the terms upon which she would consent to the honorable alliance. The oracle has, at last, spoken;—and though sufficiently mystic in some respects, it does not require a sphynx to render it intelligible. It remains to be seen, whether after the letter now published and so ably commented on by the committee of the National Association, the gentlemen of the Freemasons' Tavern (I ask their pardon, if by their exertions, they have yet been enabled to form a Committee) will continue to co-operate with Mr. Guthrie, and attempt to sell, by a species of inverted auction, their most valuable principles to the lowest bidder.

I confess to you, gentlemen, that during my late experience of political life, I have seen such curious revelations, that I am no longer easily astonished;—and although I am satisfied that the pure integrity of the mass of my professional brethren would resent any dishonourable intrigues, yet I am always apprehensive lest a cunningly devised imposition should deceive and fetter their better judgment. The elements that have hitherto brewed the storm at the Freemasons' Tavern have been indeed of an extraordinary character;—and, truly, when the north and south winds meet, we can expect little less than a tornado.

The "modest author" (can he ever forget the source of this cognomen?) has forgotten his modesty;—the lovers have arranged their quarrels, and with the assistance of a very worthy practitioner, but still a harmless individual, whose greatest misfortune is, that he has had "his greatness thrust upon him,"—the present chairman of the movement, they have constituted themselves, what may be termed—*the unholy Trinity*; in which there is certainly a distinction of persons, but no unity of will, and whence, therefore, we can expect nothing but the most admirable confusion. There is an old adage, "misery makes us acquainted with strange bedfellows;" how far it receives illustration from the proceedings at the Freemasons' Tavern the profession can determine. When I reflect on the constituents of that movement, I am ludicrously reminded of the regiment of ragged recruits with which Sir John Falstaff marched through Coventry, and who, to employ their leader's expressive phraseology—were "the cankers of a calm world, and a long peace."

I apprehend that no rational mind can entertain the slightest hope of an union with the college of Surgeons on liberal terms. Do you expect that the government will accede to this proposition? Sir James Graham said, in my hearing, that *he* would not apply to the Council of the College for their consent to a modification of the charter;—and he is not likely to succumb to the Honorable Member for Finsbury, between whom there is an evident hostility. Can you place a blind reliance on the Council? They have clearly resolved not to apply to the government; and you may rely upon it the majority will never capitulate to the agitation of Mr. Guthrie, whom they must now regard with feelings of jealousy and distrust, and esteem little better than their declared enemy. And what hope can you indulge in the minority of the council of whom Mr. Guthrie is the champion? Let Mr. Guthrie answer for himself.

He is willing to grant the fellowship to men of twenty years' standing, not unconditionally, be it remembered, and by mere right of seniority,—but only in case they are *sufficiently respectable*, and are well esteemed by their professional brethren! And who will be the judges of this respectability and professional estimation? The Council of course? So that, by this scheme, the practitioners

of twenty year's, standing can be admitted to the fellowship, only under the approbation of the Council, by whom all bye laws regulating such admission will be made, and inexpressible hardships might thus result. Is this common justice?

Again, every fellow may be eligible for the council who has been "more than twenty years a member and fellow;" (rather mysterious!) whence I infer that a practitioner admitted to the fellowship at forty-six, must still be twenty years a fellow, and consequently more than sixty-six years of age before he can be eligible for the council! Ay, and even then he may be disqualified, if he practise pharmacy and midwifery in accordance with immemorial usage." Glorious liberality! notable reformer! How will the gentlemen of the Freemason's Tavern admire this? He does not whisper a syllable about the extension of the franchise, except to a certain number of gentlemen as before stated, nor the admission of members of different qualifications in the *reformed* College!

Can you, gentlemen, after this, persist in the delusion of a reform of the College of Surgeons? And will you thus risk all the advantages you may obtain by a steady support of the Bill and Charter, as sanctioned by the Committee of the National Association? I cannot believe that you will;—nay, I know that you perceive already the fallacy and folly of the new movement. I congratulate the profession most heartily on the renewed support which the National Association has lately received. I beg you to continue it; and by so doing vindicate the independence of your character.

By the last transactions of this Association it appears, that notwithstanding all the efforts of their enemies, the number of secessions during the last six weeks, has amounted only to one hundred and twenty-four, while the enrolments amount to one hundred and ninety-one, being an excess of one half above the number seceding. This is a highly gratifying fact, and truly encouraging to these zealous labourers in our cause. I trust that the number of withdrawals will rapidly diminish, and a generous confidence be restored.

Is it not, gentlemen, a more worthy thing to co-operate with your equals—your professional brethren—with men whose hopes and interests are identified with your own—and who can have no mean, sinister, and private interests to serve—who cannot have been goaded on by vanity and ambition; but who, sacrificing their time and money in the patriotic desire to employ the advantages of their locality and station for the regeneration of the profession, have, amid the blandishments of popularity, maintained their integrity inviolate—who have never been charged with a cringing servility to men of influence or office, but, on the contrary, have guarded their independence with a jealous courage, and a manly contempt of the consequences;—is it not, I ask you, a more worthy thing to lend your support to such men, than to be dragged captive at the heels of any individual,—no matter what may be his talents, his social standing, or his literary capabilities? And when, gentlemen, you are convinced that the objects advocated by such an individual are impracticable, is it not the very climax of folly to grant him your co-operation?

I believe that this movement has received a check,—a formidable blow from which it will not recover; the seductions of a public breakfast, and the company of a few members of parliament have not been sufficiently potent to allure the general practitioners of the country from the noble object of their labours. The press is a mighty engine of power,—the most glorious institution the world has ever known for the promotion of social advancement, but in proportion to its influence, is the necessity that it should inculcate truth, and the observance of that responsibility which attaches to those who preside over its amazing potentialities. Public opinion is not a mere automaton,—nor politics a juggle,—emancipation of mind has commenced,—intellectual enlightment is not a sudden sunburst,—the knowledge of right is a gradual revelation, but the rights themselves are permanent and indestructible, and have been gloriously vindicated by that very press which too often, for party purposes, seeks to embarrass and impede their enjoyment. It will not succeed,—a child may set an engine in motion,—but he must beware lest he be crushed under its weight.

There never was a profession of such a growing power and energy as our own,—that promised better, or could accomplish more,—that has contributed so much to science and social advancement, and that in pursuing the same path can fulfil a higher destiny. I cannot regard the rapid advancement of my profession in all the useful learning of the age, its increasing respectability and scientific character without the deepest satisfaction. I can discern in it the elements of future greatness,—the germs of incalculable social benefits,—the springs of honor, credit, and celebrity ready to burst forth, and carry it forward to the very first rank of intellectual progress, *all these advantages depend upon yourselves!* Will you abandon them? Such abandonment would be suicidal. Or would you slavishly accept from the hands of others what you are able to achieve for yourselves? I think I know you better.

I remain, Gentlemen, yours very sincerely,

GEORGE ROSS.

Kennington, June 10, 1845.

MR. GUTHRIE AND THE NATIONAL ASSOCIATION.

Some announcements of a Public Meeting to be held at the end of the month, under Mr. Guthrie, having reached the committee Association, the wrote to know how far he and the Council would bid to get back the good opinion of their members; the following is the answer:—

To Messrs. Bird and Ancell, Honorary Secretaries of the National Association of General Practitioners, &c. &c. &c.

GENTLEMEN.—I have the honour to acknowledge the receipt this morning of your letter of the 7th instant, and have great pleasure in replying to your inquiries. I have assured Mr. Bottomley, the chairman of a committee sitting at the Freemasons' Tavern, that I would preside at an aggregate Meeting of Surgeons to be held towards the end of the month, provided the requisition calling upon me to do so, was signed by one thousand members of the Royal College of Surgeons, and that the proceedings to be introduced, and which it was intended should be adopted, were first made known to me, and were such as I could support.

With respect to the changes which I think ought to be made in the Charter of the Royal College of Surgeons, and in the manner of carrying it out, I long since wrote my opinions to Mr. Propert and Mr. Squibb, two of your committee, and communicated them orally to Mr. Bird, one of yourselves, with the hope that your committee might have been induced to adopt some of them; and to ask the Council of the College of Surgeons to make only such reasonable concessions as would have led to an amicable adjustment of the differences which have taken place between the Council and a great majority of the Members of the College. Instead of doing this, the Committee of the National Association of General Practitioners called upon the Council of the College of Surgeons to do what they knew the Council as men deeply interested in the character and welfare of the Profession of Surgery could not do; and what the Secretary of State would not have permitted them to have done, even if they had been so allowed to do by their charter. I am therefore inclined to apprehend that in making such an application to the Council of the College of Surgeons, the Committee of the National Association neither expected, nor scarcely desired it should be complied with.

The answer of the Council of the College of Surgeons is perhaps as little to be commended; and it appears to me that these documents may be fairly considered by men of the world—such as the Members of the Committee of the National Association—to be only so much paper wasted, and both parties having thus felt each others' strength, may begin again to negociate if they please, without disparagement to the honor of either.

I am of opinion that all the Members of the College of Surgeons of twenty years standing, should be made Fellows, on complying with such conditions as the Council may require relative to their general respectability, and the estimation in which they are held by their professional brethren, and that all those who subsequently attain this standing should be annually advanced to the desired honor; Juniors should obtain it as at present by examination and fine. All precedence should be removed, and every Fellow should be eligible to the Council, subject to the usages which have existed from time immemorial, who had been more than twenty years a Member and Fellow; the ballot taking place according to the seniority of those who may have been duly nominated some fourteen days previously to the day of election.

The number of members of the College of twenty years standing not already Fellows is 1836; many of these might not seek the Fellowship, and many more would not be found eligible.

It is said by some persons, and the opinion is entertained in the highest quarters, that such an addition to the existing Fellows would swamp the College. I believe this to be an unnecessary alarm, which very little inquiry would suffice to allay. It is merely an apology for an injustice which imposes on those who are not aware of the honourable feelings which at present govern, and which I hope will always govern the Fellows and Members of the Royal College of Surgeons.

The Society of Apothecaries having expressed their willingness to be divested of the power they now possess of appointing examiners in physic and pharmacy, in consequence of their retention of it not being in accordance with the feelings of the profession at large; I would wish to consider how far it might be advisable to augment the Council of the College of Surgeons by ten members, to be elected by the Fellows from amongst those of their number, practising midwifery, with or without physic and pharmacy, who might be considered the most deserving of this honor. They might form a Court or Board of Examiners in these branches of science, under the authority of the Council, having their own chairman, and being independent of the Court of Examiners in anatomy and surgery, from amongst whom the President and Vice-Presidents of the College should be always selected.

No student should be allowed to practice legally for lucre, until he had passed both examinations, and thus the entrance to the profession of surgery, physic, midwifery, and pharmacy, would be by one common portal, in the simplest, and at the same time the most effective manner.

I am fully aware it is supposed, that the Council of the College must inevitably be swamped by such a second addition to their burthens, if they were so fortunate as to escape from the first submersion, but again I am of a different opinion, and would see the experiment tried, with much pleasure.

The Medical Bill will, if it become an Act of Parliament, altogether deprive the members of the Council of the College of Surgeons of every honorable, nay, respectable, function they at present possess. It will not leave them the power to add one sovereign to the salary of a servant without the sanction of the supreme Council. It reduces them to the station of keepers of their own library, and their own museum, and does not even permit those who are examiners to exercise a portion of the functions they now enjoy without molestation; for the *elite* of the surgeons of London are to be compelled to submit to the intrusion even of a Secretary of the supreme Council, during their examinations; and if he should not approve of the manner in which they are conducted, and the supreme Council should be of the same opinion, *their students are to be punished* until the examiners shall cease to be contumacious!

I apprehend that the worst enemies of the Council of the College of Surgeons could propose nothing that would more effectually "swamp" and degrade them than this Bill, should it become law.

In proposing to add to their number ten men of acknowledged character, and professional reputation, I do believe I am only recommending a means of immeasurably augmenting their influence, and of detracting nothing from their station, their su-

thority, or the safety of the great art and science of surgery.

The Medical Bill has been so much altered, and has become so essentially different from the propositions which were first entertained, that it more resembles a piece of patchwork, composed of a succession of small jobs adapted for the aggrandizement or for the advancement of the personal views and interests of the different parties concerned, than a legislative measure for the benefit of the whole community.

Whether it may, or may not become law, depends upon the forbearance of the Secretary of State, and it is to be hoped, that seeing the strong feelings which exist against it, he will withdraw it this Session of Parliament, and re-introduce it in the next, in a matured form, founded on principles more truly conservative, less arbitrary, and yet of a more liberal character.

In conveying to you these opinions, I need hardly say they are entirely my own, and have no reference whatever to those which may be entertained by the Members of the Council of the College of Surgeons collectively. I shall not presume to form an opinion as to what they may be hereafter disposed to do, although I am satisfied that if they are permitted to exercise a fair and free discretion on any matter submitted for their consideration, they will end by doing what will be found most advantageous for the public, and the profession of Surgery.

In conclusion I can only assure the Committee of the National Association of General Practitioners, that if I should have the honor of presiding at any meeting of the surgical profession, it will give me great pleasure to see around me as many of their members as may be able to attend; and I venture to hope that by mutual concession and forbearance we may be able to aid in the restoration of those principles of public liberty, and public justice, which have been, in my opinion, so sadly violated, in the charter lately granted to the Royal College of Surgeons, and in the construction of the Medical Bill, now under the consideration of Parliament.

I have the honor to be,
Gentlemen,
Your very obedient humble servant,
G. J. GUTHRIE.

[It is evident that Mr. Guthrie aims to save his council brethren in their own despite. We wish him joy of the thankless, but gigantic enterprize. Ed.]

MEDICAL MEETING AT THE LONDON TAVERN.

A meeting of the Tower Hamlets Branch of the Medical Association was held at the London Tavern on Wednesday evening, —— Snow, Esq., in the chair, to take into consideration the propriety of petitioning Parliament in favour of Sir James Graham's Medical Bill. The meeting was numerously attended (although the notice was very short), and the greatest unanimity prevailed. The minutes of a former meeting having been confirmed,

Mr. James Liddle, in an able and argumentative speech, moved the first resolution,

"That this meeting desires to express its concurrence in the general principles and features of the Bill for regulating the Profession of Physic and Surgery, as amended by Committee, and to convey to Sir James Graham its warmest acknowledgments for the liberality of spirit manifested by him in his endeavours to reconcile the various conflicting class and corporate interests in the profession."

This was seconded by Mr. Porter, and carried unanimously.

Dr. Gavin then said that he rejoiced much to see that the General Practitioners were on the eve of a separate incorporation—of being in fact, raised to an equality with the Royal Colleges. He was sure that under this arrangement the extended course of study and increased strictness of examination would tend to raise the future General Practitioners in the estimation of the public. He had to propose the second resolution,

"That the recognition of the General Practitioners as a distinct class of the profession, the provision made for their representation on the Council of Health, and their incorporation in a new Royal College, cannot fail to raise their respectability and position, and be most conducive to the best interests of science and humanity."

This was seconded by Mr. Holtman, who said he was convinced the meeting was unanimous, therefore he need not detain them after the able remarks of his predecessor.—Carried unanimously.

Mr. Samuel Byles, in rising to propose the third resolution, felt himself called on to allude, in terms of strong disapprobation, to a meeting held at another place, which was supported by a few members of the profession, unfortunately deluded by the sophistry of an individual who was well known as being able to make the worse appear the better cause. He was convinced that the following resolution would have the cordial support of the meeting—

"That at the present crisis, any attempt to effect an incorporation in the Royal College of Surgeons, while it cannot fail to be unsuccessful, as shown by the manifesto and statement recently issued by the Council, will, by promoting dissension and division among the General Practitioners, prove most hostile to their interests, and tend to prevent the present liberal measure of Medical Reform being brought to a satisfactory and desirable termination."

He felt positive, from a meeting at the Freemasons' Tavern, which he had himself attended, that the gentlemen who assembled there were not the men to destroy the College walls, although they might, by factious opposition, be powerful enough to disgust Sir James Graham. He was certain that now we must not yield to the College of Surgeons, but, by obtaining a separate incorporation, wait patiently, and the College of Surgeons would eventually be obliged to yield to us.

Mr. Stephen Ward, in seconding the resolution, read a portion of Mr. Guthrie's Manifesto. He said that many men were misled by party misrepresentation, cloaked by sophistical arguments. We have nothing now to hope for from the minority of the Council of the College of Surgeons. We could never form an alliance with men who have trampled on us in such a manner. By the New Bill, we can lose none of the privileges which we now enjoy as surgeons; and what are those privileges? The right possessed by the public generally of entering the College Museum and Library. Are these to be compared with the privileges to be expected in the future College? A College in which the aristocracy of mind and merit will rise,—a College with its Library, its Museum, and its Hall, in which its Members may meet and discuss all matters connected with the profession;—a College which shall, in a few years, rise to an equal rank with any scientific institution in the world! If we do not succeed, we have shown our spirit to the public, and we must know that the same kindred feeling has pervaded us all. (much applause.)

The Resolution was carried unanimously.

Mr. White proposed the fourth Resolution:—

"That, in the opinion of this meeting, it is most desirable that the Physic and Surgery Bill, with certain amendments, should be passed during the present session,—inasmuch as a postponement of the question would prolong a state of agitation and excitement entirely at variance with the habits and pursuits of medical men."

He spoke of the amendments in the present Bill, which was essentially a new measure, Sir James Graham had, in his opinion, acted with great fairness. He had taken extreme trouble to satisfy the profession generally. The General Practitioners had complained that they were not represented on the Council of Health, and now there were two members of that body to be elected on the Council. He considered this a very fair representation. With respect to the preliminary examination, he thought it better that General Practitioners should not be on that Board. All would have to pass it, whether Physician, Surgeon, or General Practitioner. He thought it would have the effect of increasing the amount of education required from the student, and consequently of elevating the general standard of the profession. The registration clause is also much improved, and will, in its effects, be compulsory. The Druggists complain that they will not be allowed even to prescribe in their own houses. Now it can never be the intention of the profession to carry out this provision to the strict letter. Another clause is also much amended—that relating to the striking off the name of any individual who may become amenable to the laws. As it at present stands such an individual may be again placed on the register on the recommendation of his college. With regard to Mr. Wakley, he thought they could not fairly consider him as a friend (groans and hisses) from the opposition he was making to the new measure.

Mr. Charles Jackson expressed his gratification at the prospect of peace being soon restored to the profession. They were essentially peaceful from the nature of their avocations. With regard to the clause complained of by the druggists, he was sure that no one would wish to carry it out to the strict letter; but it is quite necessary to prevent them from overstepping the bounds of decency and propriety in their practice, which at present they are in the habit constantly of doing. He concluded by seconding the resolution most cordially.—Carried unanimously.

Mr. Robert Wilson proposed the following—

"That the warmest thanks of the members of the Tower Hamlets Medical Association are due to the Committee of the National Association of General Practitioners in Medicine, Surgery, and Midwifery, for their disinterested, untiring, and persevering efforts to obtain for the General Practitioners an honourable and independent station in the Profession."

Seconded by Mr. James Jelf, and carried unanimously.

The Chairman then brought forward the following petition, which was signed by every member of the Association present:—

"*To the Honourable the Commons of Great Britain and Ireland, in Parliament assembled,*

"The petition of the undersigned General Practitioners in Medicine, Surgery, and Midwifery resident in the Tower Hamlets,

"Humbly sheweth—

"That your Petitioners have observed with great apprehension the postponement of the Bill for Regulating the Practice of Physic and Surgery; and your Petitioners earnestly entreat your Honourable House to take the Bill into your immediate consideration, in order that the dissensions and excitement which now so grievously agitate the Profession, may be terminated.

"Your Petitioners further pray, that if it should please your Honourable House to introduce any further amendments into the Bill, they be of such a nature as to grant to the General Practitioners the legitimate standing, rank, and title, to which by long usage and education, as well as by testimonials from the various Colleges, they have so indisputable a claim.

"And your Petitioners will ever pray."

A vote of thanks was then given to the treasurer and secretary, with great applause, which was responded to by the gentlemen in turn, with much good feeling. The same honour having been paid to the chairman, the meeting separated with considerable hope of success.

Our reporter was assured that the majority of the members of this Association are so disgusted with the conduct of the Editor of the *Lancet*, that those who were subscribers to that publication have now made it a point of principle to give it up.

We understand that Dr. Chambers have abandoned his intention of resigning the presidency of the Medical and Chirurgical Society—a change of intention which he has been led to adopt at the solicitation of a large number of the Fellows, by whom his wish to resign was received with exceeding regret.

The following gentlemen were admitted members of the Royal College of Surgeons on Friday, June 13th, 1845: H. A. Ebdon, J. Hoffman, S. Buchanan, W. Carroll, F. Burnham, C. E. Goodman, T. Maxwell, B. Longmore, J. Byrne, and T. M. Derry.

THE LIVERPOOL MEETING.

To the Editor of the Medical Times.

SIR,—May I request you will insert the following resolutions, which were passed at a public meeting of the Medical Practitioners of Liverpool and the neighbourhood.

The meeting was called by circular, shortly after the last statement of the College of Surgeons was made public, and was attended by about seventy gentlemen.

No other general meeting has been called since the Amended Bill has been brought out, so that it may be confidently stated, that the resolutions embody the opinions of the profession in this town.

Allow me, Sir, also to remark, that instead of *twenty* in this town having withdrawn their names from the National Association, as stated in the *Lancet* of June 7th, *seven* only have withdrawn since the first of May, and that a great many more joined.

I remain, Sir,
Your obedient servant,
THOMAS INMAN, M.D.L.
Secretary to the Meeting.

Medical Institution, Liverpool,
June 12th, 1845.

[Our crowded space, and the late arrival of the communication, allow us but to say, that the resolutions strongly approve of the Bill, and the conduct of the National Association. Similar resolutions should pour in from every quarter.—ED.]

To the Editor of the "Medical Times"

SIR,—If you think the accompanying case interesting, either in a medical or entomological sense, you will by inserting it in your valuable journal, oblige, Sir, your obedient servant,

J. W. MOSES, M.D. M.R.C.S.

St. Asaph

A few days ago, a lady showed me her hand, the palmar surface of which was studded with minute papulæ, and itched intolerably. The appearance presented was like the irritation produced by the spiculæ of the dolichos pruriens, or of the common nettle. On examination with a microscope, I discovered minute black hairs sticking in different portions of the skin. The removal of these, and the application of sweet oil soon caused the itching to subside. In explanation, the lady informed me, that whilst walking in the fields she was struck with the beauty of a large hairy caterpillar, which was crawling on the ground, and took it up, when the creature immediately coiled itself into a round form, after the manner of the echinus, and she suffered it to remain in her hand for some time, having a kid glove on of the usual thickness. The consequence was, as I have described; the larvæ had not only detached these little spines, but had forced them apparently through the kid glove and cuticle into the true skin. I examined the glove, from the inside of which numbers were protruding. Whether the insect possessed a voluntary power of discharging its spines, or they were detached by mere mechanical pressure, I cannot say; however, the muscles by which the different larvæ contract themselves are very powerful, as it is almost impossible to unfold them without injury, when corrugated. I regret not having been able to discover the distinct species of caterpillar in this case, but think, from the description given, that it belonged to the tenth order of insects—lepidoptera of Linneus.

BENZOLINE.—At a meeting of the Royal Society, a paper was read by Dr. Fownes on benzoline, a new organic salt-base, obtained from bitter almonds. Pure oil of bitter almonds is converted, by the action of a strong solution of ammonia, into a solid white substance, having a crystalline form, and which was termed by M. Laurent, hydro-benzamide. The author found that this substance by the further action of alkalies, became harder and less fusible than before, and not differing inchemical composition from the original substance, but exhibiting the properties of an organic salt-base. To this substance the author gives the name of benzoline. The salts which it forms by combination with the acids are, in general, remarkable for their sparing solubility, and many of them, as the hydrochlorate, the nitrate, and the sulphate, are crystallizable.

GOSSIP AND NEWS OF THE WEEK.

The Medical Bill that was to have come on on Thursday evening, has been postponed, with some others, to make way for a discussion on New Zealand.

The case of Wakley, M.P. against the *Medical Times* comes off this day (Friday) at the Exchequer Court, Westminster.

The following gentlemen were admitted licentiates of Apothecaries Hall on the 12th June, 1825:—John Pemberton, Francis Richard Gibbes, John Hey, George Pickess, Alfred Henry Bayley, Christopher Adcock, James Johnston Mitchell, Frederick John Hensley, and Matthew Baines.

THE GENERAL PRACTITIONERS OF LIVERPOOL.—A meeting of the members of the National Association of General Practitioners residing in this town was held on Monday last, in the Medical Institution, Hope-street, Mr. T. Blackburn in the chair, for the purpose of appointing a representative to proceed to the metropolis, in conjunction with upwards of ninety other deputies, from whom the Home Secretary, at his discretion, would select the forty-eight members who should constitute the first council of the New Royal College of General Practitioners, to be established under the right hon. baronet's medical bill. Mr. Harris, the secretary, seconded by Mr. Inman, nominated Mr. Minshull to the office; but, on a ballot, Mr. Rogerson, who was proposed by Mr. Swift and supported by Mr. Dawson, received a majority of two votes, his opponent having obtained six. Four gentlemen did not vote at all. Mr. Rogerson returned thanks for the confidence reposed in him, which, he said, amply repaid him for the obloquy he had received in his younger days while advocating reform. It was most gratifying to him, after the lapse of so many years, to find the principles he then put forth meet now with no opposition. Dr Watson then called attention to a statement in the *Lancet*, to the effect, that the Liverpool members of the National Association consisted of only twenty in number, and even they had withdrawn; and, at his request, the secretary, Mr. J. P. Harris, stated, that the minimum of enrolled members was sixty-five, and that none had withdrawn. After a little further conversation, Mr. Blackburn received the thanks of the meeting for his conduct in the chair, and the proceedings terminated.—*Liverpool Albion.*

HOUSE OF COMMONS.—The following orders, and notices of motion, were in the order paper fo Thursday, June 19: Physic and surgery bill—committee; colleges of physicians and surgeons bill—committee. 1. Mr. Muntz—to move, before the Speaker leaves the chair to go into committee upon the physic and surgery bill, that the committee be instructed to consider a clause obliging practitioners to write their prescriptions at full length in English, and chymists and druggists to have their jars, bottles, &c., labelled in English, in the same manner. 2. Mr. Wakley—to move, as an amendment on the reading of the order of the day for the re-commitment of the physic and surgery bill; that the further consideration of the bill be postponed until an enquiry has been instituted by this House into the circumstances which led to the granting of a new charter to the Council of the College of Surgeons of England in 1843; and into the effects produced by the operation of the provisions of that charter on the station and interests of many thousand members of that College: also, that it is not expedient nor just to incorporate the surgeons of England and Wales in any institution not possessing equal rights and privileges at law with the present Royal College of Surgeons of England. 3. Mr. Shaw—in committee on physic and surgery bill, to move an amendment.

A SELECT PRACTICAL FORMULARY.

TRANSLATED FROM THE FRENCH OF M. FOY, PRINCIPAL PHARMACIEN OF THE HOSPITAL SAINT LOUIS, AT PARIS.

(Continued from page 132.)

SYRUP OF TANNIN (Fiard): two ounces of tannin, one pint of water, two pounds of sugar, made into a syrup secundum artem. Mode of exhibition—a spoonful every four hours in cases of passive hæmorrhage.

——— VERMIFUGE (Bouillon Lagrange): two pounds of white sugar dissolved in a pint of the distilled and concentrated water of semen contra by means of a water-bath. Mode of exhibition—half an ounce to an ounce in the four and twenty hours. The same dose is repeated for several days, and a gentle laxative afterwards given.

SODA POWDERS: four drachms of powdered tartaric acid divided into twelve packets, and put up in white paper; six drachms of the bicarbonate of soda, divided into twelve packets, and put up in blue paper. Mode of exhibition—one of the packets of acid is dissolved in a large glass containing water, after which a packet of the alcaline salt is added, the whole stirred and drank at once. It is a cooling and slightly laxative drink.

SODA WATER: a gaseous water containing one grain of bicarbonate of soda in the ounce. Mode of exhibition during meal time, to assist digestion.

SODA, BICARBONATE OF: thirty to forty grains in bolus, pill, or solution, used as a diuretic in calculous affections dependant on an excess of uric acid. Three to six grains in acidity of the digestive apparatus, combined with bitters. It is also employed in the treatment of scrofula, and finally it is prescribed as an external application in some cutaneous affections.

SOLANINE: solanine is a powerful narcotic: it does not dilate the pupils; it paralyses the lower extremities, & Scarcely ever used.

SOLUTION OF THE ACETATE OF MORPHIA (Magendie): sixteen grains of the acetate of morphia, four drops of acetic acid, rubbed together in a glass mortar, and one ounce of distilled water and one drachm of rectified alcohol added. Mode of exhibition—five to twenty drops in a potion, julep, &c. Used as a succedaneum for laudanum.

SOLUTION OF THE ACETATE OF LEAD (Ricord): eight ounces of water, one drachm of crystallized acetate of lead. Used in injections in balanitis, and as a topical application for leech bites.

SOLUTION ALCOHOLIC OF THE DEUTO-IODURET OF MERCURY (Ricord): a solution containing twenty grains of the deuto-ioduret of mercury to the ounce and a half of alcohol at 36°. Mode of exhibition—ten to twenty drops and more progressively in a glassful of distilled water. It possesses the same properties as the proto-ioduret of mercury.

SOLUTION, ALCOHOLIC, OF CREOSOTE: a solution containing one ounce of creosote to the pound of rectified alcohol. Mode of exhibition: a small piece of cotton is dipped in this solution and introduced into a carious tooth; it soothes the most severe pain.

SOLUTION ALCOHOLIC OF CORROSIVE SUBLIMATE (Ricord): twenty to forty grains of the deuto-chloruret of mercury, one ounce of rectified alcohol, made into a solution. Used to cauterize indolent buboes.

SOLUTION, ANTI-EPILEPTIC (Magendie): four drachms of the ioduret of potassium, two grains of iodine, dissolved in three ounces of mint water and three ounces of orange flower water. Mode of exhibition—three spoonsful in the course of the day.

SOLUTION ANTI-PSORIC (Derheims): a solution containing three ounces of chloruret of lime to the pound of pure water. Mode of exhibition—used in lotions on the thighs, legs, and arms, two or three times a day. From six to eight days are generally sufficient to cure the itch.

SOLUTION OF OPIUM, AQUEOUS (Chaussier): a solution containing two ounces of picked opium to the pound of distilled water and thirty grammes of alcohol at 36. Mode of exhibition—sixteen to thirty six drops and more in an appropriate menstruum, either internally or externally, in the irritating cough which precedes hæmoptysis, affections of the chest, certain irritations or inflammations of the eyes, the pains or swellings of the breast following a blow, cancer of the breast, and affections of the uterus. In the treatment of this last named disease it is used in the form of injection or rather pledgets of lint are soaked in it, and introduced into the vagina as far as the fundus.

SOLUTION OF THE ARSENIATE OF AMMONIA (Hospital St. Louis): a solution containing eight grains of the arseniate of ammonia in two ounces of distilled water and four drachms of spirit of angelica. Mode of exhibition: twenty to forty drops in an appropriate menstruum in the treatment of inflammatory tetters, and other forms of the disease.

SOLUTION, ATROPHIC (Magendie): four drachms of the hydriodate of potash, one ounce of syrup of marsh mallow, rubbed together in a glass mortar and eight ounces of lettuce water, and two ounces of mint water gradually added. Mode of exhibition: a coffee spoonful evening and morning in hypertrophy of the heart with increased action.

SOLUTION OF BORAX (Hufeland): a solution containing one drachm of borax in twelve drachms of rose or plantain water. Mode of exhibition—in lotions to remove the yellow patches on the skin which are called hepatic furfuraceous tetters, &c. The parts are moistened with it two or three times a day, and allowed to dry without being wiped.

SOLUTION, SEDATIVE: a solution containing four grains of the hydrocyanate of potash in the ounce of distilled water. Used externally as a topical application in rheumatic pains of the joints in gout, &c. Compresses, with it are applied on the painful parts, and kept constantly moistened.

No. 301 **SUMMARY.** June 26.

CLINICAL LECTURES ON MEDICINE,

Delivered at the Meath Hospital,

By Robt. J. Graves, M.D., M.R.I.A., &c.

Gentlemen,—Since our last meeting, the patient Sarah O'Neil has died. You remember, that the tympanitis which came on during her fever, was relieved by intestinal hæmorrhage about the fourteenth day. I stated then, that critical hæmorrhages in fever very frequently precede a salutary change in the condition of the patient, and where they are not excessive or inordinately prolonged, are generally followed by a speedy convalescence. In this case however, owing to peculiar circumstances, it became a source of great apprehension; it continued for four days and nights, and induced a state of debility which threatened almost immediate dissolution; we therefore found it necessary to interfere with as much promptness and energy as possible. We prescribed the acetate of lead with opium in full doses, and allowed her the free use of port wine. By these means the hæmorrhage was checked, and the pulse which was as high as 200 fell to 120. She remained for two or three days in a very weak state, as it was natural to expect in a person who had lost so much blood, for in all cases of this kind when the powers of life have been reduced by the excessive quantity of the discharge, the danger is by no means over when the hæmorrhage has ceased. It is the same thing in cholera, where the loss of a vast quantity of serum from the stomach and bowels, induces such a state of debility, that the patient sinks even after our efforts in checking the diarrhœa and vomiting have completely succeeded; or, should he survive, he has still to encounter all the dangers which accompany the stage of reaction. And so it was with respect to this young woman's case; she recovered from the hæmorrhage, but was attacked shortly afterwards with inflammation of the bronchial mucous membrane, for which we blistered her chest, and prescribed the decoction of polygala with carbonate of ammonia. On the 4th of April, that is to say, three days after the cessation of the hæmorrhage, a new and important feature was added to her case. She had been for the two preceding days very feverish and restless, which was chiefly attributed to her bronchial affection, but on examining her chest on the morning of the fourth, we observed two or three large vesicles filled with a sero-purulent fluid, and on making further search we discovered others of a similar character on the arms and legs. From the circumstance of having observed a festering wound at the bend of the elbow, where she had been bled before her admission, I was at first inclined to look upon them as being vesicles, such as have been first noticed and described by Mr. Colles in certain cases of wounds of a malignant character. On second consideration, however, I was inclined to look upon them as varioloid. It appeared too, that a patient had been lately admitted into the same ward for an attack of fever, which afterwards turned out to be that of small pox.

The supervention of a new and important disease in her weak and debilitated condition rendered her case completely hopeless. Her pulse became weak and could scarcely be felt, the cough and distress of breathing increased, she lay entirely on her back, and seemed to take no notice of surrounding objects; and on the morning of the sixth she died with tracheal rattle after an illness of about twenty eight days. On examining the body, the mucous membrane of the lung was found thickened and vascular, and the bronchial tubes were filled with a secretion of a muco-purulent appearance. In various parts of the larynx and trachea, distinct varioloid vesicles were seen, indeed they could be traced to a considerable distance in the bronchial tubes. The viscera of the abdomen were sound, with the exception of the small intestine, which presented numerous ulcerated spots in the situation of the glands of Peyer. Some of them had clots of blood still adhering to their surfaces, and it is very probable that they were the chief source of the hæmorrhage. On examining the pharynx, several varioloid vesicles were discovered, and in different parts of the œsophagus those which had been broken, gave to the mucous membrane the appearance of having been touched at various points with a pencil of lunar caustic. None could be discovered below the inferior orifice of the œsophagus.

I may observe here, that the fever which appeared a few days before this young woman's death, was entirely connected with the attack of varioloid, and had no relation to the state of the intestinal tube. She had no diarrhœa; the abdominal swelling and tenderness had disappeared, and it is almost certain that had she not been attacked with fever a second time, her youth and good constitution would have enabled her to get over the ulceration of the mucous follicles. That a patient may recover from this state of the intestinal canal, is proved by the cicatrizations found in the intestines of those who have recovered from fever with symptoms of ulceration of the bowels, and afterwards died of some other disease. It cannot however be denied that this is a very dangerous state, and very frequently followed by a fatal termination. It may destroy life either by causing excessive diarrhœa, or by hæmorrhage, or by fever and gradual exhaustion, without any kind of intestinal flux, or by perforation of the coats of the bowel, and effusion of its contents into the cavity of the peritoneum.

I may observe that varioloid, when it attacks a person previously in good health, seldom produces any disagreeable or dangerous consequences. In some cases however it is accompanied at the commencement with high febrile excitement.

A person who has been properly vaccinated, may after the lapse of some years, on being exposed to the contagion of small pox, have an eruption ushered in by violent fever, thirst, restlessness, pain in the head and loins, and other symptoms of an alarming character. Indeed I do not know any fever which sets in with more violent symptoms than that which occasionally precedes an eruption of varioloid. I have seen many cases in which the determination to the head has been so great as to oblige me to have recourse to bloodletting, leeches, and other means, which in ordinary cases of the disease are wholly inadmissible. In the present case, the fever, owing to her debilitated condition, did not assume this intense character; it was however accompanied with considerable excitement, and most serious bronchial inflammation, and has been the cause of death.

It is thus that our best directed and most successful efforts are sometimes baffled by an unlucky train of events; this fine young woman fell a sacrifice not to one, but to the united effects of three diseases coming on one after the other. In the first place fever of a malignant character; secondly, hæmorrhage from the bowels, profuse and continued, from which she was only saved by the most energetic means, and saved after a degree of debility and a derangement of the circulation had supervened, which seemed to preclude all hopes. When just recovering she was overwhelmed by a violent attack of varioloid. I remember to have witnessed a family persecuted *to death* in a manner quite as persevering. First the children had measles severely; while convalescent, they were attacked by the violent influenza of 1832, and after that was over, were seized with hooping cough, which carried off all four!

A few words with respect to the case of Catharine Cowen, who was attacked with symptoms of fever on the 26th of February. Her fever commenced with rigor, pain in the head, noise in the ears, nausea, and vomiting. When admitted on the third of March, she was, in addition to her fever, labouring under an attack of erysipelas of the left side of the face. The cheek was covered with bullæ, the eye closed, and the ear red, tender, and swollen. She complained of headache, had not slept for two nights, and was extremely restless; but she had no delirium, and answered freely and distinctly when addressed. There was no affection of the intestinal tube; her respiration was rather easy, her pulse 96.

Here we find a violent erysipelatous attack setting in on the sixth day of fever, accompanied by headache, swelling of the face and external ear, but the patient's pulse was found to be soft, and not more than 96. Notwithstanding this I ordered her to be blooded, sitting up in bed. She had scarcely lost five ounces, when she became pale and fainted, so that it was necessary to tie up the arm. The blood did not separate completely into serum and crassamentum, but one half of the coagulum was found to consist of buff. I then ordered her to be leeched behind the ears, and to have the leeching repeated, in case the headache continued. In addition to this, I ordered the following mixture, of which she was to take a table spoonful every third hour. ℞ Infusi Sennæ ℥vss., Tincturæ Sennæ, ℥ss., Antimonii Tartarizat. gr.j. Electuarii Scammonii ʒss. M.

In cases of this kind, where erysipelas attacks young and robust persons, you commence by abstracting blood locally or generally, according to circumstances, and then if there be no manifest irritation of the digestive tube present, you pro-

ceed to the use of emeto-cathartics. After a few days, when the more violent symptoms are checked, you are to have recourse to diuretics combined with antimonials, and finally to diuretics combined with absorbents. In this way you remove the disease gradually but certainly, and without exposing the patient to any risk. Had I time, I could prove to you that we are authorised in this gradual progress from bleeding to emeto-cathartics, then to diaphoretics combined with cathartics, and lastly to a combination of diuretics and absorbents; it will be sufficient however, to mention at present, that this is the mode of treatment which experience has proved to be the most successful.

If the brain had been threatened in this case, a different mode of treatment would have been necessary. I may observe, that we are not to suppose in the present instance, that the headache and sleeplessness are indicative of cerebral inflammation. In erysipelas of the face and head, there is generally a great deal of irritation present, the patient complains of headache, nervous agitation, and restlessness; but where there is only slight headache, and a train of symptoms such as you have witnessed in this girl, you need not be apprehensive. But if symptoms of a decided affection of the brain were to appear, the most energetic measures must be immediately employed. Had this girl been thus threatened, I should have applied a large blister to the back of the neck, and dressed it with mercurial ointment, and given large doses of calomel so as to affect the system as rapidly as possible. In many cases of this kind, I have, odd as it may appear, combined the calomel with opium. In persons advanced in life, or of intemperate habits, where about the fifth or sixth day of erysipelas of the head, the patient lies sleepless, raving, and incoherent, but can answer questions when roused, I have given calomel and opium, both in full doses, with decided advantage. By this plan of treatment, a patient, whom I visited with Dr. Marsh and Dr. Corrigan a few months ago, was rescued from imminent danger. Perhaps no more difficult question can occur in practice, than when we shall give opium in erysipelas of the head?

The next case to which I shall call your attention is that of J. Duffy, a little boy who on the first of this month was attacked with symptoms of fever followed by thirst, nausea, and vomiting. On his admission six days afterwards, we found him complaining of headache and sleeplessness, but the fever, thirst, and abdominal symptoms had disappeared. The weight of the disease seemed to have fallen chiefly on the respiratory system, for he had loud, hard, incessant cough, increased by motion, and without any expectoration. The moment I heard the peculiar sound of the cough, and observed that it was increased by motion, a suspicion of the existence of pneumonia struck me, and on applying the stethoscope under the right scapula, I found extensive dulness, absence of the respiratory murmur, and crepitus. Over all the rest of the thorax, respiration appeared to be clear and natural, but here instead of the clear sound, we had nearly complete absence of respiration, with slight crepitus. The disease was therefore fever complicated with extensive inflammation of the postero-inferior part of the lung.

Now inflammation of the parenchyma of the lung, when it attacks children, presents some remarkable points of difference from the same disease in the adult.

I am not at present prepared to enter upon an explanation of the pathological differences which exist between the pneumonia of infants and children below the age of three, and children above that age; certain it is that important differences do exist, and that also inflammation of the lungs in adults is essentially different from both. Again, in persons advanced in years a fourth variety of pneumonia occurs, whose features are very characteristic and peculiar. Observe, Gentlemen, when I assert that inflammation of the lungs assumes different characters according to the age of the individual attacked, I am touching on a practical point of the greatest importance, for I have no hesitation in adding that the same mode of treatment is not applicable to any two or three varieties of pulmonary inflammation. Thus mercurial salivation rapidly produced is our sheet-anchor in the pneumonia of adults and persons in the vigour of life, but such a method of treatment cannot be applied either in infants, children, or in old persons. Again in the pneumonia of children above three years old, nauseating doses of tartar emetic, persevered in with judgment, and combined with blood letting, leeching, blistering, &c., are chiefly to be relied upon, whereas in infants a perseverance in the exhibition of tartar emetic for more than one or two doses is inadmissable, while minute doses of calomel, ipecacuanha and chalk, exert a most beneficial influence on the complaint. In infants too, there must be much more caution exercised with respect to the detraction of blood; but, Gentlemen, I find that this subject has not yet been examined with the attention it deserves, and that consequently we cannot yet lay down general rules for your guidance. Certain I am that much remains still to be done concerning the best means of treating inflammation of the lungs according to the age of the patient. A very good foundation for the pathology of this disease in infants and children has been laid down in an essay by Gerhard which you will find detailed in a former number of the Dublin Medical Journal.

In the case before us there were some circumstances worthy of remark, as being calculated to make a false impression, and to prevent us from following the only mode of treatment likely to produce relief. There was no febrile action present, and the pulse was only 72, soft and regular. There was scarcely any heat of skin, the bowels were natural, and he had some appetite; the only circumstances indicative of general disturbance of the system were some foulness of tongue and want of sleep. Here the state of the pulse and skin, with the absence of fever, would be likely to mislead the practitioner, and cause him to overlook the real nature of the disease. I need not tell you, gentlemen, that this would be a very important error; the spontaneous efforts of nature would be totally inadequate to its removal, and it would in all probability terminate fatally.

You may perhaps ask, whether the state of pulse, observed in this boy, be a good or bad sign. If we look to nosological arrangements, we shall find that pneumonia is generally accompanied by a strong quick pulse, in fact that this is its natural condition under such circumstances, and therefore we should say that the slow and tranquil state of the pulse in this case was not a good sign. But my impression is that, *cæteris paribus* the quieter the pulse in pneumonia, the better. It indicates a disease of less violence and much more amenable to treatment. The worst cases I have seen, all those cases of young and healthy individuals which terminated fatally in spite of active treatment, were cases characterized by high excitement of the circulation, and where bleeding, leeching, and tartar emetic failed in overcoming the hardness, or abating the velocity of the pulse. Thus in a case which I saw with Mr. M. Colles, and where the patient was a powerful strong man, bleeding after bleeding failed to diminish either the frequency or the hardness of the pulse, neither did the most energetic measures in the slightest degree seem to check or even retard the progress of the inflammation, which, producing a rapid hepatization of one portion of the lung after another, soon proved fatal: so great was the arterial action in this case, that all the superficial veins of the hand had a distinct pulsation communicated to them. On the contrary, when the pulse is soft and slow, the disease though likely to be latent, and thus give rise to error, is generally under the influence of ordinary treatment. Wherever the pulse remains quick and hard after the employment of free antiphlogistic treatment, your prognosis should always be doubtful if not unfavourable.

In treating this boy's case I did not order general bleeding, for no matter where the inflammation may be situated, if it has no effect on the general circulation, *if it be unaccompanied by increase of pulse and heat of skin, you may dispense with venesection*, for it will not do any good. Here your means of treatment should be cupping, leeches, blisters, and the internal use of antiphlogistic remedies. I have ordered this boy to be leeched and blistered, and to take small doses of mercury. I beg leave to observe here, that in exhibiting mercury for pneumonia in children, or boys under the age of puberty, I do not, as in the case of adults, prescribe it in large doses, or with the view of producing a decided action on the system. In the pneumonia of adults, calomel is given in very large doses (I sometimes give it in scruple doses twice a day), with the view of inducing sudden salivation, because we know from experience, that there is nothing which checks so rapidly the progress of inflammatory action. It is true that mercury will occasionally stop the further progress of pleuritis or pneumonia, without having affected the mouth, just as we now and then observe the removal of syphilis without actual salivation. But, generally speaking, when you give mercury to cure syphilitic iritis, common pneumonia, or pleuritis, its action is more favourable and more decidedly curative, when it operates fully on the system, as denoted by the affection of the breath, gums, and salivary glands. This however, is not the case with respect to children or boys under the age of puberty. Mercurialization has not the same beneficial influence on the pneumonia of early life, as at the adult period, and I believe the same remark will be found to hold good with respect to the aged. Certain it is, that in very young children and infants it is scarcely possible to affect the gums, mouth, and salivary glands, in fact to establish a true sore mouth and fetid breath by means of mercury; with respect to the aged, I cannot affirm positively, that the same observation applies, but this I know, that *large doses of mercury*, calomel for instance, do not cure inflammations in old people with any thing like the certainty they display in the inflammations of young adults, or of the middle aged. In the present case I have given calomel in small doses, combined with ipecacuanha. It is not my intention to carry it so far as to affect the system, and I have combined it with ipecacuanha, because its administration in this way has been found exceedingly useful in the bronchitis and pneumonia of children. We attempted here the resolution of the pneumonia by leeching, blistering, an antiphlogistic regimen, and the use of calomel and ipecacuanha, half a grain of the former and a quarter of a grain of the latter every fourth hour. This acted twice on the bowels, and it is very probable that this soluble state will continue. Yesterday I ordered eight leeches to the chest, and when the bleeding ceased, eight more were to be applied. To-day, I have ordered twelve more. When you apply leeches to the chest in children, you should not rest content with merely ordering them, you should know how they are applied. There is a vast difference between merely prescribing remedies and seeing them properly employed. It too often happens that this powerful means of checking inflammation, is rendered inefficient or even injurious by want of attention on the part of the physician. The leeches are ordered and sent from the apothecary's, but they are applied by an inexperienced mother or a bungling nurse. They are put on one after another any where they may chance to take, very seldom over the proper place, and during the whole time they remain on, the child's chest is left quite naked. This needless exposure of the chest is further increased by the habit of applying fomentations after the leeches have dropped off; the child gets fresh cold, and when the physician comes next day, he finds matters worse than before. The best way of applying them is to put them into a small box made of fresh deal shavings, such as is sometimes used for pillboxes, and place this exactly over the inflamed part. Having thus applied them over a circumscribed space, you may draw the bed-clothes gently over the child's chest, and he may remain covered until they are about to drop off. When they have dropped off, instead of fomentations, order a warm dry sheet or large piece of flannel to be placed over the chest, and in this way you will be able to get a large quantity of blood without exposing the child to the risk of cold. You may perhaps think these observations unimportant and even superfluous, but I am convinced that I have seen lives lost for want of proper care and expertness in the performance of an operation apparently so easy.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

The diagnosis of insanity has reference to its distinguishing characters from other affections of the mind. It is chiefly founded on the history of the case, as well as the existing state. The prior occurrence of a similar disorder of the mind would favour the idea that it was insanity. In the existing state, the absence of fever, or only a slight amount of fever would favour that idea; also the absence of intolerance of light and sound usual in acute affections of the brain. The delirium of phrenitis is more incoherent than insanity. The patient is less observant of things about him, and more engrossed with the delirium within. The pulse is less affected in insanity than in phrenitis, but phrenitis may occur in the first outbreaks of insanity. Delirium tremens is readily distinguished from insanity, the peculiar tremor that accompanies it, and by the occurrence of a remarkable clammy and profuse perspiration, by great weakness of the body, and weakness and frequency of the pulse. The tongue, too, in delirium tremens is covered with a thick moist, clammy film. The history of the case will generally serve to distinguish it, but it is difficult to say when real insanity begins. It imitates other disorders of the nervous system, and the sensorial functions, and to detect this we must refer to the history of the individual. We find some of the modifications of hysteria to have preceded this delirium, and that the delirium likewise has changed its character, and is alternated by these symptoms. Hysterical delirium is usually transient, and does not last. There is one kind of monomania that may bear a strong resemblance to hypochondriasis, though hypochondriasis differs in the existence of some definable bodily sensations, and in the absence of ideal things, such as monsters, &c. The distinguishing mark between melancholia and hypochondriasis is that, in the former the patient is reckless of himself, and this leads him to self-destruction, whereas in hypochondriasis there is the greatest anxiety in the patient about himself. It is much more difficult to distinguish monomania from eccentricity; in fact, it is only a greater degree of the same malady. What is eccentricity in one individual, and tolerated as such, would confine another individual to a mad-house, if the eccentricity were inconsistent with his previous life. All eccentricities are not considered to amount to madness, or to be such as to require restraint; generally speaking, so long as they do not appear to compromise the safety of the individual or his property, or that of others. There are many instances of persons having singular notions, who are not only at large, but are useful to society. It is where the eccentricity increases progressively, and the individual changes character from time to time, that he becomes dangerous; when an individual for the first time in his life begins to show an eccentricity not usual to him, though he need not be placed under restraint, he must not be left alone. The tendency to change in the character, constitutes an indication that the individual should be watched and taken care of.

There are certain lesions frequently occurring in the heads of insane persons. The bones of the cranium become thickened, and harder than usual; there is hypertrophy of the bone, increased density of the substance of the bone itself. In some instances the opposite condition has been presented. In one case one hemisphere of the brain was atrophied, the other being entire. Cruveilhier says that this caused complete hemiplegia in one side, but the intelligence was unaffected. There are several other cases of idiocy given by Cruveilhier, in which the convolutions of the brain were diminished in size, or absolutely wanting. All these states are connected with various defects of the mind. There are various irregularities or inequalities found in the skull besides thickness: inequality of shape, want of correspondence between the two sides, but it is quite absurd to suppose that these different diseases of the bone are the causes; they are probably the consequences of changes taking place in the soft parts. In some cases the membrane—the pia mater—is injected, thickened, and sometimes infiltrated with serum; the surface of the brain is soft, and adherent to the pia mater; the cortical substance exhibits changes in colour, being of a yellowish brownish tinge; the medullary portion likewise exhibits changes of colour, and sometimes there is more or less softening, affecting the whole substance, but more frequently induration. Hardening is more usually the result of the chronic disease; softening, of the acute. Serum is found in the ventricles in various quantities, portions of them being variously enlarged. The disease chiefly affects the cortical substance. The medulla oblongata is rarely affected. In cases of recent mania, slight inflammation may be found. Foville, who has paid more attention to this subject than other pathologists, has come to the conclusion, that the cortical substance of the brain is the chief seat of the lesion in mental disorders, just as the medullary substance is the chief seat of the lesion where the motor power is disordered. In acute cases the cortical substance is different in colour, or altogether redder, or else it exhibits spots and patches of redness increased or darker; with this there is often softening of the cortical substance in different degrees in different persons. The cortical substance consists of a series of layers, and in many cases the external layers of the cortical substance are hardened, whilst that underneath is softened, or sometimes the converse, so that these different layers can be peeled one off the other in a manner not usual in the common condition of the brain. These layers can be seen distinctly in the healthy state of the brain, but they become more marked and distinct in disease. There is, too, commonly connected with this in the acute form, dilatation of the vessels; the arteries, particularly, are larger than usual, and their coats more resistant. In the more chronic affections there are found adhesions between the outer layer of the brain and the pia mater; and sometimes to the other membranes. In some cases, in the advanced stage, the external layer is paler than the cortical substance under it, that underneath being redder and softer, and sometimes granulated, presenting irregularities, instead of a smooth surface. Sometimes the convolutions are diminished in size, and thinner than usual. Sometimes they are rough and more granulated on the surface, or else pitted with small depressions, containing little cells filled with serum; and as there is never any thinning of the convolutions without there being necessarily some substance to occupy the place of it in the skull, this only corresponds with some effusion of serum on the outside of the membranes, or along the sutures of the ventricles. But all these changes, you observe, are confined to the cortical substance. In some cases there is more softening of the lower layers, and this occasionally extends to the medullary structure. The cortical portion presents various changes that may be ascribed to increased vascular action; a modification of nutrition—atrophy, hypertrophy and so forth. The medullary substance exhibits changes; increased injection, slight violet tints, more than in the chronic cases; greater opacity than usual, and an increase of the substance. Foville supposes this to arise from adhesion of the fibres of which this part of the cerebral matter is composed, while in the healthy subject these fibres are separable. In all maniacal subjects where this induration exists, the fibres are not separable, and therefore it may be inferred there is a deposition of new matter causing the adhesion of these portions together. These changes are connected with paralysis. In a few cases there has been found disease of the nerves in connection with hallucination, and if this could be established to be always the case, it would go far to establish its causes.

In applying these different results to explain the phenomena of insanity, we must take care to guard against supposing these lesions to be necessarily the causes of insanity, or that they are always essentially the source of the mischief. These changes are pretty clearly traceable to various effects of inflammation; these modifications are exceedingly analogous to those which inflammation produces in the brain and elsewhere. But it must be remembered that inflammation may be the consequence of continual maniacal excitement; we find that the other causes of functional disorder produce excitement, and that functional excitement precedes increased vascularity; and there is no reason to doubt that the brain, as well as the other organs of the body may become the subject of functional disorder, independently of any permanent lesion. There may be functional disorder of the three kinds I have formerly adverted to under the head of general pathology—excess, defect, or perversion. Excess of the mental powers, or the feelings, impulses, or faculties; defect of these or loss of balance, in undue proportion; and these functional disorders may arise either from mental or physical causes. It may be owing to the same circumstances that the mind, or the organ of the mind has become unduly excited, either in connection with congenital malformation, or a conformation acquired with the growth; some propensity or faculty acquires an undue development or an insufficient development, and this gives a predisposition to insanity. So, likewise, the mental powers may have the same loss of balance, the same predisposition to disease. This view is countenanced by the analogy of other organs and faculties, and the influence may be expressed through the vascular system, or through those causes of excitement which prove the immediate cause of the activity of the organs. We can readily see that functional disorder of the brain may disturb the circulation, without there being any physical disease; and it is perfectly reasonable to suppose that the functional irritation, or irregularity connected with the change in the circulation, cannot continue long in a structure so delicate as that of the brain without leading to some change, and generally in proportion as this takes place, the disease passes from functional irritation to permanent structural disease. There are many cases that seem to prove that increased excitement accompanies the development of insanity. The symptoms are beating of the heart, flushing of the face, heat in the head, partial or general; and this will, especially in the acute form, point out the determination of blood to the head. The manner, too, in which other bodily ailments will increase insanity seems to point out the same thing: the manner in which cutaneous eruptions, discharges of various kinds, and ulcers, become suppressed, seems to point out increased vascular action; and when these are restored, the symptoms of insanity are removed. You often hear of oddity and eccentricity in some member of a family, which becomes exaggerated into madness, and where the case is more partial, it is more hopeless because it is less under the control of medicine. It is probably more dependant on constitutional conformation, a peculiar temperament or habit, probably an undue development of nervous structure, or undue determination of blood with regard to some parts of the brain.

Thus leads to the treatment of insanity, which is properly divided into physical and moral. The physical usually has relation to those material influences on the function and structure of the brain; and the moral includes the regulation of the mental diet or regimen as it may be called. Seeing that lunacy or madness in every form is commonly combined with increased vascular action, it is not surprising that antiphlogistic measures should be long in vogue, and no doubt the evidence on the whole is very much in favour of these means of treatment, more particularly in recent cases, and in exacerbations accompanied by increased vascular action. Some physicians have bled to a great extent. Dr. Pritchard recommends moderate depletion in plethoric subjects; cupping and leeches to the head, or to the temples in recent cases, varying the amount according to the effect, combined with internal medicines to control the circulation. When once the determination gets to the head it seems to be fixed to the brain, and then it cannot be reduced without a greater amount of depletion. In these cases I have seen cupping and leeching fail, and in

one severe case they had no effect until the temporal artery was divided, and a few ounces of blood drawn. When we may not use depletion by withdrawing blood directly from the head, then venesection or leeches should be had recourse to. Much may be done by that. Cold applied to the head, and heat to the body is likewise found to be very useful. In France they keep the patients in a warm bed for several hours, and apply the cold douche to the head, two or three times a day. This is a very useful adjunct to blood-letting. Emetics have been recommended to reduce the circulation, but the effect of these have not been sufficiently distinguished, as emetics are only useful in cases of disordered stomach. But tartar emetic acts in a far more extensive way than upon the stomach only; and it is a very powerful agent in cases of great excitement, subduing the tension of the vascular system, and reducing the tendency to determination of blood. With the same object in view the rotatory motion of the swing which acts by a centrifugal power to draw the blood from the head has been used. The bath also has been applied in chronic cases, but those persons who have written on the subject are very doubtful as to its efficacy. Purgatives are always to some extent required; croton oil, and so forth.

In many cases of insanity we find antiphlogistic measures of only partial use, or even sometimes of no use at all. The condition of the system is, in these cases, usually that of weakness; there may be considerable vascular irritability—a disposition to partial determination of blood, or partial congestion; but no fulness, no permanent vascular action. In some cases the treatment should be that applicable to cases of anemia, the chief object being to allay the irritability by sedatives and narcotics; opium or morphia, in full doses, is the best. The great object in those cases, in which there is great nervous excitement, combined with a great deal of weakness, is to procure rest from the continued excitement that exhausts the system. The use of narcotics must be made conditional on the state of the vascular system, and they are not safe, and, indeed, are hurtful, so long as the pulse is hard, and the skin hot; but when these have been reduced by depletion, or when they are, in the first instance, not present, and when mental irritation exists to a great degree, narcotics are the leading treatment in the acute form of insanity. In those cases where the patient gets excited and restless, opium will often procure sleep, and when that takes place, a temporary cure is actually effected. When the disease is of a chronic character, these measures are not to be used without great discretion, and are only to be resorted to in cases of aggravation. The diet should be varied, and inflammatory action kept under. There are some cases of exhaustion, in which it is proper to adopt measures to compel the patient to take nourishment.

Periodical blood-letting is useful; with regard to counter-irritation there is some difference of opinion; many say that blisters and issues do more harm than good, and I cannot bear testimony to their efficacy from my own experience. The secretions should be attended to; watch the state of the urine, and use the proper remedies. In chronic cases it is of great importance to direct regular exercise in the open air, and to improve the condition of the system as much as possible in connexion with whatever treatment may be necessary to be directed to the head. The earlier the treatment is applied, the more chance there is of success.

With regard to the moral treatment—to try to reason persons out of their madness, or to punish them, has the effect of making them ten times worse, because it leads them to think on that which obviously should be kept away from their thoughts. It has been recommended to humour the patients out of their notions. Esquirol mentions the case of a person who imagined he had a serpent in his stomach, and his attendants were recommended to give him a powerful emetic, and then show him the serpent supposed to have been brought up. This kind of treatment seems to have been successful. The most important element in the moral treatment of insanity is to direct the thoughts and attention from the maddening subjects, to draw off the attention altogether, and to fix it on other matters; hence the great propriety of early removing the mad patient from the scene, or from the society where his madness commenced. This is of the greatest importance with regard to the commencement of insanity. It is of great importance to place the individual in an entirely new situation, so that all old associations, and all those associations which suggest the cause of the insanity, should be removed; there should not be more restraint than is necessary for the protection of the individual, and, in order to draw off the mind to other subjects in a gentle and pleasing way, every kindness, every amusement, every circumstance that can give pleasure, should be resorted to. Light mental occupations are always of great advantage. It is a very difficult thing to fix the attention of a mad person on anything, but frequently when the mind itself cannot be engrossed, the bodily attention can be attracted, and then the mind is employed in connexion with the body, and is prevented from dwelling on its thoughts. Now, in slight cases, where there is a tendency to oddity, driving about from place to place will often answer; but, generally speaking, a well conducted asylum is the best for the patient, where he will be entirely separated from his friends, and be altogether among strangers. With regard to restraint, all that is necessary is a strait waistcoat, to prevent the patient's injuring himself or others. The punishments should consist of slight moral punishment, such as children are visited with, debarring the patient from some amusement, or keeping him in a solitary room for a time. There is no question that the best means of leading mad persons, is that of drawing out their best affections, and avoiding excitement or irritation of any kind.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN,

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LECTURE II.

Various, and often contradictory opinions, have been promulgated as to the functions of the cerebellum, which, however, were but little known, until the investigations of experimental physiology established the fact, that it is not endowed with sensation properly so called, and that if, in diseases of that organ, more or less intense cephalalgia is manifested, this phenomenon ought to be attributed to the sympathetic action exercised on the neighbouring nerves, rather than to the abnormal development of sensation, which does not exist in its natural condition. This opinion, to which Dr. Longet gives the authority of his name, was announced first by Bichat. As to the influence of the cerebellum on the organs of the senses and the intellectual phenomena, it has none.

Dr. Flourens was the first who performed conclusive experiments, and who located in the cerebellum, the power by which the different movements are regulated. I have also studied this question and performed numerous experiments, and I have been led to the conclusion, that the power is not so considerable as Dr. Flourens supposed, since the organ appears only to have an influence on the regulation of the powers by which locomotion is produced. Whenever the cerebellum is wounded in animals, disorder of the movements is produced, and it is extraordinary, that the agitation and disturbance in these movements are such, that the animal staggers like a drunken man. If the organ is irritated somewhat more severely, without, however, being completely destroyed, symptoms are produced in every respect similar to those of epilepsy, and, in some cases, the mouth is filled with water.* Where the greater portion of the cerebellum was destroyed by cauterization—which is preferable, because it does not cause hæmorrhage—the animals were incapable of preserving their equilibrium, or of walking without falling. However, all the movements are not irregular when the cerebellum is destroyed, for instance, the circulation, respiration, and deglutition—in a word, all the instinctive movements are performed with perfect regularity and precision. It is therefore evident that Dr. Flourens exaggerated the influence of the cerebellum, in considering it as the regulator of *all* movement, whereas, in reality, as has been already stated, it ought only to be considered as the regulator of the movements of locomotion; *i. e.* those of the organs by which the animal is able to convey itself from one spot to another, to stand, &c., and of all the various modifications to which these movements are susceptible.

To resume, Rolandi and Reil placed the source of all motion in the cerebellum, and stated that this organ acted on locomotion, in a manner similar to that of the voltaic pile. According to Dr. Flourens, it is only the regulator, whilst in my opinion it is the seat, of the faculty which all animals possess of remaining in equilibrium, and performing the various acts of locomotion; besides which, I have already shown, in my *Treatise on Encephalitis*, that the brain regulates certain movements.*

But has the cerebellum this function only? Is it not the seat of physical love, as Gall affirmed? This fact is far from being demonstrated, notwithstanding that the arguments presented by Gall in favour of his hypothesis, are, it must be confessed, in accordance with sound observation. But this distinguished observer neglected a circumstance of great importance if we wish to attain a correct knowledge of this subject: I mean experiments on living animals. For my part, while Gall was still alive I disputed this part of his doctrine, and since then I must add that nothing I have observed since my first researches authorize me to come to a different conclusion. Clinical facts tend rather to invalidate than to confirm the physiological experiments; there, however, remains much to be done on this head. What is positive with respect to the opinion announced by Gall, is, that individuals whose nucha is largely developed, are much addicted to venery, and that the bulls and stallions which are most ardent, are those, in which this part is largest. This opinion, however, can have but little weight, since the cerebellum is not the only organ which corresponds to this portion of the cranium. Moreover the cases in which erection and even ejaculation occurred during diseases of the cerebellum, are far from being conclusive, as these phenomena ought to be completely abolished, if the cerebellum really presided over the generative functions. But must it therefore be concluded that the cerebellum has no influence whatever? Certainly no one in the present state of medical knowledge would affirm positively that this was the case: it may be that a limited portion only of the cerebellum presides over these functions, but it would be extraordinary, nay more, it would be highly improbable that so considerable an organ should be destined to govern a single order of phenomena, common to all animals, such as generation.

Again, are the functions of locomotion and progression really under the influence of the cerebellum, or is only a portion destined to regulate the various locomotive movements while another, as Gall asserted, is appointed to preside over venereal desires and the phenomena of generation?

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* Professor Bouillaud performed several experiments before his pupils; the lobes of the cerebellum of a pigeon were cauterized; the bird staggered as if tipsy; after some difficulty it succeeded in regaining its equilibrium, but after a short time, further efforts were necessary to preserve it. In a second pigeon, when cauterization was performed more deeply, the bird was incapable of remaining upright, it was violently agitated, fell on its back, &c., in short, at one moment it offered very irregular movements, whilst at another they ceased, or were similar to those observed during an attack of epilepsy.

* *Traité Clinique et Physiologique de l'encephalite ou inflammation du cerveau et de ses suites, telles que le ramollissement, la suppuration, les abces, les tubercules, le squirrhe, le cancer, &c., Paris, 1828, 8vo.*

Nay more, do not parts of this organ preside over other functions? It is impossible to give a positive answer to these inquiries, and indeed until clinical facts and experiments on animals solve the question, there is no reason why it should be concluded, that the opinion I have just stated is not correct, since nothing demonstrates positively that the cerebellum is the seat of physical love.

The next question to which attention must be directed, is the study of the functions of the brain. This organ is composed of different parts; of which the most important are the cerebral lobes, the corpora striata, and the thalami nervorum opticorum. Saucerotte thought that the corpora striata, on account of their fibres crossing each other in an antero-posterior direction, presided over the movements of the inferior extremities. This opinion was also supported by Drs. Foville, Pinel, and Grandchamp, who had opportunities of observing some pathological facts which seemed to confirm it, and by Dr. Serres, who stated that in his experiments on animals, he constantly met with this result. This *cross action* shows itself on either side; thus if the right corpus striatum is destroyed in an experiment, or by a pathological lesion, the left inferior extremity ought to be paralysed. In one of my works, on the affinity which exists between the movements of the limbs and the cerebral lesions, I published an opinion that in man the corpora striata appear to exercise an influence on the movements of the inferior extremities; however, I wish it to be clearly understood that I do not attach to this opinion greater importance than it deserves. Dr. Magendie has likewise put forth an opinion relative to the functions over which the corpora striata preside. This distinguished physiologist located in these bodies a power which would cause the animal to recede against his will, the cerebellum being the seat of the contrary power; therefore if the former were removed, the action of the latter being no longer counterbalanced, the animal would rush forwards with great rapidity. But Dr. Magendie soon changed his opinion, and Drs. Laffargue and Longet have proved by later experiments, that the influence of the corpora striata on the lower limbs is very slight, that animals after their removal are never irresistibly drawn forwards, unless during the experiment the optic nerves and some sensitive parts are divided, as then, being suddenly deprived of light, they become very much alarmed. Finally, psychologists are far from being decided as to the precise functions of the corpora striata. As to the opinion of Willis who placed in it the centre of all motion and sensation, it is still more erroneous than the preceding.

The functions of the thalami nervorum opticorum are likewise still enveloped in doubt; it appears however, evident, that notwithstanding their appellation, they have no influence on the sense of vision, this being situated in the *nates*, as was before stated. They may, perhaps, be considered as the centre of locomotion, exercising their powers cross-ways, as is proved by my experiments and those of Dr. Longet, rather than presiding over the movements of the thoracic extremities in opposition to the functions attributed to the corpora striata by Saucerotte, Foville, Pinel, Grandchamp, and Serres. These authors have sought to base their opinions on some facts which I consider far from being conclusive. As to the results furnished by vivisections and pathological anatomy, they are not in accordance; thus, whilst a pathological lesion—hæmorrhage for instance—causes paralysis, vivisection occasions, in the generality of cases, what is observed when the crura cerebri are divided, viz.—a circuitous movement (*mouvement de menage*) of the limb on the opposite side; besides, in the animals in which this phenomenon occurred, Dr. Longet never remarked that the anterior extremities were weaker than the posterior. Finally, it may be affirmed that the thalami nervorum opticorum are insensible to the action of irritating substances, since their fibres may be torn without any muscular contraction taking place, and without the animal appearing to suffer pain.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

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Translated with Notes illustrative of some important doctrines in Physiology, Phrenology and Moral Education.

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(Continued from page 37.)

I find in my father's notes, a case drawn up by Esquirol, which under the title of *paralytic dementia and stupor*, furnishes a striking example of cerebral œdema complicated with paralysis. It is here transcribed.

CASE V. A woman named Secointe aged 55, was admitted into the Salpetriere on the 20th September, 1811, in the state of dementia, stupor and paralysis. Lymphatic temperament, menstruation regular, kind disposition, but timid. Married at 22, she gave birth to a child in the following year. She had an attack of delirium that lasted two months, which yielded at the same time that her legs became œdematous. She was again delivered of two children, one in her 26th, and the other in her 29th year.

In her 36th year, she was so frightened by the explosion of the gunpowder magazine of Grenelle, that she was suddenly attacked with numbness in the left leg, and a gradually increasing difficulty of walking. In her 40th year, she was delivered of a still born child. In her 46th year menstruation ceased, and violent delirium supervened, during which she uttered cries, and found fault with every body. In her 53rd year after having passed a few weeks in the hospital of La Pitie, she was transferred on the 20th September, 1811, to the Salpetriere. At this time, she had lost the use of her limbs; her words were incoherent, and her evacuations involuntary. She was in a state of complete stupor and insensibility, and a large eschar was beginning to form on the sacrum. She died on the 30th March, Comatose.

Autopsy.—Skull thick, dura mater strongly adherent. Albuminous effusion under the arachnoid, abundant serum between the sulci of the convolutions.

Ventricles.—The lining membrane presents lenticular stains of a dirty white, depressed, and resembling the depressions which might be made with the thumb. On lifting up the membrane covering these spots, the white substance shows brown spots of the same form, and of a depth of two lines. The white substance closely resembles lard in some places, and muddy jelly in others. The surrounding substance is much denser, and resists the scalpel, allowing itself, like membraniform substance, to be torn rather than cut. One of the testes very much altered and thickened. Similar stains are observed in the fourth ventricle. The other viscera healthy.

This case of Esquirol's, observed as far back as 1811, is remarkable in many respects. In the first place, it describes an alteration, which was unknown up to the time of the interesting researches of Riobe and Rochoux, namely, the false membrane that is developed in lesions of the substance of the brain around the altered focus. This process of cicatrization, which Rochoux has so clearly pointed out in the absorption of apoplectic foci, is here applied to another kind of alteration. The same characters of these gelatinous or lardaceous-looking cysts are found in partial softenings of the cerebral pulp; they are distinguished from the apoplectic cysts by their not having those minute yellow cicatrices, or calcareous deposits that are always found in various degrees, in sanguineous effusions of long standing.

As regards the abundant serum, which, as Esquirol observes, penetrates into the furrows of the convolutions, I attribute to it the symptoms of stupor observed in this patient.

Finally, we may remark that the alteration of the right ventricle is more profound than that of the left, and that we have here a perfect relation between the symptoms of numbness and paralysis, affecting the left leg after the fright she had in her 36th year.

To these I have now to subjoin the interesting cases of Dr. Etoc Demazy; their details tend to confirm the new points which we are now considering.

CASE VII.—B., a sempstress, aged 30, of weak constitution and lymphatic temperament, was sent to the insane ward 11th October, 1832. She had been in a state of extreme debility and depression, accompanied even with typhoid symptoms. On the 15th November, the symptoms were as follows:—lies on her back; the legs cannot support her erect; she seems neither to hear nor see; the eyes are fixed; the skin dry and rough; the general sensibility, taste, smell, and sensation of hunger, appear to be completely abolished. She is supported by soup. The tongue moist, rose-coloured; evacuations involuntary; pulse soft, feeble, fifty pulsations a minute. The menstruation suppressed from the beginning of the attack.

She continued in this state till the 10th January, when diarrhœa supervened; the emaciation increased, and death took place on the 22nd.

AUTOPSY—EXTERIOR—CADAVERIC RIGIDITY—COMPLETE MARASM—SLIGHT EXCORIATIONS ON THE SACRUM.

Head.—The bones of the skull thin, easily broken; dura mater white, stretched on the hemispheres. The cerebral convolutions bulge out through the incision; arachnoid slightly opaque and thickened at the vertex. Pia mater thin, pale rose colour; its vessels appear atrophied.

Brain.—Convolutions large, pressed close together. Grey and white substance of the hemispheres moist, both infiltrated with serum. The œdema is greater at the vertex than at the base; at the bottom of each incision, whitish filaments are observed to pass from one side to the other of the divided surfaces. The ventricles contain about a spoonful of serum; a small oval cavity filled with serum exists in the right optic tract, no larger than a grain of wheat. The other parts of the brain healthy.

Thorax and Abdomen.—Nothing to be remarked beyond the greyness of the mucous membrane, and some small red spots near the ileo-cœcal valve. The walls of the uterus contain a fibrous tumour of the size of a walnut.

CASE VIII.—L., a sempstress, of a light, careless, and happy disposition. Her grandfather died insane. During the last four years she has experienced the most violent sexual desires. At the age of fifteen, she had several attacks of hæmoptysis, which were cured by numerous and copious bleedings. These evacuations were followed by a partial loss of sensibility, and such extreme weakness, as to render her unable to work. Indifferent to every thing, she seemed incapable of feeling either pleasure or pain. Five months afterwards, her gaiety and natural buoyancy returned; but the weakness remained.

At the age of seventeen, a physician applied no less than 200 leeches to the epigastrium, to combat an attack of gastro-enteritis; the leech-bites gave her no pain.

On the 21st December, 1832, without any known cause, she was found running about the streets, declaiming; she was taken up by the police, and sent to the Salpetriere. On her admission, her loquacity was continual, "*she was the sister of Napoleon!—she was to die on Good Friday, and to rise again on Easter Sunday; she was the owner of Valenciennes and all Belgium; she hears, sees, and speaks, with ideal persons—the walls are inscribed with characters of blood, &c. &c.*" She is of a nervous lymphatic temperament, and a broken-down constitution.

The general sensibility presents a remarkable phenomenon, being very acute on the scalp, as shown by the pain caused by pulling her hair; in the face; in the middle of the back along the spinous processes; on the breasts and sternum. While it was completely abolished in the nucha, the entire region of the ribs, abdomen, nates, and upper and lower limbs. The patient herself would force large pins into the pulp of the fingers without feeling any thing. The limits of the sensibility were not well defined. Due precautions were taken on this point to prevent any

deception on her part. The taste and smell were natural; the sensation of hunger and of thirst were urgent; the natural calls were also felt.

At the commencement of March, the hallucinations were the same; the delirium continued, though somewhat more calm; the intellect is becoming evidently weaker; the patient, hitherto so restless, becomes quiet, remains in bed or in a sitting posture; her features become more and more altered, from day to day, and she only utters slowly a few incoherent words. An abscess has formed under the jaw, giving issue to a thin, ill-conditioned pus. She has gradually fallen into a state of complete helplessness; she neither can see nor hear; the pupils are contracted, almost motionless; the pulse slow, incompressible, and varying from forty to fifty pulsations in a minute. Diarrhea, involuntary stools came on, the sacrum became excoriated, and she died in a state of marasm, on the 3rd of May.

AUTOPSY — EXTERIOR — CADAVERIC RIGIDITY — GENERAL PALENESS OF THE SKIN — SLIGHT EXCORIATIONS ON THE SACRUM, AND LARGE TROCHANTERS.

Head.—The base of the skull remarkably large. The integuments contain but little blood. The brain fills the skull completely, and the dura mater seems streched on the convolutions.

Meninges.—At the vertex, the arachnoid opaque, thickened in places; no serum between it and the pia mater, which is of a rosy hue, very thin, and free from any adhesion with the cortical substance. The convolutions larger at their summits are flattened and seem crowded against each other.

Brain.—The cerebral hemispheres cut into, are pale, moist, impregnated with a clear colourless serum; the infiltration is more marked in the cortical substance, which by measurement is four lines thick. The lateral ventricles contain about two tablespoonsful of serum; their walls are of a dead white, but of the natural consistence. The rest in the normal state.

Cerebellum.—Infiltrated in the same way as the cerebral lobes; the uniform layer that covers the surface is very remarkable. The rest is normal, except that the arched fasciculi are unusually developed; the sinuses of the dura mater empty.

Thorax.—Nothing remarkable in the bronchi, pleuræ, or lungs. The heart of the ordinary size and consistence, is covered in front by a yellow, soft, false membrane, a line thick, that unites it loosely to the pericardium; there are some coloured patches on its serous surface. The inner surface of the pericardium is also lined with false membrane, red and highly injected.

Abdomen.—The mucous membrane of the intestines is remarkably pale throughout, and so thin in a few turns of the small intestine, that this seems to be formed almost solely of the peritoneum.

CASE IX.—L——, a woman aged 27, recently delivered of a child, was attacked at the end of April 1663, during the period of the milk-fever, with delirium and violent agitation. Forty leeches to the epigastrium relieved the latter, but the delirium continued. This apparent quietude progressed daily until she fell into a state of extreme debility, and moral nullity. She was taken to the Salpêtriere on the 28th May. No information could be obtained as to the moral circumstances preceding the attack.

The patient is of lymphatic temperament and feeble constitution; the expression of her countenance is idiotic; the eyes fixed, dull; the pupils contracted; she seems not to see, hear, or feel; tongue moist, large, and of natural colour; evacuations involuntary; pulse small and feeble, 48 pulsations per minute.

Suddenly on 1st June, coma supervened with relaxation of the limbs, and pallor of the face without deviation of the mouth. Death four hours after.

Autopsy. Exterior. — Articulations supple. Laceration of the perineum.

Head.—Several ounces of black blood poured from the incisions of the scalp; dura mater stretched on the hemispheres; longitudinal sinuses large, filled with a fibrinous concretion; other sinuses empty. Arachnoid thin and transparent; pia mater rose colour, free from adhesion with the cortical substance. Convolutions large and flattened at their summits.

The hemispheres cut into were infiltrated with limpid serum which oozed out in small drops on pressure; they were pale, and presented only a few dark red spots. In the middle of the right one, an inch from the longitudinal sinus, the white substance contained a perfectly spherical, black blood-clot, of the size of a cherry, without any admixture of cerebral matter. The substance surrounding it was of a dead white, and softened like pap to the depth of two lines. This mass was removed with perfect ease by means of the scalpel, and was covered with the softened white pulp. Another blood clot, not quite so large was found exactly in the same circumstances at the corresponding point in the left hemisphere.

The lateral ventricles contained two spoonsful of limpid serum. The inferior surface was dotted with miliary granulations, similar to those met so often in the fourth ventricle of the insane that die paralytic.

Slight hypertrophy, with dilatation of the aortic ventricle. The mucous membrane of the alimentary canal slightly wrinkled and white, but of a healthy appearance throughout. The uterus had not regained its ordinary size and consistence.

These four cases, taken from M. Damasy's theses, present in a clear light the serous infiltration of the brain: the last being one of those rare instances in which œdema is complicated with cerebral hæmorrhage. We might be surprised at so small an effusion of blood producing so suddenly a fatal termination, did we not recollect that it occurred in a patient already greatly enfeebled and reduced.

We see from all these cases, that there is a remarkable coincidence between the œdema and serous infiltration that occur on the surface, as well as in the interior of the brain, and the production of certain symptoms of insanity, which we have designated by the name of the stupor of the insane. We may then admit, with some degree of certitude, the relation of the cause to the effect, and assign, as the organic cause of the disease, the cerebral œdema just described. We may advance to more precise details.

GENERAL ANATOMY OF CEREBRAL ŒDEMA.

Membranes of the Brain.—The dura mater and arachnoid are usually thin, and upraised by serum. The chief phenomena of morbid exaltation seem to take place in the pia mater; it is thickened, of a pale rose colour, varicose in appearance, and sometimes filled with granulations, or albuminous concretions; it is bathed in serum. This serum has no longer its usual colour and transparency; it seems darker, and sometimes filled with whitish flakes; it presents to the touch an acridness and fluidity that are peculiar, the serum in ordinary state being more viscid.

Brain.—The upper and lateral convolutions are flattened, and pressed to each other; the anfractuosities disappear, or seem only like mere lines; they are often found adherent in several places to the pia mater.

Grey Substance.—This is the first part that is affected in cerebral œdema. Being in constant contact with the serum, it loses its natural colour, swells, and becomes spongy; its consistence, notwithstanding, is but seldom diminished; there is a true infiltration, whether it be chemical or mechanical, of the inter-globular cellular tissue. Even the vessels of this substance no longer contain any blood; they are engorged with the same limpid serum that envelopes the brain. It is owing to this engorgement that we see the drops oozing out from the incisions of the cerebral substance. This imbibition of the external cerebral matter seems to us a very remarkable fact; it seems not to prevail to anything like the same extent on the white substance, although it is found there also; the drops are forced out by pressing it in the same way, but they are not so large. If, moreover, we tear the white substance, we see at the bottom of the laceration whitish filaments, which are the capillaries injected with serum, which, traversing from side to side, when torn, allow the serum to escape in drops. In the normal state, these capillaries contain red or black blood.

In one case alone of these nine, was a species of cerebro-spinal *anasarca* observed, which filled both the external and internal cavities of the encephalon. In all the others, the œdema was partial, and limited to the superior lateral region, or the anterior or posterior region of the brain. In none did we find the fluid descend to the base of the brain. In one patient only did the fluid penetrate into the ventricles, which are generally flattened and compressed. The almost constant arrangement by means of which the serous accumulation is circumscribed in the upper parts of the brain, proceeds, no doubt, from the weight of the brain itself on its basis, and also from the pressure which the accumulation of the serum in the upper part produces on the whole surface of the brain towards the base.

Cerebral œdema is not, as might be supposed, an isolated disease accidently developed in the insane; it depends on a lymphatic predisposition in individuals, and is complicated most commonly with œdema of other parts of the body, in the splanchnic cavities, in the limbs, the wrists, or ankles. This general affection is additional proof that it is chiefly through the cellular tissue that serous infiltrations are propagated whether in the brain, or in any other organs.

But by what mechanism does this serous exhalation take place? Is it by the obliteration of the veins which can no longer absorb, and the action of which is necessary to this function? Or are we to admit that in cases of the insane the irritation of the cerebral pulp, which produces the delirium, is transformed into a secreting irritation which causes the abolition of the intellect? In spite of the reserve which scientific severity imposes, we must not be timid in regard to some explanations, when they result from positive facts, and which for the rest, every one is at liberty to account for in his own way.

We can readily conceive in persons of lymphatic temperament that a brain already irritated which cannot think rightly, and whose faculties are exalted, the affection of the brain may re-act in its turn on the pia mater, rendering its exhalant functions more active, and finally extending to it its own morbid exaltation. The pia mater then becomes red, and thickened; its vessels dilate and secrete a quantity of serum more than natural, and the absorption being no longer equal to the secretion, an accumulation takes place between the membranes and the brain, in the same manner as in other serous cavities. A new cause of compression on the brain then arises, which changes maniacal state into one of apparent calm, and at the length by its rapid increase, paralyses the intellect, locomotion, and sensibility. We shall now take a glance at these symptoms, and their progress.

Symptoms of Œdema of the Brain.—They first shew themselves by lesions gradually affecting the *general sensibility*, subsequently involving *locomotion*, and lastly the *intellect*.

The Lesions of the Sensibility, ought to be examined at two different stages; at the time of the serous exhalation, and after its accumulation has become considerable. In the first stage, the skin in several of its regions becomes insensible; in some patients, the pulp of the fingers is the seat of singular sensations; some feel a peculiar numbness and cold, either in the limbs, or in certain parts of the back, or belly; others that they are not clothed, that they are naked, even the thickly clothed.

When the œdema of the brain is established, we have seen in some of the cases how complete the insensibility becomes, even in parts naturally the most irritable. Not only may the skin be pricked, or burned in certain places, without causing the slightest appearance of pain, but even the most sensitive mucous membranes—those covering the eye, nostrils, and mouth seem to be wholly insensible. I have seen one of these patients cured of an accidental stupor that had lasted three months, and during her malady the insensibility was so complete, that several seton-needles were passed into the skin of the abdomen without giving rise to the slightest pain; and what is still more remarkable, she looked on while this was being per-

formed with an air of satisfaction. In one case, snuff dropped on the conjunctiva produced no feeling of pain. In the other cases, ammonia and sulphuric æther were equally inoperative on the sense of smell or taste.

For the rest, this species of insensibility or paralysis seems to be entirely confined to the external senses; for although the globe of the eye is insensible, vision itself is perfect; the patients can see and distinguish objects and persons perfectly; they hear every thing that is said to them, but they cannot reply.

Lesions of mobility.—The most characteristic symptom of the attack of cerebral œdema is the sluggishness and numbness of the limbs. Moving seems an enormous effort to the patient. This numbness differs from paralysis, inasmuch as the movements, although difficult, are still possible, but only by a violent effort of the will. The patient will remain for hours in the erect posture without stirring in the least. Some of these cases exhibit examples of a peculiar lesion of mobility greatly resembling catalepsy; and it is by no means impossible that catalepsy, which consists of rigidity through excess of contractility, and of which the organic cause has scarcely been enquired into, may be in many cases simply the result of mechanical compression on the brain from serous effusion on its surface, or into the ventricles, and that, according to the extent and seat of such effusion on the anterior or posterior lobes, the cataleptic symptoms would be observed more particularly in the upper or lower extremities.

In cerebral œdema, the lesions of the intellect are much more marked than those of mobility and sensibility. The most petulant maniacal agitation, the most violent delirium, are suddenly followed by perfect calm and the appearance of reason. The patient has the most singular hallucinations; his memory and attention are the first of his faculties that become disordered; the ideas become confused, vague, and clouded; the utterance slow, difficult, and at last impossible. When the œdema is more advanced, there is no longer any perception, the whole understanding is suspended, but, singular to say, the patient retains a consciousness of his state. When recovery takes place, the patients state that they were aware of their position, but they had not the power, the will, or even the desire, of changing it. The moral sentiments are likewise completely altered; all the affections, and even the instinct of self-preservation, that persists so strongly, even in the imbecile, are completely overthrown.

Progress of the Disease.—Cerebral œdema begins by vague symptoms of headache, a sensation of tightness and pain around the skull. The memory and attention are the chief faculties that are disturbed. The organs of taste and smell and the skin are benumbed in the beginning, as has been observed by M. Demazy. At a later period, the cerebral functions are more deeply impaired, the mouth gapes, the countenance is stupid, and the eyes dull; the intellect is null, and the senses seem paralysed. The organic functions are now involved: the alimentary canal participates in the paralytic atony that seems to extend over the entire body: hunger, thirst, and the excretions seem as it were suspended; the movements of the heart become remarkably slow, the pulsations falling to forty, or even thirty in a minute.

We can easily conceive that a disease which seems, as it were, the asphyxia of the intellect, although serious in itself, may nevertheless be rarely fatal, and in fact we owe the opportunities we have had of studying its pathological effects on the dead body, to the other morbid complications with which it happened to be associated. M. Demazy had met with but five cases in examining the bodies of three hundred and twenty insane patients; and during a period of nine years, I myself met only the five cases narrated. Yet acute stupor is by no means uncommon in the insane; but it is cured almost always after the lapse of a few months.

The following gentlemen were admitted members of Apothecaries' Hall on the 19th June, 1845:—W. H. Colborne, H. W. Laver, Fred. F. Kingdom, E. C. Odling, Orlando Salathiel Winstanley.

LECTURES ON PHYSIOLOGICAL ANATOMY, THE SPECIAL PHYSIOLOGY OF MAN, AND ON THE ANATOMY OF TISSUES—MORBID AND HEALTHY.

By Dr. Knox, F.R.S.E., F.R.C.S.E.,

Corresponding Member of the French Academy of Medicine, and Lecturer on Anatomy and Physiology, &c. &c.

Bones of the Face (continued).

The lower jaw-bone may be divided into a dental and an articular portion; the descriptive anatomist speaks of it otherwise. Few bones have presented greater difficulties to the philosophic anatomist than the lower jaw-bone; in the mammals, composed of only two portions, even in the youngest fœtus; in the crocodile and other analogous animals it is composed of several separate bones; how is this? Does the doctrine of *unity* of organization then not extend to all the vertebrata? Or is it that the germs, though existing, are never apparent in man and the mammals? I lean to this latter opinion, believing the doctrine of the unity of the organization to be a correct one when properly stated; that is, correctly expressed. In man, at birth, this bone is composed of two portions, which afterwards unite by bony union at the symphysis; this union takes place soon after birth, and proceeds from below upwards. As we advance in years, the form of the bone changes so much, that the lower jaw of a very aged person and of an infant come at last to resemble each other. The alveoli disappear, and this causes the loss of the teeth. An intermediate bone has been said to have been sometimes found in the symphysis. The persistence of the cartilaginous union at the symphysis has never been observed in man.

Let us pass over the teeth at present, whose physiology will be more appropriately considered when considering the organs of digestion, and finish what I have to say in respect of the skeleton of the cranium and face.

Sutures or Joints.—All the bones I have spoken of are united to each other by joints, called sutures and harmoniæ; the lower jaw-bone alone has a moveable articulation, with the usual apparatus of such a joint.

1° Enumerate the sutures carefully, consider their various names; the old anatomists knew nothing of the principles of nomenclature. Observe, that however serrated externally, their edges are smoother internally, as if we should say, externally they are *sutures*, but internally *harmoniæ*. Sir Charles Bell and others of that school (the Socratic) assigned for this a *final cause*; but final causes are merely effects; they did not attend to this—this *method* was also objectionable on other grounds: his reasoning was *deductive* not *inductive*. The sutures disappear with age, which led the younger Soemmering to say, that in the cranium there was, properly speaking, but one bone.

2° The ossa Wormiana, or supernumerary bones, present great difficulties to the physiologist. They are found in most of the sutures and at the fontanelles; the pre-squamous bones, spoken of in a former lecture, may be considered as supernumerary bones, although some objections might be offered to this view. These bones (the supernumerary) are composed of both tables and a diploe: they often abound in the Scandinavian head, and are seen rarer in the crania of the dark races; in hydrocephalic heads they are often found extremely numerous, and of a large size.

3. The number of cervical vertebræ has never yet been determined; but whatever that may be, it is probable that their growth to a certain extent is independent of each other; hence one segment, if I may so, of the skull, with the corresponding cerebral mass it supports and protects, may grow and be fully developed, whilst the adjoining ones may grow but imperfectly. There is now before me the cranium of an adult who was fatuous from birth; yet this cranium is at first sight perfectly well formed in all its parts; and so it seems until narrowly looked at, when I thought I could discover a peculiarity which has not, I think, been already explained; it is this, and here is the cranium. Now the several measurements of this cranium are excellent, and its whole appearance indicative of its having belonged to some one of sound and even of good intellect; all the regions seem to be well developed; that is, all the phrenological regions, as they are called, and yet the person was fatuous. That no doubt may remain as to this singular law I venture now to bring forward, I offer you all the more important measurements compared with those of an ordinary French head, not selected, but taken at random, from a number of others.

Measurements of the cranium of a fatuous person, compared with that of an ordinary or normal cranium.

	French Skull.	Fatuous.
Circumference—a tape measurement	20 5-8ths.	20 4-8ths.
Height from one meat. audit. exter. to the other ..	12 4-8ths.	12 4-8ths.
Breadth of forehead	4 4-8ths.	4 4-8ths.
Sphenoid bone.		
1° Greatest breadth of the larger alæ	1 1-8th.	5-8ths.
2° Where narrowest........	6-8ths.	4-8ths.

The pterygoid processes are not larger than in a child, and the whole bone bears the marks of imperfect development.

From these measurements may be deduced the singular law (provided it meet support from other crania) that a segment of the cranium, or a cranial vertebra may be imperfectly developed; that in this case it was the sphenoidal vertebra; that certain parts of the brain having a relation to this vertebra, partook of its development; that the functions of these parts suffered thereby, disturbing all its functions, and fatuity was the result. I need not remind you that many additional observations would require to be made before these laws would receive the sanction of cautious generalisers.

The cranium varies exceedingly in thickness in different individuals, without our being able to assign any cause for this. It becomes thinner with years. The parrallelism of the two tables has been a matter much debated, as on its fixity within certain limits at least is based the doctrine of craniology, as established by Gall, and even in some measure the cranioscopy of Carus and others; the phrenological doctrines of Spurzheim have no proper basis in nature. Now, generally speaking, the tables of the skull are sufficiently parallel to indicate the bulk of the subjacent brain, excepting as will be shown hereafter, in the region of the frontal sinuses. This parallelism, however, is not nice nor delicate, nor perhaps is it necessary that it should be so for any cranioscopic purpose. I learn from a note subjoined to the text of the "Encyclopædie Anatomique" that as early as 1807 the celebrated Soemmering wrote a memoir on some of these interesting points; the note contains the substance of that memoir, and is as follows:—

"There can be no doubt that there exist on the surface of the human cranium twenty-seven points, remarkable in certain individuals for their rounded, oval, and oblong prominences, which Gall described from nature, and which may be found in every collection abounding in crania. But it is not so easy to determine in how far these prominences indicate surely certain propensities and habits.

1° I recognised in his collection of crania the heads of distinguished musicians, artists, &c. without hesitation, as those of Blumann, Alxinger, Frenlein, and Frank, who had all been personally known to me.

2° Gall never was wrong in a single instance in recognising the cranium or head of a distinguished mathematician, astronomer, musician, or artist.

3° Gall cited Acrell's case inexactly.

4° The twenty-seven external prominences mark a similar number of concavities within the cranium.

5° The twelve prominences pointed out by Gall on the crania of some mammals and birds, do not correspond with those on the human cranium.

6° The name of organs cannot, with propriety, be given to the cerebral convolutions."

SUPPLEMENTARY NOTES TO THE PHYSIOLOGICAL LECTURES ON THE SKELETON OF THE CRANIUM AND FACE.

NOTE I.—*On Measurements of the Cranium.*

THE following note was kindly furnished me by Dr. Alexander, member of the Academy of Glasgow, who met with it in Müller's Archives, and translated it for me; it confirms what I had always believed in respect of the race which Mr. Van der Hoeven calls "Sclavonian," but which, with deference to these distinguished scholars, I think ought to be called *Sarmatian*. History shews that the Sarmatians were first met with near the mouths of the Danube, and on the northern and western shores of the Black Sea; and there we find them still. As a *race* of men, they are becoming extremely formidable to the liberties of mankind:—

Upon the Skulls of the Sclavonic People by J. Van der Hoeven; communicated by letter to Professor Dr. A. Retzius, of Stockholm, and inserted in "Müller's Archiv." for 1844.

You have, in your treatise "upon the forms of the North Sea crania," sketched a general character in the formation of the skulls of this race of people from four Sclavonian skulls at your command. From a comparison of a greater number of materials, this character I have been enabled throughout to confirm. I have examined and measured seventeen skulls, two of which belonged to Poles, and the remainder to Russians from several places. Almost all of these were characterised by the round form. (Forma ovato-rotundata.) I will, perhaps, at some future period, in my enquiries into the natural history of man (the first part of which, upon the Negro, you have so kindly taken and critically examined), give a few delineations and deliver some more extended remarks. At present, I will content myself with simply indicating the medium measurements which I have determined. They deviate in some measure from your conclusions, but give, on the whole, a surprising confirmation of your remarks, and more especially a new proof that it is really no insane undertaking to make use of the skulls to characterise the races of mankind.

1. Circumference of the skull . . 0,509 (Max. 0,545 Min. 0,472)
2. Length of the cranial arch from the nasal bones to the posterior edge of the foramen magnum . . . . 0,363 (Max. 0,396 Min. 0,345)
3. Greatest length of the skull . 0,175 (Max. 0,194 Min. 0,161)
4. Height of the skull from the anterior edge of the foramen magnum to the perpendicularly opposite point of the suture of the parietal bones* 0,137 (Max. 0,152 Min. 0,122)
5. Greatest transverse diameter of the skull between the parietal bones . . . . 0,140 (Max. 0,152 Min. 0,127)
6. Breadth between the temporal bones above the meatus auditorius externus . . . . 0,138 (Max. 0,146 Min. 0,126)
7. *a.*—Length of the foramen magnum . . . . 0,035 (Max. 0,041 Min. 0,031)
7. *b.*—Breadth of the same . . 0,030 (Max. 0,033 Min. 0,025)
8. Breadth between the greatest convexity of the malar bones 0,131 (Max. 0,140 Min. 0,116)
9. Distance between the outer edges of the orbits . . . . 0,112 (Max. 0,124 Min. 0,109)
10. Height of the upper jaw from the root of the nasal bone to the alveolar edge . . 0,066 (Max. 0,076 Min. 0,059)
11. *a.*—Height of the orbits . . 0,033 (Max. 0,035 Min. 0,029)
11. *b.*—Breadth of the orbits . . 0,037 (Max. 0,040 Min. 0,035)
12. Height of the under jaw from the chin . . . . 0,032 (Max. 0,039 Min. 0,023)
13. Height of the ascending ramus of the lower jaw from its articular process to its angle . . . . 0,070 (Max. 0,079 Min. 0,063)
14. Distance from the chin to the angle of the lower jaw . . 0,083 (Max. 0,092 Min. 0,072)

* I follow here your definition. In my earlier researches I took the height from the posterior edge of the foramen magnum, which measurement gives a greater height.—[J. Van der Hoeven.]

NOTE II.—*On the Præsquamous Bones.*

I lately had an opportunity of observing in the cranium of a young Chimpanzee, that the *præsquamous bones*, as I have ventured to call the supernumerary bones completing that portion of the wall of the cranium between the great wing of the sphenoid, the parietal and the squamous plate of the temporal, formed in this young head a system or chain of bones, which in the *hydrocephalic human head* becomes amazingly increased in number. I shall return to this curious subject, when describing the development of the human skull from the earliest period, to birth, or full term. The reader will be pleased to observe, that in the preceding lectures, which are intended to be altogether practical, I have almost wholly devoted myself to the adult skull, and to its development at or near the full grown fœtus of nine months.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, June 7, 1845.

Academy of Sciences; Sitting of the 2nd June; M. E. de Beaumont in the chair.—Received: Report on the Extinct Mammalia of Australia, and on the Geographical Distribution of Pliocene and post Pliocene Mammalia in general, by Professor Owen, F.R.S., &c. Transactions of the Royal Irish Academy, vol. XX. Address on the Recent Progress of Geographical Researches in the United States, delivered at the Fifth Annual Meeting of the Association of American Geologists and Naturalists, held at the City of Washington, by H. J. A. Rogers, Professor of Geology at the University of Pennsylvania.

On the Density of Urine, and the Quantity of Salts Contained in it. By M. H. Chambert.—The author performed the following experiments: the urine was examined: 1° every hour for twenty-four hours; the result was:—

	Quantity of Urine Excreted.	Density.	Quantity of Salts contained in the Urine Excreted	Quantity of Salts in 1000 Parts
Maximum	1590	1·0347	23·636	18·055
Minimum	685	1·0176	6·993	8·161
Average	1034·375	1·0256	14·854	13·024

The author attributes the difference in density between his and M. Becquerel's experiments to the low temperature at which it was taken, and the greater quantity to the age and sex of the individuals and the means of collection which were employed; 2° Urine excreted immediately after taking food:

	Quantity.	Density.	Salts.	Salts in 1000 Parts.
Maximum	424	1·0379	10·658	21·370
Minimum	137	1·0210	2·126	11·190
Average	273·5	1·0271	4·640	16·394

3° Urine excreted the first thing in the morning:

	Quantity.	Density.	Salts.	Salts in 1000 Parts.
Maximum	686	1·0350	10·070	19·102
Minimum	274	1·0147	1.227	3·580
Average	447·96	1·0227	4·261	9·332

4° Urine excreted immediately after drinking:

	Quantity.	Density.	Salts.	Salts in 1000 Parts
Maximum	672	1·0121	14·208	21·137
Minimum	523	1·0070	1·288	2·463

From these facts it may be concluded: 1° That in urine excreted after taking food, the density is greater, and the salts in greater proportion than in that of the morning; 2° That the inorganic principles in the urine are in direct proportion to the quantity of salts introduced into the economy with the food; 3° That the salts are more abundant in the urine excreted in the morning, than in that after meals: 4° That there is no relation between the quantity of salts and the density; 5° That there is no exact relation between the density or the quantity of salts and the organic matter.

On the Action of Saliva on Fecula at the Normal Temperature of the Body, and on the State in which Starch is found in Cerealea after Mastication. By M. Lassaigne.—From the facts contained in the memoir the author concludes: 1° That starch or fecula, in the state of aggregation in which it exists in different substances, is not changed by the saliva at the temperature of the bodies of the mammiferæ: 2° That during mastication of the seed of amylaceous cerealea, starch is not disaggregated by the teeth, as some physiologists supposed, and consequently, that this principle cannot be changed into dextrine in the series of organic acts preceding the stomachic and intestinal digestions; 3° That in the horse on which the experiments were performed, the metamorphosis of starch into dextrine does not take place; not only because in the oats chewed and swallowed the globules of starch are entire, but likewise because, even if they were better chewed and crushed by the molar teeth, the saliva of this animal has not the action on their interior which is observed in human saliva; 4° That human saliva, which is without any action on uncooked starch at 100° F., acts on disaggregated starch even at 64° F. to 68° F., changing it partly into dextrine, and partly into glucose, the envelopes of the globules, however, still retaining the power of being coloured blue by iodine; 5° That in individuals who live on fecular substances, cooked or fermented, the starch contained in these substances must undergo the changes just mentioned, independently of the action which their saliva has upon the principles soluble in water.

Report on a Memoir of M. Blanchard relative to a Sea Parasite, by M. Milne Edwards.—This parasite is found under the mantle of an acephalous mollusc of the genus mya; it is very like that described eight years ago by Othon and Fred. Muller, and more recently by M. de Blainville, as a type of the class of Malacobdella; it differs from the common leech inasmuch as the ganglionic chain does not exist in the mesial line, but laterally, on each side of the œsophagus there is a ganglion which represents half of what constitutes the brain in the mammalia. These two ganglia are united by a narrow band, which passes over the digestive canal; the nervous chords which proceed from them, descend on each side without offering any other ganglia, except at their extremities, near the anus.

On a New Organic Compound.—The following extract is taken from a letter which M. Volher addressed to Professor Dumas:—"I am occupied in making researches on a very remarkable organic compound, which forms the bezoar of the East, and which is quite different from lithofellic acid. It is a crystallizable acid, insoluble in water, composition represented by the formula—$H^2O+C^{14}H^4O^7$: with potass, it forms a salt of a bluish-black colour: formula—$KO+C^{12}H^4O^7$. It speedily absorbs the oxygen of the air. It is especially in a physiological point of view, that bezoardic acid is interesting, for either it originates in the bile of the animals which furnish the bezoar, or it is an immediate product of their food.

On the Properties of Sulphur, by M. Daguin, Professor of Physique at the Royal College, Tours.—The conclusions of the author are: 1° that the transformation of soft into brittle sulphur may be accelerated by heat (4th experiment), and perhaps by the light of the sun (2nd experiment); 2° that it is hastened by mechanical action, and by a temperature of 212° F. (5th experiment); 3° that by keeping the sulphur at a fixed temperature, the transformation may be considerably retarded (6th and 7th experiments); 4° that when sulphur passes from the soft to the ordinary state, the transformation commences internally (1st experiment); 5° that when sulphur is cast at different degrees of heat, in that obtained at the point nearest the ebullition, the transformation takes place slowest. Thus soft sulphur, obtained by means of sulphur melted at 500° F. and cast, is

changed with greater rapidity than that which is cast at 752° F.

On the Laws which Govern the Saturation of Compound Bodies, by Ch. Gerhardt.—From the researches contained in this memoir, the author concludes:—1° that the unibasic acids (nitric, acetic, formic, benzoic, cinnamic, cuminic, butyric, valerianic, &c.) form only neutral ethers and neutral amides, and cannot furnish either vinic or *amidic* acid; 2° that the bibasic acids (sulphuric, carbonic, succinic, adipic, camphoric, &c.) form a neutral ether and a neutral *amide*, as well as vinic and *amidic* acids, these two last being unibasic; 3° that nitrogenised compounds have the same bases as the substances from which they are derived; 4° that *amidic* and vinic acids have never the same bases as the acids from which they are derived; 5° that the composition of the neutral *amides* and others may be of use in discovering the bases of the corresponding acids; 6° that the bases of compound bodies obtained from sulphuric acid and organic matter, may be a means of ascertaining the equivalent of the latter.

On Artificial Anatomy.—Dr. Sardaillon presented several anatomical preparations destined to facilitate the study of midwifery, the change of position and form of the different organs during gestation being shown.

Academy of Medicine; *Sitting of the 3rd June*.—M. Caventou in the chair.

On Inoculation in Syphilis.—Dr. Lagneau read a report on a memoir of Dr. de Castelnau relative to inoculation as a means of diagnosis in syphilitic affections. The learned reporter shares the ideas of the author in considering inoculation to be dangerous, and not so useful as has been supposed in the diagnosis of syphilis. Conclusions: thanks to the author; insertion in the bulletin of the Academy.—Dr. Londe: Though a member of the commission, still I have several objections to make to the report.—Dr. Dubois, of Amiens, enquired if Dr. Londe had read and signed the report.—Dr. Londe stated "that he had done neither one nor the other, but he did not consider that a reason why he should not be heard.—Prof. Moreau considered such a mode of proceeding would be very irregular; when a committee was named, the members ought to meet and discuss the various questions, so as to come to a general conclusion.—Professor Gerdy: If it were requisite ere a report could be made, that the members forming the committee should meet and discuss each article separately, none would ever be presented. It is well known that the report is generally the work of the reporter alone, and therefore we must not be too strict, or we run the risk of never hearing a report.—Dr. Dubois, of Amiens: Were the ideas of Professor Gerdy adopted, it would be more simple to name one member alone. But if there are questions in which the Academy may swerve somewhat from the regulations, there are others in which the opinion of a single member is not a sufficient guarantee, and such is the one now under consideration. Dr. Lagneau attacks a doctrine, a method of diagnosis, and yet neither of the other two members of the committee (Drs. Londe and Martin Solon) have read the report; in this state of things, I propose sending the report back to the same commission.—Professor Adelon, after seconding the proposition, stated that he had formed part of three committees, and that a report never was presented without the members being united and being made acquainted with the report.—Dr. Renauldin requested that another member might be named instead of Dr. Martin Solon, who was very unwell.—Dr. Londe: If I cannot give my opinion because I am a member of the commission, I here offer my resignation.—After some further remarks from Professors Moreau, Gerdy, and Cloquet, the report was sent back to the same commission.

On Pellagra.—Dr. Jolly read a report on this disease in reply to a letter from the Minister of Public Instruction, relative to the important opportunity for the publication of the documents on this disease forwarded by the *Conseil Central de Salubrité* of the Gironde. The learned reporter after examining the documents sent to the committee relative to the cases of pellagra, observed at St. Louis, first by Dr. Th. Roussel, and afterwards by Dr. Devergie, and bringing forward the opinions of the different writers on the nature, causes, and treatment of this affection, gives a general description of the diseaseand terminates by proposing to reply:—1° That the documents forwarded by the Conseil of the Gironde, on which the opinion of the Academy is solicited, establish beyond a doubt that an endemic disease exists in the *Landes*, which presents all the characteristic symptoms of the pellagra of Lombardy. 2° That these documents and the two drawings which are added to them are highly valuable to science, and very important to the government, inasmuch as they reveal the existence, give an exact description and present a faithful picture of a disease hitherto but little, if at all, known in France. 3° That in adding to these documents the facts which shew the existence of pellagra in the neighbourhood of Paris, and in some parts of the South of France, they become still more interesting, since they shew the danger of the propagation of this affection in other localities than those in which the practitioners of the Gironde first observed it. 4° That consequently the Academy considers it advisable to publish these documents speedily and extensively. 5° That as to the cases communicated by Drs. Gibert and Devergie, physicians to the Hospital St. Louis, though it was impossible to comprise them in the preceding conclusions, still they are worthy of the attention of the Academy, and of the profession, and consequently the committee have the honour of proposing,—(*a*) That these cases be sent to the *Comité de Publication*; (*b*.) that their authors be thanked for their interesting communication; and (*c*.) that they be requested to inform the Academy should any new cases of pellagra be observed in their wards.—Dr. Rochoux. Though I am of opinion that the conclusions ought to be adopted, still I think it useful to offer a few remarks on the analogy which the reporter states to exist between pellagra and lepra, the more so, as I consider these two affections essentially different. The pathognomonic signs of pellagra consist in small maculæ surrounded by an areola, not above the skin, and so insensible, that the part may be pricked without the patient's knowledge; as the affection proceeds, this insensibility increases with or without tumefaction, and finally a toe, a finger, or even a limb may be detached spontaneously, and what is remarkable, without causing the slightest hæmorrhage. As to the action of the rays of the sun, I cannot admit this cause, except when the skin was previously affected; otherwise what would become of the poor Africans? Finally, lepra is, and pellagra is not, hereditary.—Dr. Husson enquired if any drawings had been sent, and on receiving a reply in the affirmative, requested that a wish for them be expressed in the conclusions.—Dr. Rousquet. Dr. Briere de Boismont informs me that he has three drawings representing this disease, and that he will have the honor of offering them to the Academy on the next sitting. Dr. Gaultier de Claubry had opportunities of studying pellagra in the Valais, in the *Landes* in 1809, and in the Asturias, and he constantly observed it in poor and wretched individuals.—Dr. Jolly. The remark just made is interesting, inasmuch as it proves, that pellagra existed in the Landes previously to the epoch mentioned (1818) in the documents. As to the observations made by Dr. Rochoux, the two diseases mentioned were not considered to be analogous, and inoculation was classed among the secondary causes. Dr. Prus regretted that no mode of proceeding was indicated by which the propagation of the disease could be prevented. Dr. Jolly in reply stated that the Academy had been requested to say whether the publication of the documents forwarded would be of any practical utility, and nothing more. The conclusions were then unanimously adopted.

Paris, June 12th.

On *Diseases of the Eye*, by Professor Velpeau.—*Iritis—Treatment* (continued).—Besides the remedies mentioned in the preceding lecture, many others have been recommended as specific, but it will be presently shown how far this opinion is correct. These remedies are:—*oleum terebinthinæ*, in doses of ℥j. ʒx., and even ʒxiv. per diem; really, this a horrible remedy, against which the stomach rises, and which causes in almost every case, vomiting, diarrhœa, colic; in short, a violent and dangerous derangement of the system. It may, it is true, succeed, on account of the severe revulsion it produces; but, truly, I do not know whether it is not better to be affected with iritis, than to be submitted to a remedy which causes so violent a shock, and, indeed, I would never recommend it. *Purgatives frequently repeated*.—I have prescribed them, but must confess that the revulsion they produce does not appear to effect sufficient improvement for me to consider them of any great advantage. The amelioration is by far too slow, besides which, from the length of time it becomes necessary to administer them, they may be productive of serious mischief; they ought, therefore, to be given only when no other remedies can be had recourse to. *Astringents*.—Several have been recommended, such as catechu, kino, simarouba; but, in reality, they possess no efficacy. It may, therefore, be affirmed, that with the exception of venesection and calomel, as yet no remedy has any very efficacious action, and as the only disadvantage attendant upon the latter is salivation, which may, however easily be kept within proper bounds, I consider it ought always to be preferred until something better be indicated. *Specific Iritis*.—Although I have already stated the reasons why I do not, with the exception of the syphilitic, admit the existence of the specific forms of iritis, yet they must not be passed over in silence; first, because much has been said concerning them, and secondly, to avoid the injurious results which necessarily must happen if this affection is combatted by remedies destined to attack the supposed principle of the disease. It has been considered in two different ways, for the French practitioners do not view it in the same light as the modern German authors: in the opinion of the latter when an individual offers the signs which they think indicates a syphilitic origin, the disorder is specific; again, if another presents the characters assigned to rheumatic or scrofulous iritis, the affection is specific, even if the patient had never suffered from syphilis, rheumatism, or scrofula. From what I stated in commencing the description of iritis, it is not necessary for me to take up much time in combatting this mode of appreciating the disease. As I then observed, though I admit that disorders are modified more or less by the constitution, *still I do not* think this sufficient to constitute a specific affection. In fact, iritis never presents in a strong and robust individual the same symptoms as in a weak and debilitated person, but this takes place not only in diseases of the eye, but also in all the maladies with which the economy may be affected: the same remarks are applicable to scrofula, rheumatism, &c. Those who have adopted opinions in opposition to those just announced, assign to each variety—which they call specific pathognomonic characters. Thus, they recognise *rheumatic iritis*—by intense photophobia and lachrymation; a distinct circle around the cornea; pain more or less violent, in the morning more than in the evening; pupil ovoid from above downwards. *Syphilitic iritis*—by a peculiar yellowish, copper tint of the iris; redness disseminated over its surface; nocturnal pains; pupil deformed so as to present a point upwards and inwards. *Scrofulous iritis*—by considerable spasm of the lids; photophobia and epiphora; pupil ovoid, offering a point upwards and outwards. *Arthritic iritis*—by the brilliancy of the eye; the iris appearing as if moist, and covered with a sort of froth; pupil offering an ovoid horizontally; finally, there are symptoms by which they distinguish typhoid, nervous, scorbutic, and numerous other species: for when once this method is adopted, there is no reason why we should not recognise a pleuritic, pneumonic, or peritonitic iritis.

If these doctrines had been established by men eminent in medicine, they ought to have proved that rheumatism depended on a peculiar virus, before they asserted that iritis was modified by this virus Now this has never been done; indeed, at the present time, many distinguishe practitioners con-

sider rheumatism to be only an inflammation of certain tissues. Again, there are only a few who admit that scrophula is owing to a peculiar specific virus, independent of the constitution of the individual. If, therefore, the generality of practitioners deny that a peculiar virus exists in each of these diseases, how is it possible to affirm that a specific iritis may be produced through the influence of this virus? This leads us naturally to the doctrines professed in France, viz:—that iritis may be modified by the constitution, or by diseases, which complicate or precede it, but without presenting any specific character, for were this admitted in iritis, it must be also allowed in other affections, since all are more or less modified by the constitution. Moreover, as I have already stated, the characters assigned by German writers to arthritic iritis, are frequently to be seen in my wards, where I have not, for the last fifteen years, observed more than two or three individuals affected with gout. The same remark is applicable to rheumatic iritis, as I have frequently remarked it in persons who have never suffered from rheumatism.

But it is not so with syphilitic iritis; on the contrary, whenever we observe the symptoms of this variety, we may affirm that, in one-half the cases, the venereal taint is present; but as a great many patients, from shame or other causes, deny strenuously ever having been affected with lues, too much faith must not be placed in their statements. Whenever, therefore, the patient owns to having suffered from syphilis, or if, notwithstanding his denial, there is any reason to suspect that such is the case, I admit that the affection is specific, because it is certain that the disease originates in a peculiar virus introduced into the system. But though I consider syphilitic iritis to be of a peculiar nature, must it necessarily be supposed that I think the characters assigned to it are pathognomonic? By no means; on the contrary, I have seen most of its symptoms in acute iritis, whilst they were completely absent in the syphilitic form. Thus, the shape of the pupil is by no means an infallible sign: and, on reflection, it seems singular to think that syphilis could give to the inflammation of the iris so peculiar a mode of development, that the pupil should present one form in preference to all others. I do not hesitate to affirm, from clinical observation, that the pupil may present, in the same stage of iritis, five, six, or even ten different shapes; nay, more, that it is not impossible to see the pupil take several different shapes in the same attack of iritis, and in the same person. The symptoms relative to the colour of the iris are not so fallacious as the preceding. It is well known that in constitutional syphilis, the skin presents a peculiar copper colour: now I have repeatedly sought for it in simple acute iritis, but could never find it; a peculiarity must here be mentioned, viz., that in individuals whose iris is naturally of a brownish colour, this part may assume a coppery tint, which, if not known, may become a source of error. It must also be mentioned that, in chronic cases, this tint is more highly developed. It may, therefore, be concluded that in syphilitic iritis, the part presents a peculiar colour. As to the other symptoms assigned as pathognomonic of the various species of iritis, yclept specific, a brief enumeration will suffice, as in reality, they are in nowise characteristic. For instance, the intense photophobia and epiphora of rheumatic iritis, exist only when there is a complication of keratitis or slight retinitis—diseases very frequent after rheumatism—the spasm of the orbicularis, the epiphora, and the photophobia of scrophulous iritis, are likewise symptoms of ulceration of the cornea, because it is only in those cases that they are met with. I do not, therefore, think it necessary, except in syphilitic iritis, to employ any particular remedies; the more so, as those recommended are far from being real specifics. How far this opinion is correct, will be examined in the next lecture, after which I will commence the description of chronic iritis.

On Fissures of the Anus.—According to professor Blandin, the first symptom which leads the surgeon to suspect that such a disease exists is, violent pain during defecation, increasing after the act is ended, and lasting sometimes for several hours, constipation; extreme difficulty in introducing the finger, and when once this is attained it is forcibly compressed, owing to the contraction of the sphincter; this was erroneously said not to be observed in fissures of a syphilitic origin, for it is not owing to the cause, but to the seat of the disease, since whenever it is placed on a level with the sphincter, it is invariably accompanied by tension of the muscle; as to the opinion of Boyer relative to its being the cause of the fissure, professor Blandin considers it rather the effect, for it comes on almost always from the continual irritation produced by the fissure and the inflammation caused by the passage of fecal matter on the part. But if the constriction is consecutive, would it not be sufficient to heal the fissure in order to obtain a cure? I do not think so, for the stools will always produce a relapse; an operation consequently is indispensable, and the subcutaneous method ought to be preferred to that proposed by Boyer, inasmuch as the wound heals sooner, and is not so frequently followed by bad consequences, phlebitis for instance. As to the incision, it ought to be made laterally, because by cutting forwards, the bladder may be wounded; and backwards, it must be very deep in order to divide all the fibres of the muscle. The division performed, the lips of the wound must be kept separate by tents, smeared if necessary, with soothing ointments.—*Gazette des Hopitaux.*

Incontinence of Urine.—Several cases of this affection have lately occurred in the wards of Dr. Robert, at the Hospital Beaujon. The usual remedies (strychnine, opium, &c.,) having failed, the urine was carefully examined and found to deposit a considerable quantity of a thick ropy mucus, which, added to the increased sensibility of the organ when catheterism was employed, evidently indicated the existence of cystitis; consequently the following remedies were had recourse to. Injections of decoction of marsh-mallow root, and poppy heads, semi-cupia, leeches, cooling drinks, and balsamum copaibæ. In one case the cure was complete, and in the three others there was an evident improvement.—*Annales de Therapeutique.*

Tubercles of the Testicle, the vas deferens, the Prostate Gland and the Brain.—M. Mouchol, *interne* to the Hospital *du Midi*, publishes the following case. Carré (Chs,) painter, ætat 19, after leaving the wards of Dr. Lugol at St. Louis, entered those of Dr. Vidal de Cassis, on the 8th Jan. 1845.—*Testicles*, right, quite sound; left four times as large as the other, softened; *vas deferens*, on the left side, had undergone the tubercular degeneration, was voluminous, hard, and uneven; he had cicatrices under the jaw, near which were several enlarged glands. An incision was made on the testicle, allowing an unhealthy looking, flaky fetid pus to escape; the opening was allowed to remain patent, the ioduret of potassium was given internally. This treatment was continued without anything occurring until the 15th March, when the patient complained of cephalalgia; the ioduret was suspended until that symptom disappeared, and was then recommenced—26th, the cephalalgia re-appeared, and the ioduret was stopped.—3rd April. The patient muttered incoherently, pulse regular, and natural; Dr. Vidal de Cassis diagnosticated tubercles in the brain, and prescribed leeches behind the ears.—5th, stupor; stupid look; can still understand when spoken to, but replies slowly and in monosyllables; tongue moist; stools natural; pulse as before. Blister to the nape of the neck. During the day, delirium, and jactitation, the straight-jacket became necessary.—6th, increased stupor; abolition of the intellectual faculties; face red; eyes motionless, staring; pupils dilated; conjunctiva injected and purulent; lips dry; continual motion of the arms; breathing, sighing, and frequent, pulse as before. Ice to the head, blisters to the thighs; death on the 7th. *Autopsy Brain*, presented several tubercles of the size of a nut; one was situated at the posterior part of the fissura magna sylvii on the right side, at about a line from the surface, so that it could easily be felt on pressure; a second was likewise found near the surface of the central lobe of the left side; a third somewhat further back than the preceding; three others of the same size were discovered on the inferior surface of the tentorium cerebelli on the right side, to which they adhered; the cerebral substance was injected throughout its whole extent; same state of the pia mater around the tubercles; no softening nor change of colour of the cerebral mass.—*Lungs*; full of granular, miliary, transparent tubercles.—*Testicles*; left completely destroyed, its fibrous envelope alone remaining, and tubercular matter occupying the place of the gland: epididymis united to the testicle; vas deferens having undergone the tubercular degeneration, has considerably increased in size, as high as the inguinal canal, after which it assumes its natural dimensions, increasing again as soon as it has reached the abdominal cavity, where it presents numerous tubercles; vesicula seminalis on this side larger than the opposite, and converted into a tubercular cavern which communicates with another in the prostate gland; this last finally opens into the urethra on the left side of the verumontanum; this opening does not appear to have been produced by a rent, and allows the point of a probe to enter.—*Annales de la Chirurgie.*

Academy of Sciences, Sitting of June 9th, M. E. de Beaumont in the chair.—Received Observations made at the Magnetical and Meteorological Observatory at Toronto in Canada, printed by order of her Majesty's government, under the superintendence of Lieut.-Colonel Edward Sabine, of the Royal Artillery, vol. i., 1840, 1841, and 1842. Transactions of the Royal Irish Academy, vol. i.

Academy of Medicine, Sitting of the 10th June. M. Caventou in the chair.

On Pellagra.—Dr. Theophile Roussel addressed a letter in which after stating that he considered it incumbent on him on account of the vote which closed the last sitting, to communicate his researches on this subject to the Academy, he continued thus:—"Three years ago, on my return from travelling in Italy, I had an opportunity of observing and describing the first case of pellagra observed in Paris; this fact was published in the *Revue Medicale*, July 1842, a twelvemonth before those of Drs. Gibert and Devergie; I regret very much that the learned reporter was not aware of it. Since that I have perseveringly pursued my researches on this disease, and as I think I have obtained several important results relative to the causes, the origin, and the real seat of the affection, many of which are quite new, I have the honour of offering a copy of my Thesis, in which the most important are mentioned; I add a copy of the case published in 1842, and shall shortly have the honour of presenting my work on pellagra. In the meanwhile, in order to fix attention on the unfortunate populations afflicted with this disease, I consider it my duty to state that numerous attestations, and innumerable facts prove that the victims of this cruel affection increase daily, not only in the department of the Landes and of the Gironde, but likewise in all those near the Pyrenees, and especially in those of the Aude and the Haute Garonne. The documents communicated by Dr. Roussel, surgeon to the hospital of Castelnaudary, those published by Dr. Miguel, and, finally, those communicated to me by Dr Calis, a distinguished practitioner of Villefranche, shew the danger attendant on this scourge, but which may, by the joint aid of medicine and the public authorities, be put a stop to. On a future occasion I shall have the honour of communicating to the academy my researches on this subject. Dr. Briere de Boismont addressed a letter on the same disease, with drawings, representing the different phases of the characteristic eruption of pellagra, and a portion of the cuticle of a person affected with it. Dr. Ferrus: As I was not present at the previous sitting, I may be excused in asking, whether a complication was noticed in the report, I mean mania, or melancholia. I have had an opportunity of seeing many persons affected with pellagra at Milan, and in a great number it was complicated with mania or melancholia. The physician of the hospital in that city stated that this circumstance was frequently observed, and that though the affection was considered to be hereditary, still, by a proper treatment, it could be cured. I therefore perfectly coincide with Dr. Briere de Boismont in this respect; as to what he states with relation to pathological anatomy, I can

say nothing from personal experience, my stay at Milan having been too short for me to assist at any autopsies, but I was informed by competent judges that it is as Dr. Briere de Boismont has stated. M. Duprey presented some remarks on pellagra, which he compared to the diseased produced by secale cornutum.

Cow Pox.—M. Huzard writes, stating that having been informed that several cows near Senonches offered pustules of cow-pox, he went to the spot in order to verify the fact; unfortunately, the pustules were already dry, but a milk-maid, strong and hale, who had never been vaccinated, presented some characteristic pustules on the hands and arms, in the first stage. The matter collected was forwarded to the *Comité de Vaccine* to be experimented with. The farmer's wife and children, having been vaccinated, experienced nothing. Dr. Bousquet stated, that he had vaccinated several children, and that the result should be made known to the Academy.

Living Animalculæ in the Urine.—Drs. Kergaradec and Balestrier sent the details of this case and the animalculæ.

Inoculation of Syphilis.—Dr. Lagneau presented some remarks on the report presented at a former sitting, and proposed, that it be discussed, and the conclusions put to the vote. Dr. Londe considered that this ought to be delayed until Dr. Martin Solon could be present. Dr. Rochoux remarked, that it is necessary for a report to be signed by three members ere it could be discussed; now, in the present instance, two only had done so, but if agreeable to the Academy, he would affix his signature; in which case, the discussion could proceed immediately. The proposition of Dr. Lagneau, not having been seconded, was not put to the vote.

Gelatinous Capsules.—M. Lecanu presented a report relative to gelatinous capsules, for which the inventor wished to take out a patent. The reporter concluded, that there was nothing new, and that consequently, the patent ought not to be granted.

Nomination of Foreign Associates.—The Academy having decided, that a list of candidates should be presented, Dr. Paisect read a report, in which their titles were mentioned. According to the rules of the Academy, three candidates must be presented for each place; the number was, therefore, twenty-one, seven places being vacant, divided into three series,—in the first, the following gentlemen were named:—MM. Muller, Brodie, Burdach, Buffalini, Clark, Lawrence, Marshall Hall. M. Lusse proposed adding Liebig's name, and Professors Roux, and Velpeau, Havren, Salomon, Chelius, &c., Drs. Gerardin and Delens, on the contrary, considered that the list presented by the Committee ought to be maintained. Finally, after a long and rather tumultuous discussion, a decision was postponed until the next sitting.

Caries of the Inferior Maxillary Bone.—Professor Blandin gave the details of the following case:—A woman, about 25 years old, entered the wards of Professor Blandin, at the Hotel Dieu, for caries of the inferior maxillary bone. An operation being indispensable, it was performed as follows:—a semi-circular incision was made in the integuments under the chin, from the angle of the jaw, on the right side, to the left zygomatic arch, and by a careful dissection, the diseased portion was laid bare, and removed; for some time, the cheek on this side was sunken, but a ligament was afterwards formed, so as to replace the lost bone, in every respect; this felt like the lower jaw of an infant on coming into the world; the cheek, after the development of this tissue, assumed its natural form; the only consecutive accidents were several small abscesses.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
Honorary Physician to the Spanish Embassy.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M. D.

Diagnosis and Treatment of the Diseases of the Pancreas.—The symptoms of diseased pancreas, are: 1, painful sensation in its anatomical situation, the pains being especially severe towards the right hypochondrium, so that they may be readily confounded with disease of the liver; 2, swelling of the pancreas, presenting a rather hard tumor extending towards the left above the navel; 3, vomiting, not only after meals, but at other times, and often without any reference to the fulness or emptiness of the stomach. The vomited matter is a clear albuminous fluid, either insipid or of a saline taste. Such vomiting is only observed in inflammatory affections of the pancreas; if the liver is affected at the same time, the vomited matter appears greenish-yellow and has a bitter taste; 4. obstinate obstruction alternating with diarrhœa. Treble and quadruple doses of purgative medicines only produce a few stools, without difficulty in some cases, but in others, with colic and tenesmus; 5. impossibility of lying on either side (Jos. Frank says, de inflammatione pancreatis: Ægrotor. decumbendi modus varius, and page 367, de carcinomate pancreatis, alias impossibilis est situs in dorso, aut soli dorso incumbere cogitur æger.); 6. consensual pains felt simultaneously in the loins, shoulders, and back, not changing their seat like rheumatic pains, but remaining permanent for weeks; 7. dryness of the mouth and throat, or abundant salivary secretion. The dryness extends to the stomach, and cannot be alleviated by any remedy; 8. emaciation, often extreme; 9. the fever is slight but returns in consequence of the least excess; 10. hypochondryacis.—(*Dr. Melion in Oesterr. mediec. Wochenschrift.*)

On Antimonate of Potash.—It is not easy to prepare the antimonate of potash, so as to use it as a certain test of soda. Fremy distinguishes, 1. an insoluble antimonate of potash, (called the binantimonate of potash by Berzelius, the antimonium diaphoreticum ablutum of the ancients;) 2. a gummy deposit, (simple antimonate of potash;) 3. a deliquescent, and 4. a granular antimonate of potash; the latter only can be used as a test for soda. To obtain it, melt antimony with nitrate of potash, wash the mass with lukewarm water, dry the insoluble residue, and heat it with three parts of hydrate of potash, till the mass becomes soluble in water. If this antimonate of potash is then dissolved in water, two salts are obtained by evaporation, *a*, the deliquescent salt, to be washed out with cold water, till the residue has become granular, and *b*, the granular salt, which is white, and difficult of solution in cold water. Fremy considers it as isomeric with the gummy antimonate of potash, the solution of which gives a gelatinous precipitate with salts of soda, whilst the precipitate caused by the granular salt is immediately deposited in crystals. The granular antimonate of potash consists of

61,3 (1 atom) antimonic acid,
16,9 potash (1 atom,)
21,8 water (7 atoms.)

100,0

Its watery solution is not precipitated by a diluted solution of sal-ammoniac, whilst a precipitate is formed in the gummy salt. The cause of this difference lies in the circumstance, that the granular salt is bi-basic, for at 200°, it only loses six atoms of water and retains the seventh. At 300° it becomes anhydrous, like the gummy salt. The granular antimonate of potash will discover 1-300dth part of soda in solution. If the soda should not be immediately thrown down, the addition of alcohol will aid its precipitation, but then the precipitate must be washed with water. The test prepared as a watery solution will keep for some time, but ultimately it passes into the gummy, or even into the insoluble antimonate of potash, when of course it becomes useless. If the soda be combined with an organic acid, it is advantageous to transform it, before its precipitation, into a carbonate, muriate, or sulphate, because a flocculent precipitate is easily formed in organic salts. The anti-monate of soda possesses the same stœchiometrical constitution as the neutral (granular) salt of potash; for Fremy found it to be composed of

64,2 antimonic acid, (1 atom)
11,9 soda, (1 atom)
23,9 water, (7 atoms)

100,0

It also loses six atoms of water at a temperature of 200°. Several chemists maintain the antimonous acid of Berzelius is nothing but antimonate of oxide of antimony, $Sb_2 O_3 + Sb_2 O^5$. For if the so-called antimonous acid be treated with concentrated potash lye, antimonate of potash is obtained, and the oxide of antimony is separated by dilution with water. If the antimonous acid be melted with potash, the effect is the same; only in long-continued melting under the influence of the air, the oxide of antimony enters into a higher degree of oxidation, and only antimonate of potash is obtained. Those acids which combine with oxide of antimony, separate antimonic from the antimonous acid.—(*Buchner's Repertorium.*)

Hæmoptysis after the Use of Succus Citri.—Lemon-juice having been much recommended lately in dropsy, the author, in two cases out of three in which he employed the remedy, found its use followed by hæmoptysis. We transcribe his first case:—A strong, muscular joiner, with a high and broad chest, stood for a great length of time in water whilst at work on a mill in the summer of 1840, and in consequence he suffered from rheumatic fever, which was followed by ascites and anasarca. After the principal remedies in general use had been administered in vain, the patient took a tablespoonful of lemon-juice every two hours for several weeks, when he was suddenly attacked by such severe hæmoptysis that death ensued on the second day. The patient had never suffered from any complaint of the chest before. The author asks, did the exhibition of so much acid produce hæmoptysis, or was the fatal issue to be ascribed to other causes? (Though acids are generally used as styptics, citric acid does not act as such, but on the contrary, according to experiments on animals, it dilutes the blood.)—(*Dr. Klusemann in Preuss. Verein. Zeit.*)

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

THE SYSTEM OF NON-RESTRAINT.—A writer in the *British and Foreign Medical Review*, speaking of the non-restraint plan of treatment of lunatics, says: six years ago the experiment of non-restraint in all cases was tried at Lincoln, and a year subsequently Dr. Conolly, in the face of opposition, contempt, and scepticism, decided on making the bold experiment of abolishing mechanical restraint at once from Hanwell, where there were more than eight hundred and fifty pauper lunatics under his care. The experiment has been eminently successful. It has been followed by Lancaster, Gloucester, Northampton, and Haslar, where non-restraint and kindness have been carried to their fullest extent, and with entire success. The direct result has been the increased comfort and tranquillity of a large body of the lunatics by the diminution of much unnecessary cruelty and harshness to which they were before subjected, and the indirect result is that the law of kindness instead of severity is recognised in a greater extent than formerly in all lunatic asylums (with but few exceptions) and the condition of their unhappy inmates thereby improved. It has not prevented suicides; but from the statistics of Bethlem it is fair to conclude that it has diminished their frequency. It has not prevented accidents from sudden outbreaks of fury, any more than the restraint system; but there is no reason to believe that such have been more numerous. They belong to the nature of the disease, and no one plan, but the barbarous one of a complete and entire confinement of all who are not idiots or demented, would prevent them. The system which the Commissioners of Lunacy advocate does not, for these accidents have occurred chiefly in asylums conducted on their own principle, and have happened also where much more rigorous mechanical restraints have been the rule. But that the non-restraint system is of equal security with the other, both being somewhat insecure, is proved by the evidence of their report. When therefore the notorious abuses of the system of restraint, to which it is so peculiarly liable, are taken into consideration, and the great fact that by carrying out this new system to an extreme, so much good has been effected withou

any increase of the inconveniences experienced under the old system; we regret that the Commissioners have not given the more decided sanction of their authority and recommendation to non-restraint, and have not even fully recognized the advantages which it has already conferred, and those to which it must lead.

Analysis of the Urine of Insane Patients in St. Luke's Hospital in 1844.—Dr. A. J. Sutherland and Dr. Rigby have published, in a recent number of the *Medical Gazette*, a very important paper under this title, of which the following is an abstract:—The authors premise the rules which render patients inadmissible into St. Luke's Hospital. They are as follows:—1. The possession of sufficient means for decent support in a private asylum; 2. Having been insane for more than twelve calendar months; 3. Having been discharged uncured from any other hospital for the reception of lunatics; 4. Being troubled with epileptic fits, paralysis, or a state of idiocy; 5. Females with child; 6. Requiring (from disease or debility) the separate attendance of a nurse, or the assistance of a crutch; 7. Being under the age of 12, or above 70; 8. Being brought not clean, not properly clothed, and not free from infectious disease. Many patients are attempted to be passed off upon the hospital, who are known to be paralytic, and to have had epilepsy; but in all probability the majority of cases of paralysis, which are brought for admission, are not known to be such, either by the friends, or the medical men who send them. The paralysis of the insane is a disease very different from common paralysis; there is no disintegration of the nervous fibre in these cases, but an exhaustion, more or less complete, of the nervous energy, producing a state of general debility, and trembling of the limbs; the motor nerves do not refuse to perform their office, but they do it badly; hence the tremor of the upper lip and hands, the stuttering speech, the faltering gait. It is to be wished, that some other name than paralysis had been found to express this affection, because it leads to much error and confusion of ideas. It cannot be too often repeated, that general paralysis, or paralytic insanity, is an affection perfectly distinct from hemiplegia and paraplegia. The disease can at once be recognised by the peculiarity of the speech; the motor nerve of the tongue is generally the first to suffer; the exquisite play of the muscles becomes embarrassed, and produces hesitation and thickness of speech; the pupils of the eyes are sluggish, and there is usually asynchronous action present. The cases are arranged under the six following forms of insanity:—mania, melancholia, dementia, acute dementia, monomania, and puerperal madness; of these, the three first species, being by far the most common, have afforded the chief materials for investigation. The number of cases which were examined are as follows:—mania 56, melancholia 40, dementia 96, acute dementia 3, monomania 5, puerperal cases 9. The urine passed in the morning was selected for examination, as being least subject to the influence of food, and its investigation was arranged under the following heads:—color, acid, or alcaline, sediments, specific gravity, serous, excess of urea, lithic acid, lithate of ammonia, triple phosphate, oxalate of lime, carbonates, muriate of ammonia, muco-pus. Each of these has been made the subject of distinct investigation, and the relative proportion and per centage in which they occur, have been given in as many tables, from which the authors deduce the following summary:—That in mania and melancholia the prevailing colour of the urine is high: in dementia it is light. It is acid in at least 80 per cent., of the mania and melancholia cases; in dementia, the proportion is much smaller, viz. 63·54 per cent. Sediments of one sort or another occur in almost every case of mania and melancholia, especially the latter; in dementia, in only every other case. The specific gravity in the two former species ranges most usually between 10·21 and 10·30; that of melancholia frequently exceeds even 10·30, whereas that of dementia is usually found between 10·11 and 10·20. Serous urine was a rare occurrence, viz. 7·50 in melancholia; in mania 5·35; and in dementia only 1·04 per cent. Excess of urea was seen most frequently in melancholia, least so in dementia. Lithic acid and lithate of ammonia were likewise observed, most frequently in melancholia, and least so in dementia; lithic acid being, in all three forms of insanity, of much more usual occurrence than lithate of ammonia. Crystals of triple phosphate were met with in dementia, at the rate of 25 per cent.; in mania 23·21; and in melancholia 6·66 per cent. Crystals of oxalate of lime were seen in every fourth case of melancholia, or at the rate of 25 per cent.; in mania, the proportion was 17·85, and in dementia, only 2·08 per cent. Muriates occurred at about the average of 13 per cent. in all three forms of insanity. Muco-pus globules were most frequent in mania, viz. 17·85 per cent., whereas in melancholia, they were at the rate of 10·, and in dementia of 7·72 per cent. The last, or fourteenth, table contains a condensed summary of the whole.

	Colour of Urine.	Acid Urine.	Sediments.	Specific Gravity.	Serous.	Urea. Excess of	Lithic Acid.	Lithate of Ammonia.	Triple Phosph. Crystals.	Oxalate of Lime.	Carbonates.	Muriate of Ammonia.	Muco-Pus.
Mania	High	80·35 per cent.	87·50 per cent.	Between 10·21 & 10·30	5·35 per cent.	33·92 per cent.	89·46 per cent.	19·64 per cent.	23·21 per cent.	17·85 per cent.	16·07 per cent.	14·28 per cent.	17·85 per cent.
Melancholia .	High	80·00 per cent.	100 per cent.	Between 10·21 & 10·30	7·50 per cent.	47·50 per cent.	47·50 per cent.	32·50 per cent.	6·66 per cent.	25 per cent.	30 per cent.	12·50 per cent.	10 per cent.
Dementia ...	Light	63·54 per cent.	54·16 per cent.	Between 10·11 & 10·20	1·04 per cent.	16·66 per cent.	13·54 per cent.	1·04 per cent.	25 per cent.	2·08 per cent.	34·37 per cent.	14·58 per cent.	7·27 per cent.

Foreign Body in the Bronchia of a newly-born Infant.—The following case was related at the séance of one of the professors at Marseilles. A child, two months old, was seated upon the lap of its mother, who was engaged in preparing beans for dinner; suddenly he was seized with a convulsive cough, recurring at intervals, and always succeeded by a perfect calm. A physician was called, who, on examination, found the following condition of things: face pale; countenance fixed and expressing great uneasiness; respiration difficult, and detected by the motion of the nostrils; no fever; and nothing revealed by auscultation. The slightest movement induced a suffocating access of cough, and the child leaned forward and opened his mouth wide, as if for vomiting. Various hypotheses were suggested as to the nature of the case, and, in the meantime, leeches, an emetic, and blisters, were prescribed. A foreign substance being finally suspected, tracheotomy was performed, but it proved unsuccessful, as the child soon after died. At the autopsy, a large white bean was found at the bifurcation of the bronchial tubes; it was swollen, and surrounded by pus and false membrane; the lungs were hepatized.

Improved kind of Ligature.—Dr. Thomas M. Lee observes, that in using the common double ligature, he has oftener than once experienced a good deal of inconvenience when the patient was unsteady, from the necessity for some manipulation, in order to ascertain which were the ends of the one, and which of the other thread. It has occurred to Dr. L. that the apparatus alluded to might be rendered much more perfect by having one-half of each thread intended for a double ligature dyed black, while the other half is allowed to retain its original light colour. The advantages of this plan are, that after the needle is cut away, the two ends of each thread can be easily seized and tied, saving the anxiety which delay occasions. The difference in colour at once distinguishes the one ligature from the other, so that there is no need for pulling at the different ends to gain this information. The preparation of this thread is very simple, one half only of each hank having to be dipped into the dye. The hank thus prepared may then be cut through, either at one point in its circumference where the black and white parts meet, or at two, viz. in the middle of the white, and again, in the middle of the black part.

Absence of the Urinary Bladder in a Man.—Dr. D. Ross Leitch had an opportunity of of examining a singular case of malformation of the above nature in the person of a man, æt 39. The man died after fracture of the femur extending into the knee-joint. The body was slight and effeminate; there were beard and whiskers, but only a few scattered hairs on the pubes. His voice had been weak, and rather shrill. There was no appearance whatever of a penis. The man declared that he had once possessed something of the kind, but nothing remained to corroborate the statement. As in the case of Highmore's boy, referred to by Dr. Duncan in the first number of the *Medical and Surgical Journal*, "all was entire and smooth," from the orifice of the ureters to the anus. The testes were small but natural, similar to the cases mentioned by Desault, Knox, and others; they were contained in folds of skin near the pubes. As is almost universal in these malformations, the bones of the pubes were separated to a considerable distance from each other, the intervals being filled up by a broad strong ligament; the symphysis and descending rami of the pubes were wanting. By separating the acetabula and thighs to a greater distance than usual, this had rendered the man's walk less firm than common, and produced a rolling from side to side. The anus was thrown so far forwards that there could scarcely be said to be any perineum. A slight umbilical scar was visible low down in the hypogastric region, about an inch and a half to the right of the urinary orifice. There was no trace of the corpora cavernosa, or appearance of a scrotum. The epididymes on both sides were very observable, terminating naturally in the vasa deferentia, which, after a brief course, expanded into the vesiculæ seminales, and there, with the prostate gland were attached to the posterior part of the conjoined ureters. Certain minute orifices, into which a bristle could be thrust, appeared near the mouth of the urinary passage; and these seemed to have given exit to the seminal fluid. The *left* kidney was early natural; the pelvis, however, was more capacious than usual, and the ureter on that side was slightly increased in its calibre. In the *right* kidney, the cortical substance had disappeared, and the organ pre-

sented the appearance of a globular membranous bag, the sides of which, as well as those of the corresponding ureter, were thick, firm, and condensed in their structure. The *right* ureter was twelve or fourteen lines in diameter. About an inch and a half from its termination on the surface of the abdomen it was contracted so as to perform the office of a valve. Muscular fibres could be traced at this portion of the ureter. Though the urine had continually dribbled away from the unfortunate patient, he declared he was able to expel it from time to time in considerable quantities: there is little reason to doubt the statement, for the right kidney and ureter were found after death filled with urine. Dr. L. thinks it probable that the water which continually trickled from the orifice came altogether, or in great part, from the *left* kidney, there being nothing in the corresponding ureter to obstruct its flow, but that the valve at the lower part of the *right* ureter enabled him to retain the urine in that distended canal, and the capacious pelvis of the kidney for some time, and that, by the pressure of the abdominal muscles, the membrane at its valvular portion was so far overcome as to permit the discharge of the collected fluid. It seemed to be a very curious and admirable instance of the ingenuity of nature in compensating original deficiency of structure. There was not the slightest trace whatever of the urinary bladder, but the ureters terminated at their point of junction on the skin above the pubes. There was abundant proof that the man had possessed the sexual appetite. It is also mentioned that the banns had been three separate and distinct times proclaimed at the parish church, between him and a woman who was attached to him.

Danger of Hydropathy.—Dr. M. Hall says, there is *one* aspect in which the administration of the several measures included in hydropathy should be especially viewed. They all require great powers of re-action in the patient. Now, if there be inflammation, and especially if there be congestion, of an internal organ or organs; if, from such or any other cause, the blood driven from the surface do not regain its former diffusive course, fatal consequences may ensue. This observation applies especially to dyspepsia, gout, and rheumatism, with their peculiar diathesis and disposition to remove and fall on the internal organs; to diseases of the heart, with its series of visceral congestions (see the Gulstonian Lectures for 1842, p. 48); to diseases of the lungs, the liver, and intestines; and to disease of the kidneys.

Pyromania.—The following description of pyromania is from the Fifth Annual Report of the Crichton Royal Institution for Lunatics, at Dumfries. A more rare variety of alienation is pyromania, or the tendency to incendiarism. It seems a modification of the blind impulse to destroy. While traceable to perversion of the will and sentiments, it may be provoked by malice, revenge, or other motives common to the vicious and unsound mind. A very large number of the cases which have been most carefully examined have occurred in mere children, or extremely young females, who, when able to explain their conduct, have assigned no more intelligible reason than a desire to witness a conflagration. The disease is occasionally epidemic or imitative, affects various individuals unconnected by consanguinity or intercourse in succession, and spreads desolation and terror over a whole country. This should be kept in view when such acts are investigated judicially, for madmen may be mingled with anarchists; or the act of the malicious or rebellious incendiary may have suggested a similar course to the excited imagination or distempered propensities of the pyromaniac. At precisely the same time in 1830, when such devastation was committed in England by rick-burners, bands of young women perpetrated similar ravages in France without apparent object or design. They were regarded and treated, and perhaps wisely, as lunatics. The involuntary propensity to burn is generally associated with bodily disturbance, an undeveloped constitution, and mental imbecility, but it is not necessarily so. It may likewise be the element of a mind combining strong intellect, serenity, and self-control. It has occasionally been developed as the last atrocity of despotism, or the wildest erraticism of genius. If combined with the monomania of pride and superstition, the patient burns a palace or a cathedral: if with the tendency to suicide, he casts himself into the fire; if goaded by imaginary insults or injuries, the property of an enemy is selected; but if the desire be blind, insensate, impetuous, the destruction is indiscriminate. Persons labouring under the impulse not merely disregard life, they act as if it were invulnerable, and caress the flame they have produced, and almost invariably and anxiously watch its progress. One of this class, who was not a suicide, has been observed to handle ignited coals as if they were harmless, and, after setting fire to a sofa, sit quietly down upon the burning cloth as if to court immolation. Another inmate, who originally manifested her derangement by attempting to destroy farm produce, still, upon all favourable occasions, consigns her dress to the fire, without regard to the value of the article or to her own comfort, and obviously derives intense gratification from the brilliant flame which she has produced. This woman, although passionate, and so irrational as to recognise in her fellow-patients former friends and acquaintances, disguised as females, is acute, cunning, and perfectly conscious of the culpable and dangerous nature of her irresistible propensities."

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society, June 14th, 1845.—Cæsar Hawkins, Esq., in the chair.

Large opening into the anterior part of the Urethra, caused by sloughing, and attended by considerable loss of substance, successfully treated by operation; with remarks and illustrative drawings, by F. Le Gros Clark, Assistant Surgeon to St. Thomas' Hospital.]

The author commenced his paper by pointing out the difficulty of curing urinary fistulæ in general, but much more especially so those which are situated in that part of the urethra anterior to the scrotum. In illustration of those remarks, he quoted the opinions and experience of Professor Dieffenbach, who had been repeatedly foiled in his attempts to cure even small fistulæ, in this situation, before he ultimately succeeded. The author then refers to the various modes of treatment which had been adopted in these cases, and gives the palm to that which consisted in renewing the lost substance by a plastic operation. This part of the subject was further illustrated by reference to Professor Dieffenbach's practice, as the author acted in his own cases on the principle laid down by the Berlin Professor, though he deviated in his mode of carrying it into effect: this principle consists in extending as much as possible the surface, by which adhesions might take place.

The subject of the operation in the present instance was a wine porter, who had permanent stricture, for which he was operated upon by Mr. Clark in July last; but being of intemperate habits and not very good constitution, he had acute inflammation of the testicle, followed by sloughing of the scrotum and penis, which, after the healing process was completed, left an aperture in the urethra, one inch and a quarter in length, occupying a small portion of the scrotal division of the passages, and extending forward for a considerable distance anterior to it. The following were the steps of the operation for the closure of this opening: a small inverted portion of skin was first dissected out from the scrotal extremity of the fistula, four incisions were then made, two of which extended downwards and outwards, over the scrotum, and the other two upwards and outwards, on the side of the penis. A lateral flap was thus marked out on each side, which was thus dissected up, and the two being brought together, *surface to surface*, over the fistulous opening, were maintained in that position by lateral splints of leather, and sutures passed through the latter and the skin. A semilunar incision was then made on each side, to relieve the anticipated tension when swelling came on, and a full sized gum elastic catheter, which had been passed prior to the commencement of the operation, was left in the bladder. Adhesion took place throughout the whole extent of the flap, except at two points, one being at the scrotal extremity of the fistula, the other between the lateral supports, these were freely touched with caustic, and soon closed. A small portion of the margin of one flap sloughed. The operation was performed in November, and at the present date, (June 10th) the patient continues to pass his water freely and in a full stream. There is no contraction of the penis or any part of the passages, and the cicatrix is scarcely visible. The perineal opening still allows of the occasional escape of a drop of urine.

Mr. Le Gros Clark said that rather more than three months had elapsed since the operation was performed. He had recently seen the patient, who could pass water very freely, and did not labour under any inconvenience; there was scarcely any appearance of his having undergone an operation.

Mr. Blizard Curling observed that he had seen the patient the day before, and fully substantiated the statement made by Mr. Le Gros Clark. The opening in the perineum, however, was not quite closed, and a few drops of urine occasionally distilled from it during micturition, but there was scarcely any attendant inconvenience.

Mr. Acton understood the author, as attributing the stricture and subsequent fistulous opening to the employment of injections; if this really was the opinion of Mr. Le Gros Clark, he (Mr. Acton) should be sorry to let such an opinion pass without comment, particularly as it was one opposed to the first authorities on the subject, and might, if uncontradicted, again give currency to the belief, that stricture is caused by injection rather than by the chronic inflammation the injections are used to cure, a doctrine that formerly made our profession view these remedies (however mild they might be) with great suspicion, and still existed as a popular prejudice in the mind of the public. The case related this evening further corroborated the opinion expressed in his treatise on venereal diseases, that no one operation was sufficient to remedy fistula in these situations, but that we can only expect a perfect cure after repeated attempts with the knife and caustic, as happened in several cases he witnessed in the practice of M. Ricord.

Mr. Le Gros Clark in answer to the objections raised by Mr. Acton respecting the production of stricture by the employment of injections, observed that he had found, as the result of his own experience, that stricture was caused, not by the proper and methodical use of injections, but by their employment, by patients acting on their own suggestions, and undirected by professional skill. On this subject he was anxious to learn the opinion of surgeons generally. They were now very rarely used in the public hospitals, and certainly not at St. Thomas'; he (Mr. Le Gros Clark) believed that their non-employment was owing to the dread of injuring the urethra.

Mr. Cæsar Hawkins inquired of Mr. Acton whether in M. Ricord's cases, the parts were brought together by the edges, or by the surfaces, as practised by Mr. Le Gros Clark.

Mr. Acton stated he had seen various plans put in practice, but by far the most successful was that related and delineated in the Clinique Iconographique (to be found in the library of the society) where M. Ricord made an artificial opening into the membraneous portion of the urethra immediately behind the bulb, and allowed the urine to pass off by means of a gum-elastic catheter fixed in this opening; he then pared the edges of the fistula situate anteriorly to the artificial opening, and brought them together by means of pins on a bougie introduced into the urethra; the fistulous opening closed after several applications of nitrate of silver, and in three months, the artificial opening was allowed to heal, which it did most speedily.

Mr. Davis, of Hampstead, made some general observations in opposition to the doctrine referring the production of stricture to the use of injections and remarked, that when he was a *surgeon*, he had seen some thousand such cases in the army, which were treated by injection, as it was important to have the men on parade again as soon as possible.

He had been in the habit of employing the infusion or tincture of digitalis or opium, in a diluted condition, and had derived great benefit from their judicious use, and had never heard of the occurrence of stricture in any case, although some of the men had been under his notice for years afterwards.

Mr. Le Gros Clark remarked that in his communication, he alluded to the injudicious use of injections as a cause of stricture, and he did not think that his observations would bear the interpretation put upon them.

Mr. Davis, of Hampstead, explained that the remarks he had made were intended to bear a general acceptation, and were not directed specially to Mr. Le Gros Clark's paper.

Mr. Le Gros Clark referred the occurrence of stricture, from the use of injections to the production of inflammation of the testicle, the inflammation extending along the cord by contiguity of stricture to the urethra.

Mr. Stanley spoke of the exceeding value of the paper, with respect to the details of the operation, and said that he had no doubt that many cases that had fallen under his notice, formerly, would have been cured, if the principle on which it should be performed, had then been properly understood. He had not had the opportunity of applying this principle himself in any case to the urethra, but had done so in several cases in deformities of the face, and that successfully. In one of these cases, that of a girl, who had lost part of the under lip, he formed the flap from the skin of the neck, not in accordance with the principle of the Taliacotian operation, but by partial dissection and pushing up of the flap. The cut edges of the part gradually assumed the appearance of the natural red lips. Many such cases had occurred, bearing out the principle.

Mr. Brooke remarked that the only two points in which this operation failed of being completely successful, would probably have been obviated, if the bead suture (a description of which he had already laid before the public) had been applied. In this patient, vitality was evidently at a low ebb, and a very slight degree of pressure would therefore suffice to arrest the circulation, and produce a slough. The pressure of the bits of leather and platina wire made use of in this case, appeared to have been sufficient to produce the effect. And a similar unfavourable result followed the application of a pin and figure of 8 ligature to the perineal opening; this is easily accounted for by the constriction to which the portion of integument included between the pin and ligature is necessarily subjected, as soon as that vascular distension takes place, which precedes the process of reparation.

Account of a Case of Dissecting Aneurism of the Aorta. By Theophilus Thompson, M.D.

A gentleman, forty-five years of age, having suffered for some hours from a severe attack of abdominal pain, resembling ordinary colic, after slight exertion fell down in a state of syncope. The author, who was called in, found him apparently insensible, with a pallid countenance and cold extremities, but able to swallow. Brandy was freely administered, but an hour elapsed before the pulse became perceptible either at the wrist or in the cardiac region. The pulse when first observable was only fifteen in the minute, but in a few hours, under the use of stimulants, it gradually rose to a hundred. The urinary secretion was suppressed. With the restoration of the circulation the intellectual faculties in some degree revived. Two days after the fit of syncope, the circulation again became feeble, the extremities cold, and the patient's countenance assumed an appearance of wildness and weakness characteristic of exhaustion. With these indications of internal hæmorrhage, an extension of dulness on making percussion in the præcordial region excited the suspicion that blood was effused into the pericardium. Death occurred suddenly after some considerable muscular efforts.

On making an examination after death, the pericardium was found distended with blood, which was partly coagulated. The cellular envelope of the aorta from which the blood had transuded into the pericardium, was charged with coagulum. Half an inch above the free border of the posterior valve of the aorta, was a sigmoid rent, nearly an inch in extent, passing through the internal and part of the middle coat of the vessel. The blood having found a new channel between the layers of this middle coat, had extended upwards, around various portions of the circumference of the vessels to the carotids, downwards as far as the origin of the renal arteries, and the intruding current of blood had torn away the inner and middle coats of some of the intercostal arteries from their attachment to the aorta. The substance of the left ventricle was thicker but less firm than natural. The calibre of the aorta, although larger than usual, presented no special or partial dilatation. The inner arterial coat was throughout delicate and brittle; that of the aorta exhibited atheromatous deposits in almost every part, excepting that in which the laceration had occurred.

The bladder contained a little urine, which became opaque on boiling. The kidneys were slightly granular. The author attributed the fatal event to the action of an hypertrophied heart, excited by pain, alarm, and exertion, on the lacerable arterial tunics, this friability being probably owing to imperfect nutrition, the consequence of disease in the coronary arteries. He referred to the somewhat rare occurrence of escape of blood into the pericardium, without rupture of that membrane, as explaining the gradual failure of the powers after partial amendment; and considered that phenomena such as those present in this instance, although somewhat obscure, were sufficient to authorise a suspicion of the real nature of the injury.

Dr. Jeaffreson observed that cases of this kind were far from common, and related one which had occurred to him a short time before, and had formed the subject of a medico-legal investigation. The patient was a strong powerful man, thirty-two years of age, who, when returning home, was attacked with severe pain across the abdomen, extending to the back—the chest and heart being quite free from it. The man was supposed to have been poisoned by a biscuit which he had picked up in the street and had eaten, but of this there were no symptoms. The pain he endured was very agonising. Dr. Jeaffreson was inclined to look upon the case as one of spasm caused by the passage of gall-stones. The pulse was not changed in tone or character. Towards the evening symptoms of exhaustion came on, and he died the next morning. On examining the body after death, the pericardium was found to be greatly distended with blood, and the arch of the aorta resembled a large aneurism, that appearance being produced by a considerable effusion of blood between the coats of the aorta, extending along the arch to the thoracic portion for about six or seven inches in length. The immediate cause of death was an opening in the aorta, just in front of the aortic valves, by which the blood was effused into the cavity of the pericardium. Throughout the case there were not any symptoms of derangement of the circulation. The pulse, which was perfectly natural, ranged from eighty to eighty-four beats in the minute. He (Dr. Jeaffreson) had omitted to state that the pain which the patient complained of, was accompanied by vomiting.

Mr. Cæsar Hawkins remarked that the greater number of cases of this disease, affecting the thoracic aorta, generally came under the care of the physician. In one instance which had fallen under his own notice, the aneurism, however, was seated in the abdominal aorta. The patient, a female, had been admitted into the hospital under his care, with gangrena senilis, affecting one of the toes; about a fortnight before death she complained of severe pains in the abdomen, where, on examination, a large pulsating tumor was discovered. She died of exhaustion, caused by the extension of the gangrene, which ultimately reached the groin. When the body was opened after death, there was found a dissecting aneurism of the abdominal aorta, in which the inner membrane had been separated throughout its entire circumference to the extent of about six inches, but the canal was not diminished in size, on account of the dilatation which the outer-coat had undergone. The edges of the apertures, of which there were two or three, were exceedingly rugged.

Dr. Jeaffreson observed that in the case which he had described, there was not any atheromatous deposit in the aorta, unless it were in the early stage. The coronary arteries were also free from disease, but the heart was hypertrophied.

Dr. Peacock stated that when he was in Edinburgh, three cases of this disease had fallen under his notice. Two of these had been published in the *London and Edinburgh Medical Journal*, and the other by Dr. Henderson. Two of these were similar to the cases, the details of which had been narrated that evening at the meeting; in the other there was a new canal formed, and the disease appeared to have been of long standing, although, generally speaking, it is of a few hours' duration only. The symptoms by which the formation of this peculiar form of aneurism may be recognised, occur very suddenly. The patient is seized with severe pain and syncope, then rallies for a time, and afterwards dies very suddenly. In the majority of cases, dissecting aneurism affected the thoracic aorta, and generally near the arch. He (Dr. Peacock) had, however, met with a case in which the abdominal aorta was the part of the vessel which was diseased, and the first case which had been published of the disease, which occurred in the practice of Laennec, was located in the abdomen. The cavity forming the aneurism is situated between the lamellæ of the middle coat, and not between it and the outer coat: of this there are several cases on record, and there is a preparation in the Museum of the College of Surgeons illustrative of this point. In a case which has been described by Mr. Guthrie, the aneurism is situated between the lamellæ of the middle coat, with the addition of a few fibres of the outer coat, and the same thing has occurred in the case under the notice of the Society.

Dr. Maclonghlin had met with a case of dissecting aneurism in a soldier, many years ago, the details of which were published in the *Glasgow Medical Journal*. The patient was suddenly seized with syncope, from which he was roused by frictions with opium and other stimuli, and apparently recovered. Two days afterwards he had a tooth extracted, when he screamed out, and fell down apparently apoplectic. He died twenty minutes afterwards. On examining the body after death, the pericardium was found to be full of blood, and the aorta ruptured near its valves to the extent of two-thirds of its circumference. It was a perfectly clean cut. The aorta was ecchymosed, and there was a separation between the external and middle coats. The aorta was otherwise sound. The preparation was sent to Fort Pitt Museum, at Chatham. The symptoms diagnostic of rupture in this case were—fainting, severe pain, and sickness.

Case of Circumscribed Arteritis. By Robt. Druitt, Esq., Surgeon, London; communicated by Wm. Fergusson, Esq.

The patient, a young man, aged 22, subject to a violent and irregular action of the heart, following acute rheumatism in his youth, during recovery from an attack of acute dysentery, found, on awaking in the morning, his right arm cold and benumbed, and he was unable to keep it warm. The author, on visiting him, was unable to feel the pulse at the wrist, and found the arm cold, and flaccid. The subclavian and axillary arteries beat most forcibly, and on tracing the latter downwards, he found that, at one spot, just where it becomes brachial, it felt enlarged and solid, and was tender to the touch. Down to this spot, which was about an inch in extent, the pulsation was as strong as possible; but here it ceased abruptly, and below it, there was not the least pulsation in any of the arteries of the limb. The arm was kept wrapped up, and at rest. During the ensuing week, the warmth, feeling, and strength gradually improved. He afterwards went out of town for a fortnight, and on his return, the circulation was completely restored. The axillary and brachial arteries were pervious throughout, and the pulse was beating, as at the other wrist. The author believes the cause of the above related phenomena

to have been a sub-acute inflammation of a portion of the artery, with effusion of lymph from its inner surface, and slight coagulation of blood. Cases of this disease are not uncommon, but the author never met with a case in which the effusion was absorbed, and the canal of the artery restored.

Mr. Cæsar Hawkins observed, that there was a deficient point in the detail of this case. Mr. Druitt had mentioned the cessation of pulsation in the artery, and its restoration a fortnight afterwards, but he had omitted to state the precise date at which the return of pulsation in the vessel took place.

The next and last meeting of this present session, will be held on Tuesday, the 24th inst.

NOTICES TO CORRESPONDENTS.

A pressure of business, (which our readers will easily give us credit for this *week) postpones all our Correspondence to our next number.*

THE MEDICAL TIMES.

SATURDAY, JUNE 28, 1845.

Postquam omnis res mea Janum
Ad medium fracta est, aliena negotia curo,
Excussus propriis.

HORACE.

During the last six weeks we have been compelled to hear a great deal about some imaginary aggregate meeting, in which the two great performers (positively for the first time playing on the same stage) were to be G. J. Guthrie, F.R.S. and Thomas Wakley, Esq., Coroner and M.P., a statesman recently rather celebrated for his hundred and fifty pound character. Country meetings were to be held: requisitions to be signed: a public breakfast to be eaten in the real presence of half a dozen hypothetical Members of Parliament—the four thousand four hundred members of the National Association were to disappear like snow under a tropic sun; and a sudden *coup de main* carried on by a united profession was to make the twenty-four pure surgeons of Lincoln's Inn Fields open their doors forthwith to the General Practitioners *en masse*! The whole scheme, of course, was a bubble—a "delusion, a mockery, and a snare." The advertised compact between Guthrie and Wakley was a suggested falsehood—a tolerated forgery; the professed aim was not only (and to the schemer's knowledge) impracticable, but *unsought* and *unhoped for*; the co-operation that was chosen was knowingly a co-operation without any agreement in principle; in short, except in the miserable prompting motives, the whole affair was a series of false pretences, supported by false statements, cozening and deluding the profession by every artifice of a scheming and active unprincipledness. And what is the result? One false pretence has become exposed after another: hundreds of misstatements have met their public refutation; the party's motives have got unmasked: the principles and aims become a little less darkly understood: the county meetings are not being held; the country support is not being given; the names are being withdrawn from the requisitions; the cry of "hoax" and "swindle" is distinctly heard on all sides, and the schemers think it necessary, under the best excuses they can invent, to postpone and postpone indefinitely their hypothetical meeting and supposititious breakfast!

In one word the bubble has burst; The requisition is a non-entity: G. James Guthrie, F.R.S., will never take the chair; there will be no public breakfast nor aggregate meeting; the imposture has got turgid, and has broken; a lesson to respectable men, let us trust, not to serve even indirectly the dirty purposes of unprincipled people in the poor hope of having their own purposes served in turn. There is a help that may contaminate without serving: and to use dishonour as a tool shews no fastidiousness of virtue, or no affluence of resources.

With the well-known principles of Mr Guthrie and his minority, and with the well-known practices of Sir B. Brodie and the majority, there must have been some audacity in any individual at this late hour of the day holding out the lure of enfranchisement in the College of Surgeons as a motive for rejecting the actual offer of a New College of our own. The very first official document that appeared from the College demonstrated the absurdity of the impudent fallacy. Did the arch-schemer, therefore, cease to blow the bubble? No. What others were taught by the new document he knew well before; and therefore to prop up his delusion he resorts to another false pretence, and publicly affirms that the official statement that proved his project a hoax, was a hoax itself! and while affecting to give the whole document, omitted, when publishing it, the *parts* which showed that it was *unanimously* agreed to, and that Mr. Guthrie was one of its supporters!

Again. Mr. Guthrie states publicly in a letter his own opinions on what he would propose; and though very guarded, his letter clearly enough shows that he is prepared to do nothing that the Profession now would not reject with disdain.

What does his new self-selected colleague? He passes by the letter as if it never existed! He advertises G. J. Guthrie, F.R.S. is the chair, at an indefinitely postponed meeting—but *dares* not publish to the dupes whom he *expects*, the avowed sentiments of that G. J. Guthrie, F.R.S.!

But enough: the profession have seen sufficient to be put on their guard; and if the *corporate* opponents of the new Colleges succeed, as *they perhaps may*, in flinging out the amended bill for the session, and, therefore, for ever—it will be for us to maintain in organised union, so large a confederation that in February next we may be prepared to introduce our own bill by a M.P. of our own choice, and have a reasonable assurance of pressing it successfully on the attention of Parliament.

Sed bona, si quis
Judice condiderit, laudatur Cæsare, si quis
Opprobriis dignum latraverit, integer ipse?

HORACE.

Mr. Wakley's unfortunate character has been again placed under the care of the law. The hundred and one times that the sickly, debilitated thing has had the benefit of legal attendance and advice appear to have proved inefficacious. The malady is as threatening as ever; the patient as weakly. The character, therefore, has been again compelled to consult the legal doctors—and comes away in worse plight than ever. The fate of the poor thing seems hopeless. A remedy is of the first necessity, yet the constitution's weakness makes that remedy the highest danger. It is every whit as ill off now in 1845, under the scientific attendance of Mr. Jervis against an attack of that appalling malady the *Medical Times*, as when twenty years since, under the skilful treatment of Mr. Denman, it had to struggle against the dire visitation of the Hope Insurance Company. Action follows action, and the work is only to be be begun again. Even the House of Commons ceases to be a secure asylum. It contains its Wodehouses. The very stones cry out against that worst fated of public things—the character of Mr. Wakley.

And what has Mr. Wakley got by his last attempt at legal doctorship? A fair balance sheet giving a strict account of the profit and loss would be interesting.

The libel was certainly not a mealy-mouthed production. It spoke of Mr. Wakley as never letter spoke of any other public man. Without condescending to enter on any nice *minutiæ*, it stated broadly circumstances and inferences, which, by comparison, proved Wilkes to be *veracious*, and Chartres a man of probity. The fact of its being *legally* a libel was not disputed. To prove the charges spoken of as prevailing was not attempted. It would have been as wise to essay to bind the winds. It was legally impracticable. As the Lord Chief Baron remarked too, no apology was made, no excuse offered; the *Medical Times* appeared in the court letter in hand, yielding nothing, denying nothing, flinching in nought. In so many words it said, "we stand upon the letter: judge between it and Mr. Wakley's character. Damages you must give. How much, we trust with secure confidence to your estimate of the character!" Well. A jury of *gentlemen* to whom a hundred pounds is much the same thing as as many shillings to the ordinary components of a common jury, and *therefore* chosen by the plaintiff—appraise the worth of the character so grievously aspersed. The plaintiff says his injury is £2,000. The judge says that being admitted to be a libel, handsome damages should be given to suit the high position of the plaintiff as a Coroner and M.P.: the plaintiff's counsel says the aspersions will last for ever unless very high damages are given: the jury—the *special* jury—retire, and after three hours appraise the character at £150, an accident alone preventing its being £100! And this is called clearing character! Why the six daily (not to speak of weekly and provincial) papers that republished the libel would have charged more money for inserting it as an advertisement!

A Leicester journal falsely asserted, that the Duke of Brunswick was mistaken for a swell-mobman, and wrongfully taken to prison. In the next number, it corrected its error, and apologised for the inaccuracy. The Duke, not satisfied, sought damages, and the jury, after hearing an eminent counsel against his claim, awarded him £200! Compare with that libel the letter of Vindicator—with that journal's apology—our unyieldingness—and how different the estimate an English jury forms of the character of Mr. Wakley, M.P., and Coroner of Middlesex, and the Duke of Brunswick! Mr. Wakley, M.P., and Coroner of Middlesex, asks £2000 for his character; a jury of his own selection, under a judge of his own preference, appealed to by one of the first counsel of the country, give him £150! We trust he is satisfied; if so, we assure him we are quite content. So small an enjoyment to a quarter so rarely visited by such things, could be begrudged only by a *very* vindictive enemy. We repeat, we are content; we never spent a hundred and fifty pounds more to our satisfaction.

Though we thus look on the result of the trial as a virtual triumph, we still persist in our opinion, that the letter was, in the first place, most improperly made the subject of litigation, and that, when made the subject of litigation, it was most improperly, in the second place, made the subject of a peculiar and a wrongful form of procedure. The question between Mr. Wakley and the Profession was one not to be decided by a costly court of law, hampered with special technical rules, excluding a mass of evidence, which alone could enable the arbiters to give an honest judgment. The Pro-

fession is the only fair and competent tribunal, and when Mr. Wakley withdrew his character from their jurisdiction, he in so many words impugned their fairness, or his own standing. Are medical men acute? Are they just? He says they are. Why not, then, have trusted himself to them? We were ready; why was not he? Because the law was *more* than fair—favorable! To any plaintiff willing to risk his character on its operation it offered no small advantage. First, the law calls any questioning of the personal worth of a public man a libel. Anything is a libel which has a *tendency* to bring a man, good or bad, into contempt or ridicule. The theory of law, that existed before free discussion existed, exists still; judges must administer it as they find it; and it is notorious they will allow the Press to denounce no abuse which their own laws have by any accident allowed to pass unscathed. What, then, could we have done with the letter of "Vindicator?" Give up the author's name? That would hardly suit *our* idea of editorial honour. Mr. Wakley may deliberately betray, through a miserable pique, a name confided to him; he may jealously keep what was pledged to be destroyed, and publish what was solemly promised should be suppressed: but a communication confided to us—at whatever hazard—is safe. High danger or low—the writer's name was sacred.

Should we, then, justify? We had no such power. The law-books speak of such a power—but it is a power—as the first mob says in Coriolanus "we had no power to do!" The writer's charge was that Mr. Wakley had a bad repute; and that certain facts or accusations should be inquired into. What says the law? What says the judge? Public journals must make no such demands: you must not talk about *inquiring* until you have first *condemned!* Prove first that the rumours are true—and then you may, when all matter of inquiry is settled, say that there is cause for investigation! We infer no blame to the learned judge. It is not his place to see error in the law. But then we might have pleaded "Not Guilty." But *not guilty* is a plea which excludes every consideration but two: was there a publication? and was the thing so published a libel? And of what avail would it have been to deny a fact self-evident, or a conclusion of law notorious? Had Mr. Wakley proceeded by "*criminal information*," he would have lost all these advantages, and we should have escaped such inconvenience. The profession would have had the benefit of his affidavit, (made before the very judge that conducted as counsel his case against the Hope Insurance Company) swearing that the rumour, or charges, or whatever they were groundless; he would have undergone, under oath, the defendant's examination; we should have been at liberty to plead that the inquiry mooted was mooted for "the public service" by a late reformed act, and if it turned out that that was a valid defence, our expences must have been paid for us. The process adopted was so *luckily* circumstanced that we could not escape without paying at least our own part of the expenditure!

It need not be said that a hundred actions like this—undertaken avowedly in a vindictive spirit "to ruin the *Medical Times*, if it cost him a thousand pounds"—would not be worth a farthing on the point of clearing character. The tax that public men pay for their ambition is searching scrutiny, and the public will not demand enquiry one iota less because a peculiarly placed M.P. says, "*there is to* screen me a rigid theory of law, which I will stretch at all hazards to keep me uninvestigated." Every vain effort but loudens the cry it would suppress, and wherever there is a journal, there there is an echo catching the sound, and reverberating its demand with augmented force, and necessitating at last a compliance which would have been graceful had it been voluntary.

In parting with this subject, it gives us much pain, amid all the kindly assurances of support and good feeling surrounding us, to express a word of complaint against the report of the trial as given in the *Times* newspaper. By some accident the notice of the proceedings, arising from the preliminary motion to change the scene of the "inquiry," did not appear in the *Times*, although it was duly published in all the other morning journals; and by some similar cause, the report of the trial in the *Times* intimates a bias for the plaintiff we have looked in vain to find in any of the other journals. The *Times* omits the declaration of Mr. Jervis, that the *Medical Times* had a "very large and considerable circulation;" attributes to Mr. Healey at least two phrases, or sentiments, which he never used, and generally exhibits a feeling which we should call biassed and prejudiced, if in a respectable *employe* it must not have originated in inadvertence. We cannot, however, but regret, even the inadvertence of a journal whose extensive circulation makes each error so mischievous.

Est huic diversum vitio vitium prope majus,
Asperitas agrestis, et inconcinna gravisque
Quæ se commendat tonsa cute, dentibus atris;
Dum vult libertas mera dici, veraque virtus.
HORACE.

ABERNETHY in his forcible and blunt way declared that the best thing that could be said of an operation, even when most successful, was, that it was a reproach to surgery—necessary, perhaps, but still a reproach. And it cannot be doubted but that the still existing frequency of operations, taken in their best aspect, is no small impeachment of the progress of medical science. The most deplorable circumstance however about operations is not so much the pain or mutilations they cause, as their fatality to human life. There is nothing, after all, more deplorable in the history of medicine than their unsuccessful result as a general rule. The ingenuity and industry of surgeons have had their best field for exercise in the concealment of their operative misfortunes. The records of their ill successes is, fortunately for them, a matter of autobiography, and the instances in which we meet a candid narrative of failure are as rare as might be expected from the awkwardness to a professional man of a self-condemnation. A clandestine survey of the private memoranda of a *successful* operator would present his utility to society under a very different aspect to that in which he is ordinarily viewed. It would be tragical as a narrative, and comical as a contrast.

Of all diseases, probably there are none that have been the cause of more fatal operations than aneurism. The ligature of the surgeon has been almost as fatal as the noose of the hangman. It would be interesting to know on how many this operation has been performed; it would be still more interesting to ascertain how few it has saved!

The mischief that has thus arisen often proceeds from no error of principle in the procedure itself. Good operations fail hourly from unskilful management; and perhaps the severest ordeal that the very best operative procedure can undergo is a marvellous mechanical perfection, heedless of every other consideration, and blind to all those medical precautions and appliances on which, after all, must depend the patient's chance of a happy issue. When the "*reproach*" of *surgery* becomes, through some peculiar manual dexterity, the *distinction* of the *surgeon*, the temptation to display, without reference to time, place, or occasion, is irresistible—especially when the universal eye of the public looks our way and asks for something brilliant.

It was not fair in us, we admit, but when we heard that Mr. Liston had hurried down to Portsmouth to Mr. Seton, providently taking with him an experienced operative assistant, we could not suppress a kind of conviction that before Mr. Liston's return there must be an operation. The well known skill of that gentleman suggests in his presence magical qualities to an operation medical men could never for a moment soberly think of in connection with the ordinary agencies of scientific medicine. All the perilous vicissitudes of the knife are forgotten in the fascinations of his mechanical adroitness!

Still it would have been as well perhaps if Mr. Liston and his assistant had returned from Portsmouth as they went, leaving Mr. Seton in happy ignorance of the operative brilliancy of which Europe so loudly speaks. At all events, it is clear to us, that if he essayed an operation at all, it should not have been the more daring and perilous one he instinctively adopted, of tying the external iliac, but that of securing the small vessel actually wounded. Though the peculiarity of this case is, that we are dependent for the whole of our facts on those who are personally interested in giving such a version as may suppose them to have exercised the most prudent and skilful discretion, yet, considering the formidable character of the operation, as well as the shock to the constitution so lately received by the patient, it is difficult to conceive how, if Mr. Liston had the same idea on the diathesis of Mr. Seton, as his assistant Dr. Potter, that he could have adventured so hastily to tie the external iliac.

Dr. Potter tells us:—"It may be well, in the first place, to premise that the patient was remarkably fat, particularly considering his age, (about twenty-eight or twenty-nine;) that he was understood to have lived very freely, and taken little exercise for several years; that his constitution was described as delicate and impressible; and that, when indisposed, he was always observed to be easily lowered by treatment."

In such a case, to risk such a procedure was indeed to peril the repute of the operator and the character of the operation. The extent of the wound on so fat a subject, would be a source of immense constitutional irritation; and no reasonable man could doubt that the peritonitis which supervened was almost inevitable. The chance of a happy issue was scarcely one per cent. Two such shocks in the narrow range of nine days was a visitation which, under no contingency, could fail to be fatal. The vessel wounded was so small that it is nameless in anatomical science. For seven days there had been no return of the hemorrhage, nor was any tumour visible; and though during the two subsequent days, a pulsatory swelling exhibited itself, it hardly appears to have been greater on the second than on the first day (on the 29th than on the 28th of May.) On the following day there seems to have been considerable doubt whether any increase had taken place during the last twenty-four hours; for Mr. Liston, when speaking of the matter, does not venture to affirm any such

opinion, and hesitatingly states—that "some" thought it had enlarged during the preceding night; the inference being obvious, that he and others did not think so. It was clear, therefore from the whole history, that the femoral artery, or, in other words, *any* important vessel, was not wounded. Nay, a pulsation was even felt in the femoral artery on the distal side of the tumour, which every surgeon knows could not have been noticeable had there been a wound of any consequence in that vessel. Our conclusion, then, is clear from the evidence of the operators and their assistants, that if an operation was necessary, more time might have been taken to consider what it should be, and that when the resolution was taken, there would be the utmost reason for doubting the propriety of preferring the plan of penetrating through five inches of fat to tie so important a vessel as the external iliac, (thereby exposing the patient, and *such* a patient, the almost inevitable invasion of peritonitis,) to the humbler, less brilliant but safer procedure of endeavouring to secure the small wounded vessel, the source (as Mr. Liston's immense experience should have told him) of the whole mischief. We see no one circumstance which called for a precipitate operation. The tumour was a *circumscribed* aneurism; we have every thing but evi- dence to show that it was not extending; i had only appeared for two days; the patient was improving in health; he is described not only as strengthening, but as cheerful and hopeful of the results. A few days' delay would have introduced no new element of danger; in that time nature might have shown a beneficial agency in the closure of the wounded vessel, and in any case symptoms would have exhibited themselves which would have enabled the surgeon to have decided with something like a reasonable judgement on the nature of the operation to be performed. In fact, Mr. Liston seems to have thought nothing of the very probable danger of mortification of the limb, of the peritonitis which carried off the patient, or of the reiterated shock to the nervous system, in his anxiety about an effusion which never might take place, and which might have been warded off by means far simpler and safer, if less brilliant or less extraordinary. We can only understand the moderate reasonableness of Mr. Liston's course of action, by supposing him to have laboured under an error, he would be the first to disclaim, namely —that notwithstanding every physiological proof to the contrary, the femoral artery had been actually wounded. But, of course, it is not our duty, and far less is it our inclination to dilate on errors which may happen even to the best practitioners, and which are every day happening to the most eminent men in the profession. It is not given to all men to possess all the excellencies of the medical art, and the self-confidence which will assume any such perfection, is most of all likely to fail at a critical conjuncture. Diagnostic ability is almost the last perfection which comes to the Medical Practitioner. It is not because Lady Flora Hastings' liver was mistaken by a Court Physician for an impregnated uterus, or because an aneurism of the carotid artery was punctured by some "pure" of the North London Hospital for an abscess, that we are to indulge in any violent invectives against the Surgeons or Physicians, whose good fortunes it is to have attained high positions amongst us; the true use of such examples after teaching us the propriety of caution in all matters that concern human life, is to impress upon those who aim at a good organisation of the Medical Profession, the absolute necessity of each Practitioner being forced to master all the branches of the Profession before he be allowed to practice specially in any. The mere operator, ignorant or careless of constitutional treatment, gives his patients but one half the appliances of medicine, and must constantly lose by treatment the triumphs he has been winning by operations. And in the same way the Physician, ignorant of midwifery or surgery, who in complicated cases of disease, unwittingly perils reputations and endangers lives, with the more extended education which befits his calling would have been the saviour of both.

> Dicer docendum adhuc, quae censet amiculus, ut si
> Caecus iter monstrare velit; tamen aspice si quid
> Et nos, quod cures proprium fecisse, loquamur.
>
> HORACE.

WE have only a few more observations to make concerning the *modus operandi* of tea, together with a word or two about the popular use of the herb, and then farewell to the subject. We fancy our patient readers responding with Othello, "To that we say, amen." At a meeting of the Wesleyan Conference some few years back, an American Preacher who was famous, or rather infamous, for making speeches of an unbearable length, terminated one of his orations somewhat abruptly. The President, scarcely crediting its conclusion, asked with the anxiety of a prisoner awaiting a verdict,—"Mr.——— have you finished your speech?" "I have Sir," said Jonathan. "Praise God from whom all blessings flow!" was the thankful response from the chair. We are almost afraid, the prolixity of our discourse (and its promised finish) will obtain a similar ejaculation from those who have had the equivocal relish of reading it. And yet we are not without a hope that we have conveyed a trifle of instruction, and a trifle more of innocent entertainment.

It will be remembered, we said in a previous article, that the action of tea is in some sort intermediate between that of digitalis and opium—affecting the heart like the one, and the brain like the other. The former we have discussed at sufficient length, the latter we need be only brief upon. We anticipate being told that it is too much of a paradox to say the same thing is at one and the same time both a stimulant and a sedative. Not at all, if the sense in which the words are used be rightly understood. We have already proved that tea is a sedative—now to prove that it is a stimulant, and so liken it to opium. Stimulants are of various sorts; some derive their properties chiefly from an acridity which they possess, and their action is for the most part local; pepper, mustard, and such like things, are of this class. Yet even these, though their action is chiefly local, that is, confined to the particular spot they touch, sometimes produce an effect upon the nervous centres. We have known a large mustard plaster bring on convulsions, and have also seen an unusual mirth and intellectual elevation follow its use. Its internal administration has been succeeded by complete drunkenness. A man in a fit of jealousy called at a druggist's shop for an ounce of arsenic. It being suspected what was his object, he was served with prepared chalk. He went home, mixed, and swallowed the expected poison, and then revealed the calamity to his wife. The surgeon who was sent for, in the absence of a stomach pump and a more available emetic, gave the man a large dose of mustard. It did not make him sick, but in course of half an hour he was thoroughly drunk. In the meantime it was discovered what his potion had been, and he was left to recover *sua sponte* from the effects of the mustard. Dr. Paris relates the case of a man, who after long fasting, was intoxicated by a basin of soup. It was probably well seasoned. In these cases, and in other such, the action is, properly speaking, local, and any further, manifestation which it may make, will depend upon the organ to which it is directed. If to the spinal chord, agitation of the limbs, convulsions, or paralysis, may follow; if to the brain, an increased or diminished intelligence may be the result. Tickling the ribs or the armpits for instance, excites in some people a venereal passion, others it depresses almost to faintness, a third it sends to sleep, and a fourth it intellectualises and keeps awake. A celebrated novel writer was in the habit of having the soles of his feet tickled to produce a lively state of imagination. It is said of a luxurious Roman Emperor, that he had the same operation performed during sleep to produce agreeable dreams.

Other stimulants, such as alcohol and ammonia, act in two ways, locally, upon the parts they touch, and *specifically*, by absorption or through the nervous system, upon the brain. Tea does not belong to either class; it more resembles opium, and is yet an intellectual stimulant in a greater degree than even this marvellous drug. De Quincey, as is well known, claims for opium an influence upon the mind which he says is neither intoxicating nor stupifying. Had he been better acquainted with it, he would say with us that it can not only elevate the mind in its proper sphere and mode of action, but that it can also, and just as easily, rouse that mind into frenzy, or lock it up in stupor. Tea, however, does no such thing. Though it can give a temporary strength and freedom to intelligence, especially to memory, imagination, and judgment, it never, or at least very rarely and only in peculiarities of constitution, gives rise to anything like inebriety. It is the purest of stimulants, and seems, if such were possible, to act upon the mind almost without making the body subservient to its purpose, just as a beautiful idea, springing momentarily, and in magnificence, from the suggestion of sight, hearing, or smell, seems to be rather a self creation of the brain, than a borrowing, variously magnified and modelled, from the testimony of the senses. But in spite of the plausibilities of "transcendentalism" and "pure reason," we know that such things are not our heritage, and we must accord to Byron more credit for poetry than philosphy when he affirms:—

> The beings of the mind are not of clay;
> Essentially immortal, they create
> And multiply in us a brighter ray
> And more beloved existence:—

The stimulant action of tea appears to be directly upon the brain, of course through the medium of the nervous system; but what stimulation it imparts to the *body*, would seem to be merely a *reflection* from the *sensorium*. When it relieves a tired body it is by first relieving a tired mind, but it imparts no solid vigour and gives no permanent strength. It is just a *a refreshment* of power, not a *re-enforcement* of it. It does, what under other circumstances, *mind itself*, by its inherent action and effort, might do. The favourite son of a very severe father was crossing a rapid stream on horseback, his parent awaiting him on the opposite side. The stream bore him along, against the efforts of himself and his an'mal, until at length he ceased his exertions, and cried despairingly, "Oh, I shall drown! I shall drown!" "If you do, sir," shouted the father, "I will flog you to death!" Instantly he recovered his self-possession, and with renewed strength struggled with the tide,

and finally reached the shore in safety. There is a familiar anecdote of a gentleman, who, in walking with his little boys, had taken them farther than he intended, when they became so tired and footsore, that he doubted whether he should be able to get them home. At last it occurred to him to cut each one a long stick, and calling it a horse, put him astride it. The device was perfectly successful, for every feeling of fatigue was directly forgotten in the novel play of imagination. Thus, also, is it accounted for, that the tedium of a march should be relieved by the fife and drum, and that national music, as happened to the bagpipes at Waterloo, should put fresh life and courage into soldiery surrounded by desolation and slaughter.

We have dwelt thus particularly upon this department of our subject, for we know it to be a question, not only with the public but with the profession, what may be the physiological action of tea? One says it is a stimulant, another says it is a sedative, and we say it is both. We have shown that its secondary and long continued action is of a depressing nature, and that the primary one is excitant; not the excitation of alcohol, which affects first the spinal, and then the cerebral, nervous centre, but one of an opposite kind, influencing first the *intellectual*, and the *physical* after and through it. As might be expected, the action has little permanency in it, and a repetition of the dose does not long ensure a revival of the effect. After a time it ceases to stimulate, and produces a languor greater even than that which it was originally intended to correct.

Tea has become so customary a beverage with all classes of the community in this country, that instead of being considered, what it really is, a luxury or a medicine, it is classed amongst the *necessaries* of life. The generality of its use will be understood from the fact, that during the past year upwards of fifty millions of pounds weight were consumed in Great Britain alone—involving a taxation of nearly four millions sterling. And all this is for the gratification of appetite and the production of pleasurable sensations! We are neither healthier nor happier than our ancestors of the middle of the sixteenth century, amongst whom tea was first introduced by the Dutch, and considering what good and what harm it has done, perhaps Patin was in the right for calling it "l'impertinente nouveauté du siècle." At least we are certain that there is no correspondence whatever between the cost of the article and the service of it. We are no advocates for limiting an expenditure by which government profits, when such expenditure is not inconsistent with the health and welfare of the public at large. Such things are necessary to the substantiality and well-being of powerful and commanding states. Nor is it of import how the rich may gratify their appetites or at what cost—they are seldom serious sufferers of personal indulgence. It is the poor who are most concerned in the relation of outlay and income—and for them it is our duty to feel in the various questions of political economy. To supply a necessity by fair means, is to answer one of the fundamental duties of existence—to gratify a costly inclination, when the sacrifice is greater than the requital, is to commit a sin. On the part of the rich man, the sin is against his fellow creatures—on the part of a poor man, the sin is against himself. The personality of an offence is no lessening of its enormity—both are answerable alike to the tribunal of common propriety. A man who *earns* the money which maintains him, owes to himself the duty of rightly appropriating it. In the economy of self management, it becomes him to consider how he can best apply it to the purposes of his health, strength, and comfort. Every farthing which he squanders in unholy pleasure or living, his conscience will tell him is an evil, and society will not be backward in confirming the verdict. But drunkeness and gambling are not the solitary sins of expenditure. They perhaps carry a greater evidence of immorality upon their very face than some others, but apart from the vices to which they lead, they are not in themselves a greater vice than many other forms of what is considered a venial indulgence. He who wants a shilling for some worthier purpose, is just as much in error if he squander it in the indulgence of tea as in the indulgence of spirituous liquor. If the money be *thrown away*, it matters little what may be the medium of the loss. Poor people will often deprive themselves of a meal of meat, a *necessity* and a *service* to them, for "a dish of tea," a mere effeminating luxury. It is the most expensive item in the pauper's housekeeping book, and perhaps the most useless. We are not arguing against poverty finding an indulgence where it can—we would it were found oftener—but we would have the gratification to be consonant both with appetite and wealth, and a wish that the poor may realize the double enjoyment, has alone prompted us to say these homely things.

MEMORIAL ON MEDICAL REFORM FROM BRISTOL.

To the Right Honourable Sir James Graham, Baronet, &c. &c.

The memorial of the undersigned Practitioners in Medicine and Surgery residing in Bristol and its neighbourhood—showeth,

That your memorialists are desirous of thanking you most cordially for the very patient and considerate attention you have been pleased to give to their representatives, the Committee of the National Association, whilst laying before you the just claims of so large a majority of the Medical Profession. That they have observed with satisfaction the proposed alterations in your amended Medical Bill, especially those referring to their Corporation. And lastly, that they are most anxious to convey to you their earnest hope, that you will on no account be prevented from passing the Bill into a law during this present session of Parliament.

Signed by 47 Gentlemen.

MR. WAKLEY, M.P. *v.* THE MEDICAL TIMES.

A meeting of members of the Medical Profession was held at the Crown and Anchor on Monday, June 23rd, W. Griffith, Esq., late lecturer on surgery to the Westminster Hospital School, in the chair.

It was moved by W. B. Costello, Esq., M.D., of Golden-square, and Wyke House, Brentford, and seconded by R. Knox, M.D., F.R.S.E., Lecturer on Anatomy and Physiology, Edinburgh, Member of the National Institute of France, &c.;—

"That at no time was there greater need or a more pressing duty than now, freely to discuss the claims to confidence of the public men seeking to direct the *interests* of the Medical Profession, and that Mr. Wakley in taking advantage of a peculiar legal technicality to assess the editor of the *Medical Times* in damages, for publishing a letter, enquiring into his (Mr. Wakley's) claims to public confidence, has improperly endeavoured to repress in the Medical Profession the exercise of the right of free discussion, and that it is the sense of this meeting that his conduct, in this particular, is strongly condemned by the whole course of his own editorial management, both as relates to men and measures, and taken into account in connection with his recent vacillating and factious conduct in reference to the Medical Bill, calls for the unqualified reprobation of every member of the Medical Profession."

Moved by G. Hume Weatherhead, M.D., senior physician to the Royal Free Hospital, seconded by H. J. Mc Dougall, Esq., late House-Surgeon to the University College Hospital :—

"That this meeting deem it their duty appropriately to give effect to these opinions, by assuming for themselves and the profession, the whole responsibility of the recent actions against the editors of the *Medical Times*, and thus explicitly declare their judgment as regards a procedure necessarily incomplete in reference to character, and unfair and oppressive in its operation."

Moved by J. Ryan, Esq., M.D., Professor of chemistry to the Polytechnic Institution and the Royal Naval College, Portsmouth, seconded by G. D. Dermott, Esq., lecturer on anatomy and surgery to the Charlotte-street School of Medicine :—

"That it is the duty of this meeting, in behalf of themselves and the Profession, publicly to acknowledge their obligations to the untiring assiduity in promoting the interests of the medical public, to the enlightened views advocated and developed in regard to the re-organization of the profession, to the general treatment of the question of medical polity, both in a literary and ethical sense, and to the superior tone in which the business, the feelings, and the wants of the profession have been administered to, by the Medical Times; and that to testify our special admiration and confidence in the editor of that *Journal*, the Profession is hereby called upon to defray, by subscription, the expenses incurred through the recent legal proceedings instituted by the editor of the *Lancet*."

It was resolved that circulars should be forwarded to the members of the profession, calling for their co-operation in the object of the meeting, and that the resolutions should be extensively advertised.

Subscriptions will be received by the Treasurers, W. Griffiths, Esq., 31, Lower Belgrave-street, Pimlico, and R. B. Knowles, Esq., 59, Arlington-street, Camden-town; by the Honorary Secretaries; by Mr. Renshaw, the medical publisher, Strand, and by the publisher of the *Medical Times*. *

W. GRIFFITHS, Chairman,
W. B. COSTELLO, } Honorary
JOHN FOOTE, } Secretaries.

Solubility of Oxide of Lead in Pure Water.—At a meeting of the Chemical Society, a paper by Lieut.-Col. Philip Yorke, 'On the Solubility of Oxide of Lead in Pure Water,' was read. It is from this property that leaden pipes and cisterns become dangerous, when the water which fills them is soft and pure. The lead, however, which the water takes up may be removed by filtering the water through paper; a circumstance which has been explained by supposing that the oxide of lead is not really dissolved in the water, but merely suspended in it. The author, however, shows that the oxide of lead is taken up by the substance of the paper and combines with it, from an affinity such as subsists between the same metallic oxide and cotton fibre; the last taking the oxide from solution in lime-water, and lead being often fixed as a mordant on cloth for dyeing in this way, according to the statement of Mr. Crum. He finds also that the power of the filter may be exhausted, and that, therefore, it would be unsafe to trust to the action of a filter to separate oxide of lead from water for an unlimited time.

Dr. Hodges, of Gay-street, Bath, has been elected physician to the Bath General Hospital, v. Dr. King, who has resigned.

* The subscriptions already received amount to upwards of £30.

REVIEWS.

Geology for Beginners; comprising a Familiar Explanation of Geology, and its Associate Sciences, &c. By G. F. Richardson, F.G.S., of the British Museum, &c., London: Longman, Brown, Green, and Longmans. pp. 624, 12mo. Second Edition. 1843.

Works, whose avowed object is the communication of elementary knowledge in the various sciences, are very rarely written in the style of pure and luminous simplicity adapted to the weak intellectual powers, or the limited attainments, of the young or uninitiated. The lecturer or the scribe upon such subjects, should constantly bear in mind, that the majority of persons who listen to his oral, or peruse his written lessons, are utterly ignorant of the science to which those lessons relate, and, consequently, should accommodate the food to the edentulous jaws, and delicate stomach, of those whose wants it is intended to supply. Strong viands may suit the vigorous digestion of the adolescent, or the adult in science; but the intellectual aliment of the babe obviously requires to be administered in the form of pap.

In this respect, however, we have little fault to find with Mr. Richardson, or his Geology. Although not exactly coming up to our rigorous standard of the method and simplicity which should, we think, characterise such productions, it certainly makes a nearer approach to that standard than any elementary treatise which, for many years, it has been our lot to peruse.

It forms one of the great attractions and advantages of the study of geology, that a knowledge of divers of the most interesting and delightful branches of natural science is essential to a profound and philosophical comprehension of its phenomena and mysteries. Impressed with this important truth, Mr. Richardson has, very properly, after giving four chapters, for the most part occupied with definitions, explanations, the literature of geology, and other introductory matter, devoted the five succeeding chapters of his book to rapid, but, in general, masterly and correct sketches of mineralogy, physical geology, fossil conchology, fossil botany, and palæontology, or, more correctly speaking, *palæozoology:* * since, as we have elsewhere observed, the term palæontology, taken in its literal signification, obviously comprehends the doctrine of both fossil animals and fossil plants.

This, however, is not the only instance in which Mr. Richardson, while displaying an intimate acquaintance with German literature, exhibits a deplorable lack of knowledge in the construction of the dead languages. The author, who, into a second, and of course, revised edition of a scientific work, can introduce such terms as a *phenomenu*," and "a *strata*," and employ "*animalculæ* as the plural of animalculum,† should surely descend, for awhile, from his lofty communings with the high Dutch, to acquire a more accurate knowledge, or retrace his well-nigh obliterated recollections, of the structure of the more vulgar languages of Greece and Rome. The remaining twelve chapters of the work—it consists, altogether, of twenty-one—are devoted to "a concise description of the various geological formations, and of the phenomena of science as developed in the creation around us."

Interesting and valuable to the student of geology, as is the information presented in the five chapters which comprehend an outline of the auxiliary sciences, much additional and most useful matter might have been introduced into them, by dint of a little condensation, without any increment of the dimensions of the volume. But Mr. Richardson is not only a lax and verbose, but a very careless, writer. In justification of this censure, we proceed to quote from his chapters on fossil conchology (concholithology?) and palæontology (palæozoology) the following extraordinary announcements:—

"The animals,"—our author is here alluding to the combiperous mollusca—"as they respectively possess one or two (adductor) muscles, are termed *unimusculosa* and *bimusculosa;* as the *unimusculosa are all fresh water shells*, and the *bimusculosa all marine*, this part alone is sufficient to determine the character of the shells, and, consequently, when they occur in a fossil strata (state?) the origin, fresh water or marine, of the strata in which they are found." Page 277. Again, "The star-fish is a *genus* of animals of the *molluscous order*." Page 382.

Is Mr. Richardson, then, ignorant, or can he, in an unlucky hour, have possibly forgotten that many of the testaceous animals which constitute the family of the *mytilacea*, ranged, by all the first-rate zoologists of the present day in the bimusculose or dymyasian sub-class of class, *conchifera*, inhabit fresh waters; and that the *ostracea*, confessedly belonging to the unimusculose or monomyasian sub-class, are almost exclusively denizens of the ocean?

And, secondly, let us inquire what relationship, with the solitary exception of their belonging to the great invertebrated division of the animal kingdom, exists between the radiated asteriad, and the far more highly organised members of the sub-kingdom, not "order," of the *mollusca*. In fact, the *asteroidea* constitute the first order of class, *echinodermata*. This class stands at the head of those arranged in modern systems of zoology, under the sub-kingdom, *nematoneura;* which is widely separated from the lowest class of *mollusca* by the intervention of the sub-regnum of the articulated animals.

Blunders, such as these, which a glance into the admirable production of Professor Jones,* or even into one of the alphabets of "Alphabet Rennie," would have sufficed to correct, are utterly unpardonable. They would disgrace an elementary treatise of the lowest grade and pretensions. Perpetrated by a highly-gifted and popular writer like Mr. Richardson, who professes to instruct the young and ignorant, and has, in some respects, deservedly acquired their respect and confidence, they call for exposure and denunciation more than ordinarily flagrant and austere. The indolent and vitiated state of the intellectual system, which they indicate, can only be remedied by severe discipline. Our sentence, therefore, is that Mr. Richardson, author of "Geology for Beginners," abstain, for at least three calendar months, from the accustomed stimulant of praise so lavishly supplied to him by shallow critics and blind admirers; that he abjure, for ever, the society and worship of those wicked syrens, the Muses; and that he swallow, at least three times a week, the drastic, but salutary dose, now administered by his unknown doctor of the "Medical Times." This prescription failing of success, we shall pronounce the author's case hopeless, and abandon him, in despair, to his cruel fate and still more cruel friends.

An appendix, of some dozen pages, is occupied by sundry poetical effusions, of the peculiar merits of which we are very incompetent judges. The freaks and the phantasies of poetry may be all very good in their way; but, mixed up with the profound researches, the solid parts, and the vigorous deductions of science, they form, in our opinion, a very discordant and most unprofitable, or even noxious compound. Deeply do we regret, both for the sake of Mr. Richardson and his readers, that the space, so unbecomingly taken up by the fantastic display of his "Waulkes," and his "Taulkes," his nautical cephalopods, and his coral caves, was not devoted to an extension of the very slender and defective glossary, which terminates his work. Many of the scientific terms, as, for example, *heterocereal*, and *homocereal*, which the author has employed, do not find a place in that glossary; nor, strange as it may appear, is the deficiency in those, and in many other instances, supplied by a reference to the well-meant, but assuredly very humble dictionary of Dr. Humble.* Mr. Richardson cannot, in these days, require to be informed that the sailing feats of the Nautilus, which constitutes the subject of his second poem, have long been proved to be as mere a fiction of the distempered brain of some crazy poet, as the hyemal submersion of the swallow, and the extrication of the barnacle-goose from the cirrhopod which yet bear the name of their imaginary offspring.

A third edition of the "Geology for Beginners," if it have not yet seen the light, must necessarily, ere long, be called for, carefully purified and expurgated from the various blemishes and defects † which, in the severe, but liberal spirit of independent criticism, we have taken the liberty of pointing out, as derogatory to the character, and injurious to the success, of an otherwise excellent and valuable publication. We shall hail with pleasure the improved edition, confer upon it the honourable, because unbought and disinterested testimony of our high approval, and recommend it to our host of readers as the best elementary work which has hitherto appeared upon this subject in the English language.

* See Medical Times, current volume, page 46.

† In some part of his work, to which we cannot at this moment refer, Mr. Richardson talks of "*microscopic animalcules.*" Now, as the definition of an animalcule is an animal so minute as only to be discoverable by the aid of the *microscope*, the employment of the epithet, "*microscopic*," is obviously superfluous.

* A General Outline of the Animal Kingdom. 8vo. London. 1841.

* Dictionary of Geology and Mineralogy. *Second* edition, with additions. 8vo. London: 1843.

† At page 218, ninth line from the bottom, a glaring blunder occurs; and *bronchiæ* for *branchiæ*, in page 517.

T. WAKLEY, CORONER AND M.P., VERSUS THE MEDICAL TIMES.

DAMAGES LAID AT £2,000; VERDICT £150

On Friday, June 20, this important case came before the Lord Chief Baron of the Court of Exchequer, on a writ of inquiry, to assess the damages done to Mr. Wakley's character by an article which appeared in the *Medical Times* of the 25th of January last, under the signature of "Vindicator."

A special jury having been struck, at the prayer of the plaintiff, and duly sworn,

Mr. Bramwell opened the pleadings.

Mr. Jervis, Q. C., rose and said that he appeared on behalf of Mr. Wakley, the plaintiff in this case, and who came to complain before them of a libel which it was his duty to designate as at once disgraceful and scandalous. It was not necessary for him to introduce his client to their acquaintance as an individual well known to them all for the able discharge of his duties, both as a coroner and a Member of Parliament. The office of coroner was one of the few magistracies that yet remained open to popular election, and if Mr. Wakley had strenuously endeavoured to maintain, in full integrity, the privileges of that ancient office, he (Mr. Jervis) was quite sure that he would meet on that account no ill feeling from the jury he was addressing. To his politics he had no occasion to allude, except that they had secured him the confidence of the very large constituency of Finsbury, and that, in an arena like the present, it was always their boast that, whatever be the politics of the parties entering it, they were never considered for a moment as having any influence on their decision. Politics did not intrude themselves in the jury-box. For himself he could say that, though not of the same politics as Mr. Wakley, it in no way affected him in his personal relations or good opinion, or other Members of Parliament. But, beyond Mr. Wakley's public functions, he could speak of him in another capacity—as a distinguished surgeon, and the editor and proprietor of the *Lancet*—a fact which, he thought, might explain perhaps why this libel had appeared. The defendant, Mr. Healey, he regretted to say, was a member of that profession to which he (Mr. Jervis) had the honour to belong; and the other defendant, Mr. Weathers, was a member of a profession equally respected and honourable—he was a surgeon. They were the proprietors of a journal having a very considerable circulation, addressed to the same profession to which plaintiff belonged, and were of course answerable for the contents of that journal. They were more

especially answerable, for he believed it would be thown that they were the authors of the libel, or as least one of them. Mr. Wakley, having the highest respect for free discussion and the liberty of the press, had applied to the printers and the publishers to ascertain the author of the libel; they had refused to give his name, and, therefore, he supposed the defendants were here, ready to avow themselves the authors of this disgraceful libel. He believed one of them to be the author, and, unless assured to the contrary, would still entertain the same opinion. The libel now complained of appeared in the *Medical Times* of the 25th of January, and was of so gross and improper a character, that the plaintiff felt that he had no choice, for his own sake and that of his friends, but to proceed against the defendants. The defendants, if they could not have proved a justification, had the opportunity of pleading Not Guilty to the declaration; but they had adopted no such course. They had allowed judgment to go by default, and they did not deny that the publication was a libel—they made no attempt to show that it was justifiable in point of fact; and he (Mr. Jervis) was instructed to say that his client felt the more injured by the course the defendants had thus thought proper to pursue. Under ordinary circumstances, this case would have gone before the Under-sheriff, to be tried before him and the usual jury, but the plaintiff was anxious to have the presidency of one of the judges of the land, and to vindicate himself as publicly as he had been attacked; and, therefore, had the plaintiff applied and obtained permission for a trial before the Lord Chief Baron and a special jury, whose duty it would be to assess the damages which, in their opinion, the plaintiff was entitled to as a reparation for the injury inflicted on him. The libel was printed in large type, and he would now proceed to read it to the jury.

PROPOSAL FOR MR. WAKLEY'S TRIAL BY A JURY OF GENTLEMEN.

(To the Editor of the Medical Times.)

SIR,—Should I even seem unnecessarily to obtrude on public attention a name which professional delicacy, or your own editorial tact, would veil in silence, I will yet appeal to your sense of right—even *to* an enemy—to favour me with the full insertion of my proposal. It aims, Sir, to free a worthy man from hideous accusations, or sever from a high-minded profession a gangrenous member, perilous to its safety. The moral dandy, fastidious enough to veto to my just charity her only means of discharging her duty, will shew a very miserable estimate of the *worth of character*. In the hospital of diseased reputations there is such a thing as mistaken diagnosis; and that surgery—as Wakley will admit—is the truest cruelty which, to a man in his position, would deny, through an unmeaning delicacy, the most probing examination.

I know, Sir, of the common verdict of society, that the character which has not received Mr. Wakley's own care, is unworthy that of all others; and though I am singular enough to entertain a different opinion, it will not impair my argument to admit that his reputation has been so far trodden under foot, that while, on the one hand, it can be cleansed, if redeemable at all, only by a vigorous effort, his utility and comfort of conscience, on the other, are gone for ever if that effort be not made—*and successfully*. For, Sir, most unquestionably, as a great career was denied him by Nature, so a good one is cut from him by his character. Befoulment has so far eaten into his name, that had he the best of desires and greatest of energies, it would kill both. A moral leprosy encrusts it, each day spreading, which repels each *good*, and keeps aloof each *prudent* man. True, the taint may be only imaginary, but public opinion gives vigour to the hypothetical virus, and makes it as deadly to himself, and those around him, as though it were real. The fatality of public opinion—even, alas! if erroneous—offers him, abroad, a social lazar-house, alike infected, and infecting; touching ever, and tainting for ever.

For the honour of the profession, therefore, and for his own case, I beseech you, Sir, not to interpose any personal hostility you may have between him and his full vindication. You are surely too powerful not to be able to afford your enemy an ample justice; and if charity have weight with you, a moment's retrospect will shew how much of mischief he has been forced to do, and of good to relinquish, solely through the detestation of his character.

The London College of Medicine was, in its origin, a glorious affair. It had every thing in its favour but one—the hostility of Wakley. He unfortunately gave it his support—and it perished! *He* lost his battle; his companions *their* honour. By blunder, or crime, or doom mysterious, each associate to this day has imputed to him imposture, or roguery. The accounts were not formally balanced; wherefore, honourable men were looked on as felons! A breath bears evidence of crime, when corroborated by acquaintanceship with Wakley!

The British Medical Association followed. The same history, the same end! If Wakley could not raise it, he generously lent it, when raised—his name. It glistened under the light of his countenance with a sickly radiance, thawing off like snow under a tropic sun! The treachery of the one faculty "scheme," followed other schemes to ruin; bill, bill, to ridicule; member, member to secession, till all that is now left of this once influential society, is a hybrid M.D. and apothecary of Dulwich, prefigured and described by Pope

> "Eternal smiles his emptiness betray,
> As shallow streams run dimpling all the way;
> Whether in florid impotence he speaks,
> And as the prompter breathes, the puppet squeaks."

He is, of the British Medical Association, the unmutilated tail still left to tell that once Kilkenny "cats"—and dogs—dwelt there!

Last came the Medical Protection Association. I saw with wonderment how suddenly, in power, and wealth, and wisdom, this young society, obeying your call, sprung to being. It was born a man; it sprung, as from the brain of Jove, another Minerva, instinct with might and beauty. A multitudinous meeting, at three days' call, startled British medicine from her seat, and the world asked what shall it be—this new born giant? Surgeons and physicians—the proudest—bent their steps towards the threshold; the new popular shrine offered more promise than the old corporate idols; funds flowed in; prosperity, for once, in medical agitation, seemed our captive: but Wakley crept into the paradise, and

> "at the ear of Eve, familiar toad,
> Half froth, half venom, spit himself abroad."

Bullying the equivocally placed, darting venom at the timid, feeding the indigent with dishonoured bread, the nobly-ambitious with frothy hopes, he estranged in disgust the respectable, and enchained the rest. Strange fate of a bad name! The more he paid, the less he purchased; the more he toiled, the less he did; he worked but to injure, to ruin; his breath was a killing pestilence; power, wealth, character, association—all have gone! Surely the name of infamy is as a greedy Maëlstrom, insatiate, bottomless!

Three National Associations sunk helpless under his aid! Three hostile colleges flourishing by his opposition! Himself contemned here, spurned there, suspected everywhere! Such is the terrible result of a whole life's ceaseless action; such the awful shipwreck of a fortune steered by the helm—infamy! *What a spell, mystic and divinely misguiding, in a ruined repute! Fate will not even have good by such an instrument!*

With such a retrospect before my eye, I sincerely offer crestless and defeated Wakley (forlorn amid the ruins made by his own character) the tribute of a tender *condolence*. With all the callosity of the camel's knee, grief can yet reach his heart: he is the stoic philosopher of our century, if he can't describe a Promethean agony. Guilty or innocent, I pity either way. He has a place in society so very different from his deserts; if good—so well merited, if evil—that, for his breast to harbour an instant's joy, would be to shew the insensibility of a demon. Yes! even *goodness*, like the affection of the son-less monarch of Norman England, must be a curse; he cannot know an honest smile. His heart, for twenty years, has never fathered one! What a reason for inquiry!

I know, Sir, your deplorably adverse opinions on Mr. Wakley's past utility. You have always described him as a medical nuisance, more mischievous to the well-being of the profession than any of the grievances he has at times declaimed against; and have added your opinion, that among the public men of our time, infamy would be homeless if there had been no Wakley.* But, Sir, have you made *full* allowance, in judging his singular career, for the very singular circumstances under which he was placed? With such a drawback as his character on every effort, how *could* he have been honest, or honourable, or independent? He was to live on a public that despised or abhorred him; their contemned inferior in moral standing; how could he advise, or guide, or lead? His *rôle* was to please, not to improve; to pander, not to teach; to follow, not to lead; to halloo others' opinion, not give his own. His natural place—he knew, it Sir, well as you—was that of philosopher; his evil genius, his character, *forced* him—and he sees and regrets it—into that of buffoon. If he lauded the "One faculty scheme," yesterday, as the only panacea, to please this association, and, to pander to the liking of another, denounced it as treacherous, to-day; if to suit a taste that asked such condiments, he abused, for years, in the fish-fag grossness of the day, the apothecaries, as she-monsters of corporate imbecility; and, now, to suit a changed fancy, lauds them as the fittest of all parties to take their place at the head of a reformed medical profession; if he gave up the British Medical Association for the Medical Protection Assembly—the latter, again, for the New National Association in Marylebone; if, in short, he has supported whatever has been opposed, and opposed whatever has been opposed, like an aimless, houseless stroller, gibing at the unfortunate, jesting for the fortunate, as the price of a temporary lift from *anything*—buggy or dung-cart—going anywhere; still, Sir, the turpitude that can be logically deduced against him is a turpitude—it should be recollected—palliated by the greatest temptations. The unfortunate infamy of his repute left him without an opinion of his own. His low *character* made him low. The very bread of his public life essentially depended on his taking the clownship to any medical company that would engage him. A thorough serf—a serf in soul—he could hardly barter for the semblance of freedom.†

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Now, Sir, while, on the part of Mr. Wakley, the necessity is thus extreme for a searching enquiry into these charges, so commonly made against him—it is fit that his friends remind him, that he is not in a position, just now, in which he can meet imputations—however atrocious they be—with disdain. He cannot, I deeply regret to admit, point to a spotless character, saying, "There is in it that which repels each slander!" There is unfortunately no one characteristic about him more impeached than his veracity. His word has served too many purposes to be accepted by any one who has heard the name of its utterer. Enquiry, rigid and searching, I fear, is, after all, his best interest. He generously offered to undergo it in the House, before Mr. Wodehouse; why not seek it before a tribunal of medical men? To do his enemies justice, I do not think they would be fastidious on the composition of the jury. I think I could prevail on them to empanel it of his own personal friends, provided they were of a few months' standing; nor do I think the public would receive with suspicion the verdict pronounced on him by a committee owning for its principal members even his own chums—Lawrence,

* This is a mistake of our correspondent. We never *said* so.—ED.

† Our correspondent enforces his opinions by enumerating the accusations usually made against Mr. Wakley, giving a succinct analysis of the reasons usually alleged for them. It is obvious that this part of the subject is quite unfitted for our columns.—ED.

Elliotson, McChristie, Lambert,* Costello, Hennis Green, Wardrop. It speaks well for Mr. Wakley's heart, not to have *made*, but so long to have *kept*, such friends. The profession would rely on their fiat implicitly. Again, then, I press on him a duty which may bring on us a triumphant issue! What a day of jubilee would it be that taught him he was felt to be no worse than other men! What a day of dignity for the profession that relieved it from a stigma so public, so humiliating, so damaging!

VINDICATOR.

[We would willingly have declined this clever letter, as—among other reasons—giving importance to a subject long without any; but the appeal to our sense of fairness was irresistible.—ED.]

The learned counsel then resumed:—The low vulgarity of this letter was equalled only by its stupidity, and the notes of the editor were, if possible, more scurrilous than the letter itself. Mr. Healey, whom he should call the writer of this letter, until he had distinctly denied it, had invited Mr. Wakley to come before a tribunal of gentlemen, and Mr. Wakley now responded to the appeal. The defendants left it to be inferred that Mr. Wakley was a personage of the lowest and most infamous character, so that any ruffian might imagine the plaintiff guilty of any imaginable offence that could be included in the vague and general tenor of the imputations; and this was the more poignantly felt by the plaintiff, for, as the pleadings now stood, the enemies of Mr. Wakley would be able to say, "In these imputations there is, you may be certain, a great deal more than meets the eye!" He earnestly and confidently trusted, therefore, that the jury, considering the character of the libel and the position of the plaintiff, would give such high damages, that, whenever this libel should again be referred to, and one party might say, "What charges were made against Mr. Wakley!" others might be able to answer, "Aye, but see what heavy damages the jury awarded for them." The person who would publish such a libel as this—he would not say out of personal malice, but of a motive still more contemptible—advancing the interests of a rival journal—would care little about the truth or falsehood of what he published, and no man would be safe from attacks of this kind, if the jury did not award damages adequate to the greatness of the offence. The learned counsel concluded an eloquent address, which evidently produced a very strong effect on the jury, by saying that, from the defendants' appearing in person, it was very possible that they meant to use the greater liberty usually conceded a defendant by the court, for the purpose of attacking more fiercely the character of the plaintiff. In that case, he (Mr. Jervis) should claim a right to reply, and he was quite sure that such a course would only be heaping coals of fire on their own heads.—The proprietorship was then admitted.

MR. JERVIS proposed to put in the reply of the publisher of the *Medical Times* to an application made to him for the name of the author of "VINDICATOR."

Mr. HEALEY objected that such evidence would be irregular. The proprietors were the defendants in this case, and there was no proof of their knowledge of the application or the reply. The letter was really of no consequence, for he believed it merely expressed the writer's ignorance on the point of authorship; but he objected on the score of its irregularity.

The LORD CHIEF BARON, after reading the letter, decided that it could not be admitted.

This being the plaintiff's case,

Mr. HEALEY addressed the jury. He said that, as a novice in public addresses, he felt no small embarrassment in following the learned counsel, Mr. Jervis; and that if he did address the jury personally in this case, he could assure the jury it was through no such motives as those so hastily attributed to him by Mr. Jervis. He would say, it was not his will that so much consented, for he felt that in the course of his observations, vital as they might be to his own future prospects, he should have often to claim the indulgence and forbearance of the court, and that his principal confidence in the just and favourable decision he expected lay principally in the jury supplying, by their own thoughts, the deficiencies of his inexperience, and carefully giving full effect to the many favourable suggestions arising out of the case which he might forget or overlook. And first, he would disclaim, utterly and entirely, any such motives, in reference to the publication before them, as had been attributed too liberally to him by the learned counsel. He entertained no malice against Mr. Wakley personally, nor against any other man breathing. He trusted he was quite incapable of ever acting on any such motive; and he rested his whole defence of this action on the broad ground that, in the libel before them, Mr. Wakley was treated solely and entirely as a public man, connected publicly with one of the learned professions of the country. This was the true issue of the whole question; and if they agreed with him in that one point, he submitted that they must concur with him in the further opinion, that it was a case for only nominal damages. The law of libel itself, though made in days when the discussion of the worth of public men was barbarously fettered to serve court purposes, always recognised a great difference from criticism of men in their public capacity, and criticism on them in their private relations. In the case of Parmiter v. Coupland (6 Meeson and Welsby, 105), it was, as pointed out to me by a legal friend, distinctly laid down that a publication may be a libel on a private person, which would not be a libel on a public character, and the right to comment openly and strongly on the conduct of public men is now legally admitted; and where, indeed, would be that liberty of the press of which we so much boast, and deservedly, if the press found in the law an inexorable censor, intrepreting, like the learned counsel, every opinion in its worst sense, and fettering, by its captious and overstrained exercise, that searching analysis of public men's worth, which is the security of our good government? Turn then, I pray you, to that letter, out of which so many distorted meanings and motives have been extracted, and ask yourselves whether it does not all through touch the plaintiff solely as a public man, and solely in his public capacity? I am sure it must have struck you, Gentlemen, forcibly, before this, that the document exhibits a perfect absence of all low and miserable scandal, of every concocted narrative of imaginary adventures, of indeed any kind of allusion the most distant to the domestic, or private, or family relations of the plaintiff. Sober or not sober, chaste or not chaste, good paymaster or knave,—these the topics, as is generally thought, of all libels, never enter for a moment into this letter. From beginning to end it has reference to public matters, public institutions, and public men—and nothing else. I defy you—reading it with your own plain sense—to say, whatever be the severities of its criticisms, that they do not refer singly and solely to the public character of the plaintiff. Nay, so strictly does this medical journal stick to medical affairs, so entirely does the letter confine itself to a consideration of the plaintiff in his public relations with the profession, that not one word of censure, or indeed notice, is given to that coronership which offers other public journals so fruitful a field of discussion and disparaging remark. In one word, this medical journal canvasses the public character of a public man in his public relations with the profession—beyond this it does nothing. The learned gentleman, with all that extraordinary adroitness which his long experience in dressing up a case for a jury has given him, has said a good deal about our letting judgment go by default. He asseverated that it amounted to an admission of the immense injustice of the letter. But, Gentlemen, how really stands the case? The learned gentleman knows better than I do, that so peculiarly is this letter situated in reference to the rules of pleading that no plea of justification that could possibly be put on the record would have been good in law. By the peculiar law of libel, which, in reference to public journals at least, cannot be altered too soon, a plea of justification would have been so much waste paper, unless we could prove not only that the charges here referred to were made—the only allegation in this letter—but that they were made truly and with entire cause. Because we say Mr. Wakley's character is widely and grievously aspersed, and should be enquired into, the law in the particular form of proceedings chosen by Mr. Wakley, says to us—You must prove not only that Mr. Wakley is aspersed, as you say, but that the aspersions are, in the thousand small particulars referred to, correct to the letter, which you do not say.* The learned counsel admits, in fact, that we could not have proved a justification by the law, and knows perfectly well, that in the case of Flint v. Pike the plea that an alleged libel was the actual substance of a trial, was successfully demurred to on the well-known legal principle that a party is not competent to notice the existence of charges unless he can substantiate beyond a quibble their accuracy. A public journal ought not in this way to have what amounts to impossibilities imposed on it by law, because it pays public opinion the compliment to notice its censures. Whether the public be right or wrong, the press cannot but notice a wide-spread and general opinion, and the law asks too much when it insists that we must prove not only what we say, that there are such charges, but also what we have not said, that they are true. Instead, therefore, of accusing me, of doing what I could not help, with submitting to a necessity I could not escape, the learned gentleman would have much better occupied your time in showing why, when two or three other courses of legal proceedings were open to the plaintiff, he specially adopted the only one that denied us a fair battle on the real merits of the case. He had just the same power of proceeding by indictment or criminal prosecution as he had of proceeding in the safe form he has chosen; but in either of those cases must have paid you the compliment of appearing in the witness-box to await your examination on the circumstances and the issue, instead of being the palpably absurd one of damages to a character which is only before us by a fiction of law, would have been the issue raised by a recent amendment of the law of libel, but which we could not have raised by *this form* of action—viz., whether the publication of a letter in a public journal on a public character was desirable on the ground of public good or not. On that issue we must have triumphed, and that issue I fearlessly assert was the only one that ought to have been raised by the publication of that letter. The plaintiff has not adopted the appropriate form of procedure the law pointed out for him in such a case as this, but he was doubtless well advised that his was not the sort of case that could be trusted to so complete and sensible an issue as the new law raised, and therefore he has sought aid against us and shelter for himself under the old unreformed law. And what stronger evidence can you have of the weakness of the case, and the small claims it advances on you on the score of damages, than the fact that the learned counsel, who is so extremely apprehensive of the irregularity in which I as a defendant may indulge, fell himself into the extraordinary irregularity of offering me to you as the writer of the letter of "VINDICATOR," without giving one particle of evidence for his extraordinary assertion. When the learned gentleman affirmed to you that I wrote the letter, and that I wrote the editorial notes attached to it, that I played commentator and correspondent in the one article, he said that which he could have proved if true; which, by not proving, is admitted to be unfounded, and which, consequently, was in every sense most unjustifiable. But, gentlemen, the needs of the case required some such help to escape the penalty of nominal damages; and, therefore, to produce an effect on you and your decision, the learned gentleman, without one tittle of evidence, is tempted to risk against me a libel degrees worse than the very libel against which he has so eloquently declaimed. Having now put the saddle on the right horse, on the question of judgment by default, and noticed that this letter considers Mr. Wakley merely in his public relations with the profession, I would submit to you that, considering the position the plaintiff must occupy

* Lambert is no more. He died in extreme poverty. He was the celebrated reporter of the case of Bransby Cooper.—ED.

in reference to the medical profession, and a public medical journal, this letter, if a libel, is at least the most justifiable libel that a jury can have to consider. I need not say that in the precise proportion in which a public man has activity and ability, in that precise proportion is he mischievous to his party, if his character lie under the suspicions that letter speaks about. Gentlemen, there is at this moment a very arduous and very important agitation going on for a better and more satisfactory organisation of the medical profession. Mr. Wakley more or less connects himself—will be connected —with that agitation. While he stands as he now stands, the medical profession will not act with him, and he is not the sort of person to let them act comfortably, if he can help it, without him. Can you not fancy, Gentlemen, that under such circumstances a medical journalist, anxious to unite all, when union will make all so much more powerful for good, may with the best motives say let a court of honour, a tribunal not legal, as the learned counsel says, but *medical*, decide on these charges. Why, the only severity, the only unkindness of such a request, would presuppose that the subject of it could not profit by inquiry—that he must be left alone, because to stir the matter would be unpleasant and disagreeable. Inquiry may not be agreeable, but a public man does not bargain for a bed of roses; it is public interest that is to be consulted, and if he shrink from the severe scrutiny his publicity involves, his best course is to retire from public life. No action for damages, in return for a request to do himself a kindness, will ever set that right which was wrong before. I am not going to waste your time in considering the worth of Mr. Wakley's character. I believe that if Mr. Wakley's character was good before the letter, it is good now, and that it is not a farthing worse or a farthing better now than it was when the letter was published. But, Gentlemen, turn to the letter, and ask yourselves what is there to injure a character that was good before? The introduction was passed over by the learned counsel as containing nothing of consequence; and on reading it you will notice a very becoming proposition, addressed to the editor with the most winning appearance of fairness. That introduction is a most important circumstance for your consideration; for I need not tell you that in the heaps of communications visiting an editor's office, he is obliged frequently to decide on the admission of a letter on the first impressions produced by the introduction. If you, Gentlemen, pen a letter somewhat differing from the views of the editor of the *Times*, or any other morning journal, what do you when addressing him but appeal directly, in the words of this letter, to "his sense of fairness even to an enemy," as an irresistible claim to the letter's admission? (Mr. Healey here read various portions of the alleged libel, pointing out the indications of fairness and truth it contained, and then continued.) The whole analysis of the letter is shortly this: "Mr. Wakley is under suspicions; he is injured, we are injured by them; let them be inquired into;" for while the writer distinctly asseverates the existence of the rumours, he as carefully abstains from saying that Mr. Wakley might not clear them if he essayed. And it is not guilt, but suspicion, that is our title to inquiry. Guilt wants *condemnation*; suspicion alone, either in the innocent or guilty, is the claim to *inquiry*. Let us suppose a case quite possible of realisation. Let us fancy that Delaney, who, after his acquittal, invited a group of friends to join him at a champaigne dinner, and shortly after exhibited himself at Newcastle as a kind of public character; let us suppose that after a long lapse of time with the public horror and disgust abated, and the grounds of belief in his guilt dissipated by years, circumstances connected him again with the medical profession, of which he is a member, and gave him a seat in Parliament. If charges were brought against him, and vague suspicions alleged of the lamentable catastrophe of which he was declared guiltless; if the profession felt that they were getting mischief from his connection with them, would you, when the facts of the case had become obscured by them, think it unfair or unjust in that profession to say to him, "Explain to a jury of honourable medical men, whom we will choose, the circumstances which are said to be against you?" And if a public journal published a letter forcibly pointing out the evils arising from the connection, *bon gré malgré*, forced on them, would you think it right to acquiesce in the learned counsel's demand of giving heavy damages for such a letter? I am sure you would not. You would say that, to all these who are ill-fated enough to excite suspicion, there is but one pathway out of it—*investigation*; and that the right which enables us to call to account the suspected guilty, entitles us to call to account the suspected innocent. The embryo of doubt should not be left by a public man to lurk in the bosom of society; but if it be, and it assume a voice, as it needs must, it is a foolish dream to fancy that it can be destroyed by an action of damages, in which, as the learned counsel himself admits, the liberty to justify is practically denied us.

Mr. JERVIS—As this assertion has been made two or three times, I must remark that I made no such admission.

Mr. HEALEY thought that he had heard the admission very distinctly made, but of course, after that denial, must have been in error.

LORD CHIEF BARON—If it could not be justified, Mr. Healey, it could not be denied.

Mr. HEALEY—True, my Lord; but, in any case, this letter is so peculiarly circumstanced, is so vague and indefinite, and touches on such a variety of facts, that, on our side, no justification could have been framed which could not have been demurred to in law. And let me now say, Gentlemen, that of all men, and especially of all public men, the very last person should have been the plaintiff to have come into a public court, demanding damages for a letter of that kind; I say it with confidence, there never was a man who made a freer use of the liberty of the press, or——

Mr. JERVIS—I must object to this, unless evidence be produced.

Mr. HEALEY—The learned gentleman himself has delared that the plaintiff is the editor of the *Lancet*, and the law reports give us half-a-dozen cases in which his client stands a recorded libeller.

Mr. JERVIS again objected; and his Lordship, having decided that the law reports could not be noticed, except given in evidence as to certain facts,

Mr. HEALEY resumed—Though the plaintiff be at least a public journalist, I with force affirm that, while there never was another Member of Parliament or public character of whom such a letter as that could be written, there never was a public character or Member of Parliament but himself who, if such a letter had been written of him, would have gone into a court of justice to make a money action of it. We all recollect how, some time since, the journals handled Mr. O'Connell and Mr. Whittle Harvey on some alleged suspicions or charges. When these gentlemen found themselves, in the journals, the subject of public commentary and accusation, did they go into a court of law to ask damages? No such thing. They went to the House of Commons, and asked for a court of honour—a committee of inquiry. Those gentlemen actually said to themselves what this letter had said to Mr. Wakley. They uttered to themselves what Mr. Wakley would punish as a crime when uttered to him. They said public charges are made against us; they are important to us; they are important to those connected with us; we must either purge our character before a committee of our peers—men who know us, and what is inquired about—or we must let it go to the winds of public opinion. And I need not tell you that a good character will stand bushels of hard writing. A man must live, and talk, and write himself down, nobody can do it for him. Unjust writing injures nobody but the unjust writer, for who, Gentlemen, are the readers? Who especially are the readers of such a journal as that before you? Do you think that the learned and scientific readers of such a journal as that—those readers who are said by the learned council to be so considerable in number—do you think that they want the sense to detect, or the honesty to punish, a public injustice? Have they not the same feelings as yourselves, the same love of social right and justice? The medical profession form a perpetual jury on such a trial—a jury even better acquainted with the facts than yourselves—with the best possible power of punishing wrong, and no way slack, let the plaintiff be their witness, to exercise it. It is your privilege to watch tenderly over that right of free discussion involved in this trial, for, had we spiritless juries, careless of the virtue of our public men, and punishing with severity comments which, however unkind to the individual, are most kind to the public good, we should deserve that all our government, down to its very aldermanships and mayoralty, should be monopolised by low and characterless persons. Why should not you, the juries of England, secure to your public press, dealing with public characters, that liberty of discussion which the law gives its lawyers and the senate its members? The due administration of law requires that counsel should be licensed in every *bona fide* criticism on character brought publicly before them in evidence, and the public business of the country demands, for its full performance, that the censures of one public man on another, no matter how severe, should be shielded from the intrusion of law. The same reasons exist, and in stronger force, to guarantee the press in fearlessly exercising a most necessary privilege. Nor can I refrain from expressing my surprise that, in reference both to this freedom of discussion, and the intrinsic merits of his own case, the plaintiff did not confide the affair of this letter to that Court of Queen's Bench of which, as coroner, he is an officer, and which would have given him exemplary satisfaction, if he could only have shown it due cause. It was in his power, as it was indeed in his duty, to have applied there for a criminal information. That court is invested with a peculiar power for the protection of public characters from unjust aspersions, and, as a coroner and Member of Parliament, no man could be more secure of its protection, if he could demonstrate a reasonable claim. Gentlemen, it was not only his duty to prefer that becoming procedure, but it was his highest shield. If he had anything that distinctly resembled a respectable case, there is no lawyer in the kingdom who would not have advised him to this as the best and most becoming procedure. The experienced Mr. Chitty, in his "General Practice," expressly states that this is the proper course, where the plaintiff cannot, or will not, as in this case, negative the aspersions. [Mr. Healey here read the passage.] Why then did he not move the court for a criminal information? We have no explanation given; but this we know, that had he pursued this ordinary, this becoming course, he must have gone through a very useful, but not at all times very convenient preliminary. Turn to the 5th vol. of Bacon's Abridgment, and that learned authority will tell you that the court will not interfere where the matter complained of as a libel happens to be true, or where it was intended for reformation, not defamation. This, Gentlemen, was a very awkward circumstance. But there was another. The very first step the plaintiff would have to have taken would have been to have sworn on his oath that the facts and opinions announced in this letter were untrue. Such a course would have been the course of honour and of right English feeling, and is the customary course adopted by public characters when they think that they have been libelled. It gives the plaintiff the rare advantage, so priceless to a man who really has a character to sustain, of coming into court with clean hands at the first instant of his process, of forthwith purging himself of every suspicion, and of showing before the country that his object is not the low and mercenary aim of making money by a skilful use of the machinery of the law, but of really vindicating his good name. But, Gentlemen, there was also another course open to him. If the letter contained any such insinuations or charges, as the learned counse states, the plaintiff could have preferred a bill of indictment, and and the public would have had a justice done to them which this form of legal proceeding completely deprives them of. The plaintiff could have been examined on oath by you and me, on ever

matter there touched on. But in either of these cases he must have appeared in the witness-box himself, have stated on his oath whether the facts in that letter were true or false, and have undergone a searching cross-examination. Gentlemen, it does not appear to have suited the plaintiff to have ascended the witness-box; it does not appear to have suited him to have stated on his oath that the facts referred to were false; it appears not to have suited him to have undergone a searching cross-examination, and therefore he chooses the safer course of coming down here under the protection of this peculiar form of procedure to ask you to execute a labour for his character he has not executed for himself, and put a price on a thing which he has carefully shrouded in darkness. But, Gentlemen, I have too long occupied your time about this very paltry case, and now, bringing it to a conclusion, would briefly remark that myself and my co-defendant stand before you in this case as persons maintaining for themselves that perfect integrity of character they claim to have shown in those who, like the plaintiff in this case, assume to represent them. Nay, I go further, and say, that though we have been attacked neither unfrequently nor unseverely by the plaintiff, we have never admitted anything into the *Medical Times* which we did not believe to be in the performance of a duty to the profession. There are some duties that must be performed with more rudeness than others; and it is not at all times that we can so far consult the gentleness of our natures as to achieve a necessary right with "bated breath and whispering humbleness." The duty of defending ourselves and principles is at times urgent, and bears no nice balancing of terms. You must feel that we have not been fairly dealt with in this proceeding; you must see that the law has been used not for the purpose of clearing the plaintiff's character, but injuring us; that exactly that form of procedure which is unsatisfactory on the point of character, and most oppressive to us in point of operation, has been adopted; that if the plaintiff sought by his wealth to use the potent machinery of the law in the most efficacious way possible for our ruin, he would have acted precisely as he has done: and that, therefore, the malice in this matter is not in the libel, but in the action. We have exercised but a public duty in a public journal, to a public man, for a public profession; and had Mr. Wakley come forward, as he should have done, as a public man contesting our right, we should have had an opportunity of justifying what we have done, on the ground of public utility—the ground on which it actually was done. That was the only issue that should have been before you, and that is the very issue which the plaintiff has carefully excluded; but you will teach Mr. Wakley that the honourable, the just, the fair, the non-oppressive course of procedure, which would have left nothing in the dark, and shown no vindictiveness, is the only course which he ought to have taken, and that you will not support him in taking any other. You will not lend yourselves to be the agents of a mercenary vindictiveness, which has done everything to show that it has no one title to any favour at your hands or the hands of justice. Despite, then, the array of technical ingenuity so lavishly displayed, I am quite confident that, taking the whole case into your consideration, you will feel that you have fully discharged your duty, and done nothing inconsistent with the justice and good feeling that should grace your decisions, in giving the plaintiff what his own technical form of proceeding has secured him, and no more—one farthing damages.

The LORD CHIEF BARON, in a luminous charge, now addressed the jury. He said, that in most cases of libel, he would advise a party aspersed, to proceed in the other manners referred to by Mr. Healey; but in such a case as the present, where imputations were rather hinted at than asserted, and put so vaguely and indefinitely, that a plaintiff must first find out and shape the charges before he could deny them, he felt that Mr. Wakley had not taken the improper form of proceeding. The ground occupied by Mr. Healey, in reference to the duty of public journalists, was, he thought, untenable. No rumours about a public man should be noticed in a public journal, unless they could be proved to be true; that is a principle of law; and it was competent for the defendants to have justified even a part of the libel, if, from the vagueness of the rest, they were unable to justify the whole. Criticisms on public men should be guarded, and whether this letter, through personal malice—which did not appear to him the motive—or through mere vanity—which was more probable—went beyond the limit that should be set to public discussion—it was for the jury to decide. To him it appeared that it attacked Mr. Wakley as a *man*, more than as a public character. By the Act respecting libel, passed in August, 1842, a defendant might, in mitigation of damages, offer an apology before the commencement of the action, or as soon after as he had an opportunity. He might plead that it was inserted without malice, and that at the earliest opportunity an apology was inserted, or that it was published from gross neglect. Again, the defendant might plead the truth of the libel, or he might pay a sum of money into court, which the plaintiff might accept or not, and forego or persevere in the action, as he pleased. None of these courses had been pursued by the defendants, who had suffered judgment to go by default. If this letter were not a libel, it would be difficult to say what a libel was. The learned counsel has called the letter "stupid." In that opinion, he must say, he did not concur. He thought it displayed a considerable share of a very peculiar talent; and was the production of one who had a sort of power of writing severe things. (The learned judge went through the severe parts of the letter *seriatim* to the jury, remarking, when he came to the names of the gentlemen fixed on to form the tribunal, "Men, certainly, that stand very high in their profession.") The plain meaning of the letter was, that Mr. Wakley was a man of low and infamous character; he damages everything that is connected with him; let there be an inquiry: and such was the peculiarity of the letter, that this simple matter extended through three columns of the work. It was his duty to call on the jury, in their estimate of the letter, to consider the station of the plaintiff, the grave nature of the charges made against him, and to give such substantial damages as would compensate the plaintiff for the injury such a letter must cause his character, and the wound it must inflict on his feelings. The plaintiff had very properly claimed a jury of gentlemen to adjudicate the damages, who moved in the same sphere of life as the plaintiff and defendants, and they would be the most competent to fix on the substantial damages which would suit the justice of the case. At the same time, it should be mentioned that the defendant, by the fair and temperate observations he had made, had done nothing to aggravate the damages; but they must award such damages as the circumstances of the case and the nature of the libel demanded. The damages ought to be fair and satisfactory, and of such a nature as to mark the just sense which they entertained of the value of character.

The jury having left the court for three hours, considering their verdict, returned it in favour of the plaintiff—Damages £150.

After the jury had given their verdict, several of them crowded round Mr. Healey, making him very gratifying assurances of kindness and good feeling. They assured him that the protracted struggle was whether the verdict should have been £100 or £200, and that finally they had compromised the matter, and thus gave Mr. Wakley the extra £50 appraised to his character. One of the jurymen assured Mr. Healey that he was a strong political supporter of Mr. Wakley, having voted for him at each past election.

(To the Editor of the Medical Times.)

SIR,—It is my intention in this article to give a general view of the *French system of national education*, and in a succeeding number of your periodical another of the *French system of medical education*.

This detail of the glorious system of national education in France, the source of national enlightenment, honour, and moral power, will show by contrast the very humiliating position which England holds, what we are without, and what we ought to have.

My second paper will also enable us distinctly to estimate the merits of the French medical education (similar to the national education in principle, and of which it is only a branch), and from it we shall be enabled to deduce how medical education should be conducted in England, the moral principles which should govern the medical profession, and the causes to which most of our evils are to be traced.

The following facts I have obtained from various sources, principally from intelligent gentlemen who have been educated in France.

In the last named country the *rich and the poor have an equal opportunity of receiving the best possible education.*

Napoleon took the education of the people into his own hands, not for the purpose of bestowing government patronage upon any that he desired especially and personally to favour, but, on the contrary, in order, by wholesome and righteous laws, to encourage merit, to develope the intellectual resources of the country, to ensure the advancement of the arts and sciences, and to secure to each individual, according to his moral and intellectual deserts, and in ratio to the claims he thereby had on society, honours, emoluments, and distinction. Moreover, in order that this social system should be developed for the good of mankind, he took care to cleanse literature of those pestilential agencies which so infect and demoralise and injure our social state in England (more particularly that of the medical section of the community), viz., personal intrigue and favouritism, family patronage, money influence, and political partizanship.

The UNIVERSITY OF FRANCE, now termed "LE ACADEMIE ROYALE DE PARIS," established at Paris, presides over the instruction of the rising generation. It is, I believe, merely a university of government, and from it emanates every rule, even the most minute, by which the education is conducted.

The constitution of this board of government consists of a grand master, a chancellor, treasurer, and council. Not only is the grand master elected by a system of concours, but all the members of the council obtain their offices by the same system of promotion, as the result of their talent only, and they are selected in this manner from amongst the heads of the sub-universities next to be mentioned.

The Royal Academy of Paris, or University of France, is assisted in its labours by several minor universities or *sub-universities*, called "ACADEMIES." These are situated in some of the principal towns, and to each of them is allotted a certain number of departments or counties, in order that each may efficiently assist the Royal Academy of Paris in governing the education in those departments to which it belongs.

The academies have the power of granting degrees of bachelor of arts, bachelor of letters, and doctor of letters, which latter is the highest.

In each of these departments, moreover, is one or more "COLLEGE ROYALE," which is the school where the system of education is more especially carried on. These colleges have respectively a *principal, sub-principal, and treasurer*; the former constitute the government of the college, the latter has to receive and pay all monies. The principal, moreover, has to transfer a list of all his pupils twice or thrice per year to the "Academie Royale," and to the same establishment a certain sum for each pupil, reserving the overplus (so much for each pupil), for the payment of himself and teachers.

The system of instruction is as follows:—There are in the college seven classes, each under a teacher, who is denominated a "*regent*" or "*professor*." These classes are so arranged as to form a regular ascending scale of instruction; beginning in the seventh class with the first rules of Latin grammar, and so proceeding upwards to the first class, who are engaged in translating the most difficult Latin and Greek authors, with compositions, elocution, &c., which latter branches are confined to the two most advanced classes of the seven.

They also study history and geography, *which are divided amongst the seven classes:* the Bible history is allotted to one class; that of the Christian religion to another; ancient history to another; modern to another, up to the present time; and the history of their own country specially to another. There is after this first class (besides the seven), another called "*the class of philosophy;*" in this they take into consideration the subjects of logic, ethics, metaphysics, and natural philosophy.

The usual time devoted to each class is one year, so that the pupils are not hurried from book to book, acquiring from each a mere something of learning; but they are thoroughly grounded in every subject, and the pupil rises in regular succession by his proficiency through all the classes. It is calculated that at least three-fourths of the French army have gone through this course of superior education—hence their superior conduct.

Mode of Instruction.—In each class the pupils attend two hours morning and evening. In the intervals between these hours of attendance, the pupils are employed at their respective homes in preparing exercises for their next meeting, as they are not allowed to do any thing of that sort at the college.

Thus the whole time of each pupil when at the school is devoted either to learning the instructions given to the rest, or to that which is addressed to himself in particular; for the classes being very numerous, averaging from fifty to eighty or ninety pupils in each, it cannot be expected that each individual can give to the professors the *whole* of the instruction or translation for that particular day; but as they are called upon *indiscriminately* to say their lessons, they are all obliged to attend, and follow on their book what is being translated or recapitulated by the pupil who happens to be called upon at the time, as they are all expecting to be summoned suddenly to follow in the thread of the lesson (whatever that may be) and they are liable to be punished (no corporeal punishment, that depraves the mind) if they cannot do so; thus any remark the master may make to any of them must equally instruct all. The whole of the day is thus properly divided, and what is an especial advantage, by the pupils being obliged to prepare their exercises in their own domestic habitations between the hours of instruction, the parents are able to form a precise judgment regarding the abilities, the application, and disposition of the youths.

An Inspector is sent yearly from each academy to the colleges in their respective districts, for the purpose of reporting the conduct and merits of the teachers and the proficiency of the pupils. For this purpose he devotes two hours (at one of the times of meeting) to each class, when he sits in the room during the time that the teacher is giving the usual regular routine of instruction. Once a year, also, the public * are promiscuously admitted to one of the regular class meetings as inspectors.

Corporeal punishment, as already hinted, is entirely excluded from the system; but the pupil, for neglecting any particular lessons, or for any other positive fault, is punished by having a portion of one of the Latin authors to copy for a task.

The pupils, however, are further spurred on to exertion and emulation by the following admirable system of bestowing—

LITERARY HONOURS AND PRIZES.†—The *written exercises* which the pupils have to prepare consist of portions of Latin and Greek, as the case may happen, to be translated into French, and *vice versa*, which are dictated to them by the teacher out of any source he may think fit, not, therefore, marked out to them in books of which they could obtain keys or translations.

One morning in each week is set apart for a competition among the pupils in these exercises (Latin and Greek), taken in rotation in alternate weeks—in the later years arithmetic and mathematics being added. In this case *the exercises are done at the School*, so as to ensure their being the unassisted work of the pupils. Each pupil gives in his paper to the professor, who, during the course of the week, examines them all, and so classes them according to their respective merits, each pupil also getting a number assigned to him, according to the goodness of his exercise, which he keeps till the result of the next weekly competition is known. The first upon the list each week obtains and keeps during the ensuing week a *silver cross*, which is a badge of honour in imitation of the "cross of the Legion of Honour."

A record is kept of each of those pupils who have held the first place during the year at each of these competitions; whoever has been first the oftenest, must of course have been most proficient in all the *branches* of his education taught *in that class*, and is rewarded in the manner I shall immediately explain.

There is, moreover, at the end of the year, a similar competition amongst the pupils in each class of every college, in *each of the branches of education*, for the purpose of granting prizes for every respective subject.

The six pupils whose exercises are considered, in this instance, the best, are rewarded as follows:—The two first get the first and second prizes, the four next receive each of them a branch of laurel.

The six pupils who have been oftenest the first during the year share similar rewards; the two first on the list obtain prizes distinguished by the term "*prizes of excellence;*" the four following are called "*accessits*"—i. e., he came near. These *prizes of excellence* show that the pupils obtaining them have been proficient in *all branches* of their education. Whereas the obtaining of the first-mentioned prizes for Greek, Latin, &c., merely shows proficiency *in any one of these branches*.

All the above referred-to *prizes consist of books;* on the inside of the cover of each there is pasted a printed paper, signed by "THE PRINCIPAL," and setting forth the name of the college and class, the name and native place of the pupil, and the subject for which the prize was awarded.

There can be no favouritism, as the pupils have their exercises examined not by the teachers of the college to which they belong, but by those from another college. The name of the pupil who has written an exercise is also concealed beneath a seal, which is not broken until the moment of the distribution of the prizes.

The manner in which the prizes are delivered is as follows:—A platform is erected in the college yard, tastefully ornamented, on which seats are placed for the civil authorities of the town and county, the church dignitaries, military commanders, and any other persons of distinction.

Those are the persons who deliver the prizes to the successful candidates, and as the latter receive the prize, a *crown of laurel* is placed upon their head, and a military band plays a tune among the acclamations of the assembled multitude.

The friends of the pupils receive express invitations for the occasion.

Previous to the distribution of the prizes a play is got up under the management of the "Principal," on the platform, and acted by the pupils, who go in regular dresses for the occasion; it is generally uncommonly well performed, and is intended to test the proficiency of the pupils in *elocution*—it proves a great stimulus.

In Paris there are five colleges—or perhaps, at the present time even more than that—in order to suit the large population; those pupils in these colleges who are considered the best in their respective classes are sent from each of the colleges to have a similar competition as above described (this being an extra competition, designated by the term *concours*, being a contest of talent between the different colleges in Paris), and prizes are awarded in a similar manner as those already alluded to, but the merit of obtaining prizes in this case is much greater, as this contention is among the *élite* of the different colleges.

It is perfectly optional to the parents of the pupils to withdraw them from the colleges whenever they please, or whenever they think their children have received such a sufficiency of education as is in accordance with their views in life. But if it is intended that they should belong to any of the learned professions, they must go through the whole course of instruction, more particularly during the two or three last years, preparatory to their presenting themselves for examination at one of the "*academies,*" for the purpose of taking out the degree of *bachelor of letters and arts, which they must possess before they are allowed to commence on the study of* DIVINITY, MEDICINE, *or* LAW. They must, when they present themselves for this examination of bachelorship, produce *certificates* of having been educated in one of the colleges, as no other schools are recognised. But if any parent or guardian should wish to bring up his son or ward in his own house, it will be allowed; and then, instead of the certificate from the college, the parent or guardian must certify that the pupil has been educated in the "paternal house," under the tuition of an accredited bachelor of letters, and that the course of study followed in the colleges has been closely attended to; in either case the *moral* character must be particularly certified.

The certificates must be on stamped paper (a stamp costs two pence-halfpenny), and are then authenticated by the signatures and seals of the civil authorities, which in all transactions, according to the French laws, is a substitute for our (abominable) affidavit system. In France a person is quite as guilty of a crime by signing a document which he knows to be false, as in our country he would be, provided he swore it to be true.

The *price of instruction* in these colleges is fifty-six francs (£2 6s. 8d.) yearly, for a system of instruction not at present surpassed in the world. This price, be it remembered too, although low, does not require any specific recommendation or presentation—a system so disgracefully developed and nationally recognised in England. The yearly fee in the Paris colleges (I do not know why) is, I believe, 105 (£4. 7s. 6d.); but the instruction is, in no way, superior.

One defect in this system of national instruction is, that they are not taught to read and write; but this preliminary education can be obtained at so cheap a rate from private teachers as to be available by every mechanic.

The Children of all the Poor, on being recommended through the clergy or civil authorities, may receive their education *gratis*, and in many instances those are most distinguished in their classes.

Out of the fees above specified, the teachers receive their salaries, which vary according to the classes over which they are placed; in general, they begin in the lower classes, and are promoted, according to their deserts, as vacancies occur. The principals and sub-principals, &c., are chosen from those teachers.

In the class in which a person (an Englishman who received several prizes) was educated, who communicated several of the above facts to me, were to be seen the Prince of Wagram and the son of the meanest mechanic, intellect was so equally appreciated in each.

The same rules regarding the above-mentioned education apply equally both to Frenchmen and foreigners; and when we mark the liberality of this system of literary policy, and compare it with that of our own, as now existing in our (so-called national) colleges and universities, what a humiliating and disgraceful contrast!

Lastly, let it be remembered that the man who established this system of national education, whose code of laws has never yet been surpassed in excellence, whose great moral object was to establish in the world an aristocracy of talent and industry, and who, in consequence of his own almost superhuman talent, was chosen as the representative of the country which had adopted him—that this individual was, by interested individuals, held up to society as a monster, because he defended the

* How absurd in England for any thing of this sort (whether instruction or examination), which concerns the public welfare, to be kept private, as though the public were a set of barbarians.

† All laws regulating society should be founded on this basis: make it to be a man's interest to do that which is right, and against his interest to do that which is wrong; instead of punishing crimes, prevent them by these means; for, after all, man is a self-interested individual. Self-interest, properly exercised, is *virtue* (it is by the just exercise of that we wish to attain Heaven itself); but improperly exercised it is *vice*.

principles which had thus elevated himself and his country, and defended the latter, in its day of peril, against its hereditarily crowned-headed foes

Your obedient servant,

G. D. Dermott.

Charlotte-street School of Medicine, Bloomsbury.

THE NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

The Association resolved, at their last public meeting, to add to the committee a certain number of provincial practitioners, in order that, in the event of the charter being granted, a body of gentlemen from the provinces might be ready, from whom Government could select the twenty-four provincial general practitioners who are to sit on the council of the new college. Instructions were forwarded to the honorary local secretaries to call meetings to give effect to this resolution; and the following gentlemen have already been nominated by the practitioners of their neighbourhood to the honour of a seat on the committee:—

J. Hurst, Esq., Bedford; nominated by the Branch Association of Bedfordshire, through T. H. Barker, Esq., hon. local sec.

G. P. Amory, Esq., Exeter; nominated by the South Devon Branch Association, through Joseph Hopgood, Esq., hon. local sec.

R. H. Gwynne, Esq., Bridgenorth; nominated by the South Shropshire Branch Association, through J. H. Martin, Esq., hon. local sec.

G. Rogerson, Esq., Liverpool; nominated by the Liverpool Branch Association, through J. P. Harris, Esq., hon. local sec.

R. H. Sleight, Esq., Hull; nominated by the Hull Branch Association, through James Dossor, Esq., hon. local sec.

T. J. Ficklin, Esq., Cambridge; nominated by the Cambridge Branch Association, through W. Hoblyn, Esq., hon. local sec.

Brewster Seabrooke, Esq., Brighton; nominated by the Brighton Branch Association, through J. Cordy Burrows, Esq., hon. local sec.

R. Mather, Esq., Grantham; nominated by the Branch Association of Grantham, through J. W. Jeans, Esq., hon. local sec.

W. Coward, Esq., South Shields; nominated by the South Shields Branch Association, through James Barron, Esq., hon. local sec.

S. S. Cory, Esq., hon. local secretary, Bridport; nominated by the Bridport Branch Association.

John Glover Loy, Esq., M.D., Whitby; nominated by the Whitby Branch Association, through John Taylerson, Esq., hon. local sec.

George Rowe, Esq., Haverfordwest; nominated by the Pembrokeshire Branch Association, through J. D. Brown, Esq., hon. local sec.

John F. Quick, Esq., Tiverton; nominated by the Tiverton Branch Association, through J. J. Coward, Esq., hon. local sec.

W. F. D. Dickenson, Esq., Ulverstone; nominated by the Ulverstone Branch Association, through George Gibson, Esq., hon. local secretary.

W. G. Carr, Esq., of Gomersal; nominated by the Dewsbury Branch Association, through H. Hemingway, Esq., hon. local secretary.

F. A. B. Bonney, Esq., hon. local sec., Brentford; nominated by the West Middlesex Branch Association.

R. T. Hunt, Esq., Salford; nominated by the Salford Branch Association through Thomas F. Brownbill, Esq., hon. local sec.

G. T. Scale, Esq., Landport, Portsmouth; nominated by the Branch Association of Portsmouth, through W. H. Garrington, Esq.

J. Dulvey, Esq., Brompton, Kent; nominated by the Branch Association of Chatham.

J. Sutton, Esq., Greenwich; nominated by the Branch Association of Greenwich and Blackheath, through F. K. Hunt, Esq.

C. M. Burnett, Esq., hon. local sec., Alton; nominated by the members of the Association in the Northern Division of Hants.

T. J. Rayner, Esq., hon. local sec., Birstal; nominated by the Birstal District Association, West Riding, Yorkshire.

J. W. Roberts, Esq., Bradford; nominated by the Bradford Branch Association, through R. Caton, Esq., hon. local secretary.

T. Paget, Esq., Leicester; nominated by the Branch Association of Leicester, through H. Harding, Esq., hon. local secretary.

George Chapman, Esq., Windsor; nominated by the Windsor Branch Association, through H. M. Champness, Esq., hon. local secretary.

R. Lowe, Esq., Bristol; nominated by the Bristol Branch Association, through J. Colthurst, hon. local secretary.

R. S. Leggatt, Esq., Eastry; nominated by the Sandwich Branch Association, through H. Pettman, Esq., hon. local secretary.

W. Allison, Esq., hon. local secretary; nominated by the Branch Association of East Retford.

J. M. Bryan, Esq., Northampton; nominated by the Northampton Branch Association, through H. Terry, jun., Esq., hon. local secretary.

C. H. Higgins, Esq., Taunton; nominated by the West Somerset Branch Association, through W. C. Pyne, Esq., hon. local secretary.

T. Thompson, Esq., Nottingham; nominated by the Nottingham Branch Association, through G. E. Stanger, Esq., hon. local secretary.

The committee make the following judicious remarks on the question of the practicability of country members acting on the Council:—

"The committee beg to inform the members of the Association and those gentlemen who are nominated upon the committee in particular, that in the urgency of the business of the committee from its first formation, it has been totally impossible to approach the subject of by-laws, but that the affairs of the New College will have to be conducted under a well-considered code of laws, and that some such an arrangement as the following will have to be adopted:—

That while every member, provincial and metropolitan, would, as a matter of course, be at liberty to attend every meeting of the Council, and take part in its proceedings, the business of the Council be arranged under three heads. 1. Ordinary business, which it would be competent for the metropolitan members of the Council to transact—as the settlement of current accounts, &c. 2. Questions which are to be submitted by voting papers to all the members of the Council, including the provincial members—as elections, &c. 3. Extraordinary business, which can only be transacted at a general meeting of the Council, to be held once, or at most twice, a-year, or at an extraordinary meeting duly convened for a special purpose. Under this last head would be arranged the curriculum of education, &c.

Memorials numerously signed, to Sir James Graham, in favour of the amended bill, have been sent to that gentleman through the Association from Luton, Woburn, Essex, Middlesex, Devonshire, Dorsetshire, Portsmouth, Windsor, Chatham, Yorkshire, Brighton, Norwich, Middlesex (western division), &c.

The following is the petition from the committee, now ready for presentation:—

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The humble petition of the Committee of the National Association of General Practitioners in Medicine, Surgery and Midwifery, in behalf of the Association, numbering upwards of 4,000 Medical Practitioners.

Showeth,

That your petitioners are firmly of opinion that the bill for regulating the profession of physic and surgery as amended by a committee of your honourable house, is eminently calculated to raise the character, and increase the usefulness of the medical profession, without injustice to any party whatever.

That your petitioners would apprehend very injurious consequences from the continuance of the existing agitation on the subject of medical reform.

Your petitioners, therefore, entreat your honourable house to give its sanction to the Physic and Surgery Bill in its amended form, with the view of its being passed into a law in the present session of Parliament.

And your petitioners will ever pray.

A MEMORIAL

ADDRESSED TO THE RT. HON. SIR JAMES GRAHAM, BART., M.P., HER MAJESTY'S PRINCIPAL SECRETARY OF STATE FOR THE HOME DEPARTMENT, BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON, JUNE 13, 1845.

The Royal College of Physicians of London feels itself called upon respectfully to address Sir James Graham on the important alterations which have been made by the Committee of the House of Commons in the bill for regulating the profession of physic and surgery.

Enactments, equally new and important, have now been introduced into it for the first time, which were never contemplated in the course of the discussions that have hitherto taken place between the College and Sir James Graham.

In order to explain its views respecting these enactments, the College begs, in the first place, briefly to recall to Sir James Graham's recollection the tenor of those discussions, and the circumstances connected with them.

Before any measures affecting the medical profession had been submitted to Parliament by the Secretary of State, the College had carefully investigated the grievances complained of in numerous petitions to Parliament for medical reform, and had laid before the Government some suggestions concerning them.

The most prominent of the alleged grievances were found to be as follow:—

1. The want of a general registration of licensed practitioners.

2. The want of some body or board to which questions of medical polity and of public health might be referred.

3. The existence of local jurisdictions, and consequent restrictions upon practice and inequality of privileges.

4. The want of uniformity in the education and examinations conducted by different institutions, and great disparity thence arising in the qualifications of practitioners passing under the same denomination.

5. The continuance of self-election into the governing bodies of the different medical corporations.

The College has already taken occasion to express to Sir James Graham its approbation of the manner in which the two first-mentioned wants are supplied by the bill, viz., by the system of general registration therein directed, and the establishment of a council of health.

With respect to the two following grievances, the College suggested that, provided uniformity of qualifications could be obtained, reciprocity of privileges might properly be granted. And it professed itself ready to concede to a considerable extent its own peculiar privileges, and to confer, without further examination, the license to practise in London, on the graduates and licentiates of Ireland and Scotland, *provided it could be assured that such licentiates and graduates had been educated up to the standard which the College had fixed as necessary for physicians.*

For the College has constantly retained, and often expressed its desire that nothing should be done to lower the standard of the general and professional acquirements of physicians: and it is but justice to Sir James Graham to state that he has always manifested a cordial participation in this desire of the College.

Nevertheless, the College fears that clauses which have been introduced into the bill are not unlikely to cause that standard to be lowered. For instance, the 23rd clause allows any university to confer the degree of licentiate in the faculty of medicine upon students, of the age of twenty-two, after five years of professional study, only two of which will have been passed in a university, and without any security for a preliminary education or examination in literature and science. Now, there will be no restriction to prevent these licentiates from graduating as doctors of medicine, so soon as they shall have reached the age of twenty-six, and that without further university residence or professional study; for the 22nd clause, the only one imposing any restriction on medical degrees, does not require for doctors of medicine

a term of residence of longer duration or a course of study of greater extent and comprehensiveness than those already specified.

This early age of graduation and limited course of study are clearly at variance with the intentions of the College and the spirit of the 16th clause of the bill, by which physicians ought to be devoted to their studies up to the age of twenty-six.

For the reasons which have been assigned, the College considers the 23rd clause to be inexpedient. It would seem also to be introduced unnecessarily, because by the 14th clause provision is, as it should be, made to enable those who wish to act as general practitioners to do so at an early age. And such persons may afterwards, by one of the provisions of the 16th clause, become physicians, if, by successful cultivation of medical science, they have raised themselves in general estimation.

With respect to the last of the grievances above-mentioned—self-election into the governing bodies of the medical corporations—the College offered to redress this grievance, as far, at least, as physicians of this country are concerned, in the most complete manner, by opening the fellowship to all licentiates of four years' standing, and by giving to all the right of voting in the election of fellows; as well as by other provisions of a liberal nature; especially, by offering to admit as associates, without examination and upon a reduced fee, all bona fide physicians now practising in England and Wales.

The College was then informed, by a letter which its president had the honour to receive from Sir James Graham in Feb., 1842, that if the alterations above stated, and others of a similar nature suggested in that letter, were made in the internal constitution of the College, it was the intention of Her Majesty's Government to propose a measure to Parliament whereby the powers and privileges of the College, as an *examining* body, would be greatly increased. According to the advice thus tendered, and with the sanction and co-operation of the law officers of the crown, the College proceeded to prepare, with considerable pains and expense, the draft of a new charter, embracing the alterations which it had itself proposed, as well as those suggested by Sir James Graham. The College has ever since been waiting for an act of the legislature to enable it to accept this charter. It deeply regrets that, meanwhile, the general bill, in conjunction with which the new charter was to have been accepted, has, in many respects, been materially altered.

As the bill was originally framed, the College was required, indeed, to surrender the examination of all Scotch and Irish physicians; but it was authorised to superintend the examination of all persons, of whatever grade, who should seek to obtain in this country a licence to practise medicine. And as the College was instituted for the promotion of medical science, it does indeed seem proper that to it should be entrusted the duty of testing the qualifications of all those who are to have the sanction intended to be given by the bill of being qualified to practise medicine, just as to the College of Surgeons was to be entrusted the duty of testing the qualifications of persons to practise surgery. In the bill, as previously framed, and even in its amended form, this idea is carried out in regard to general practitioners in Scotland and Ireland; for to the respective Colleges of Physicians and Surgeons, in each of those parts of the the United Kingdom, is entrusted the function of examining general practitioners. And the College believes that such a principle, if carried out in England, would ultimately give satisfaction to the great body of general practitioners throughout England and Wales, as well as tend to the advantage of the public.

By the amended bill, however, the authority to examine general practitioners is no longer given to the College of Physicians of England, although it is still given to those of Scotland and Ireland. Nor, in the opinion of the College, is anything like an equivalent for it afforded by the 17th clause of the bill, as amended, which clause prescribes only a *preliminary* examination before a joint medical and surgical board.

It does not appear to the College to be at all a proper arrangement, that persons, who have undergone a previous examination by physicians and surgeons, should be examined, subsequently, in medicine and surgery, by general practitioners.

It is a further and a greater objection to such double examination, that it must operate as a discouragement to medical education in England, since in Scotland and Ireland a single examination will be sufficient to qualify for practice.

With respect to the new incorporation, made known in the amended bill by the name of "the Royal College of General Practitioners *in Medicine*, Surgery, and Midwifery, of England," the College, without objecting to the incorporation of the general practitioners, would press upon the attention of Sir James Graham that, as the College of Physicians was specially founded for the promotion of medical science, and for the regulation of medical practice, there are strong objections to the assumption by this new institution of the title of the "Royal College of Practitioners in Medicine."

Nor is it to the assumption of a title only that the College sees reason to object. It must object, even more strongly, to the latter part of the 32nd clause, which gives to general practitioners the right to fill ALL *medical and surgical offices*, and thus confides the highest duties of the profession to the members of that class which is required to pass through the least extended education, and which is admitted to practise at the earliest age.

In offering the foregoing observations, the College is so fully convinced of Sir James Graham's desire to maintain a high standard of education for physicians, as well as to support the College in the discharge of its proper functions, and even to extend, if possible, its sphere of utility, that it cannot doubt that the remarks which a sense of duty has dictated, will be received with the candour and the attention which the College has met with from Sir James Graham on every occasion.

There are other points in the bill, of minor importance, to which the College is also desirous of requesting Sir James Graham's attention.

With respect to the constitution of the Council of Health, if the representative principle is to be retained, at least in part, there ought not to be two members of it returned by the College of General Practitioners, since one member only is to be returned by each of the Colleges of Physicians and Surgeons.

In clause 27, "For securing efficiency of examination," Sir James Graham has yielded to the wish of the College, that none but professional persons should be allowed to be present at the examinations. The alteration, however, which has been made in the composition of the Council, seems to render it even more desirable than before, in order to obviate some possible jealousies and interferences between the different orders of the profession, that no one should have an absolute right to be present at the examinations, unless deputed by the Council for that purpose.

As regards the arrangements for general registration, the College observes, with satisfaction, that the register is now expressly ordered to be received as evidence in courts of law. It does not seem, however, sufficiently clear whether the supplementary register, provided by the amended bill, is intended to contain the names of *all* persons now legally practising, as well those with general as those with only local privileges. Those also who are entered on the supplemental register, should be required to send in annually their names and places of abode, as ordered by a previous clause with respect to the register.

In some points the bill has been amended to the satisfaction of the College. In particular, the College approves of physicians and surgeons being compelled to enrol themselves in the college of the country in which they practise, under the penalty of being struck off the register; also of a penalty for false pretences of qualification being imposed by clause 38, not only on persons unregistered, but on those also who should use a name or title belonging to a class in the registry to which they do not belong.

In conclusion, the College ventures to express a hope that Sir James Graham may find it possible to modify the bill in accordance with the views which have now been respectfully offered, for thus, in the judgment of the College, it is likely to be productive of greater advantage to the profession and the public than can justly be expected from it under its present form.

FRANCIS HAWKINS, *Registrar.*

LAW INTELLIGENCE.

COURT OF QUEEN'S BENCH, IRELAND.

Thursday, June 17.

(SITTINGS AT NISI PRIUS AFTER TERM.)

(Before the Lord Chief Justice and a common jury.)

LIBEL.

Michael Larkin v. *Charles Gavan Duffy, proprietor of the Nation newspaper,*

This was an action for libel. The declaration contained four counts; the first setting forth the libel, and the others varying the charge and tendency in point of technical form. Damages were laid at £500. The defendent pleaded the general issue, and also the plea of justification.

Mr. Hatchell, Q.C., stated the plaintiff's case. The complaint was that the defendant, Mr. Charles Gavan Duffy, had published a libel upon him in his character as a professional medical gentleman, charging him in substance with being a quack. In the *Nation* of the 22nd of Feb. last, under the head "Answers to Correspondents," the following notice appeared:—"Our readers probably know so much of the mechanical arrangements of a newspaper as to be aware that one side of it is printed before the other goes to press, and that errors are in this way frequently corrected in the same number that contains them. In the first side of our present number we observe with great regret that a quack advertisement from Surgeon Larkin has crept in, which would have been excluded, if it had met the editor's eye before the first side was printed off." That paragraph had reference to the following advertisement, both appearing in the *Nation* of Saturday, Feb. 22:—

"STOMACH AND CHEST DISEASE.—Friends in town and country have represented to Surgeon Larkin that many recoveries from appalling stomach, liver, bowels, asthma, and consumptive diseases, published in the *Nation*, though on particular request, were not calculated to advance his interest. These considerations he now casts to the winds when opposing his duty to afflicted humanity. These generous impulses arise, no doubt, from their hopeless recoveries; and as a guide to others, these being strictly privileged, have been shown to gentlemen in the *Nation* office, to remove all doubt. On the earnest recommendation of philanthropic clergymen of all persuasions, his patients, he will in future send this valuable medicine to all parts, with ample directions, in packages (free) at 2s. 6d., on receipt of post-office order, or reference in town for payment. That all families, however healthy, may have one or more packages of this happy medicine, which will keep good for years, suited to infancy and the most delicate female constitutions, not only as a cure for existing diseases of the vital organs, but as an unfailing preventive that will arrest these colds, that neglected, produce bad coughs, inflammations, influenzas, asthma, and consumption. Over this latter scourge, in all stages this side of the actual gripe of death, it exercises an immediate healing control, inspiring hope that astounds both friends and patients; as also over asthma and burning anguish to stomach and other abdominal viscera. To the respectable non-medical public it appears a mystery that a modification of the same medicine can equally cure diseases of the chest as the abdomen; but with the faculty there is no difficulty, who know not only the intimate connection, but the sympathy that exists between these vital organs, especially in diseases. Mr. Larkin has been called to see many appalling cases of dropsy, even among the wealthy, proceeding from organic diseases of these all important organs improperly treated."

The learned counsel commented at great length on the alleged tendency of the paragraph in question

to injure the professional character of his client, and said that he would prove that it was not a "quack advertisement," and that it was not treated by the public as a fraud or an imposture.

Dr. George M. M'Cormick examined:—might have heard an affection characterised as "a boiling anguish of the abdominal viscera (laughter)?

Mr. Bernard Fullam (of the *Nation* office) proved that he had received advertisements from the plaintiff, whom he had heard called Dr. Larkin, the *Nation* makes an immense sacrifice with respect to quack advertisements; it loses a considerable revenue by their exclusion; Mr. Duffy's orders are, that he should never take an advertisement of an immoral or indecent tendency.

Several witnesses were next produced to prove benefits derived from Dr. Larkin's treatment, one of whom stated that in addition to the pills, he had prescribed for him as a regimen, "to drink milk, eat mutton chops, and take exercise."

The plaintiff's case then closed, and

Mr. O'Hagan for the defence observed, that the counsel for the plaintiff had alluded to the solution of Sir James Murray and the baths of Sir Arthur Clarke, but nothing more absolutely different could be imagined than the advertisements of those gentlemen and this of Surgeon Larkin. Sir Arthur Clarke's position is established, and the character of his baths is known, and the invention of Sir James Murray is recognised throughout the whole medical world as of the highest value. He is a physician of great ability and standing, and it is preposterous to introduce his name on such a trial as this. This action is without parallel. Of all the attacks which adventurous speculators have made in latter days upon the press, it is the most audacious and the most unjustifiable. It is not a political libel which is charged against the *Nation* —it is not an insult to the private feelings, or an outrage on the private honour of any man; it is the simple statement of a plain truth in plain language, compelled by his own unwarrantable conduct, for which Surgeon Larkin seeks to mulct Mr. Duffy in the small penalty of £500. The experiment is a bold one, and betrays no moderate confidence in the facility of the jury, and the credulous folly of the public. The complaint is so ludicrous, and the subject matter of it, the plaintiff's advertisement, so extremely absurd, that it is scarcely possible to come gravely to the argument. Mr. Duffy knew nothing of Surgeon Larkin—had no feeling of enmity towards him, nor any desire to injure him in the least. On the contrary, it was his clear interest not to drive from his paper an habitual advertiser; and if he had not had a motive better than that of hostility, and higher than that of gain, it is clear he would not have done so. There was no malice in his mind; and what was his conduct? Not that of a libeller, who achieves his object by dark allusions and unknown passages of the life of his fellow-man—by hints and insinuations against his reputation, which may mislead the community, and the truth of which they have no power to test. Side by side with the advertisement is the *Nation's* commentary: both are presented together to the public judgment; and if the allegation of the paper is a false one, its correction, in the plaintiff's own words, is put forward with itself—the antidote was given with the bane; and if the advertisement did not merit the epithet attached to it, all men had means of judging that that epithet was wrongful. To the honor of the *Nation*, it has been proved that a large sacrifice of revenue is annually made by the proprietor, because he systematically rejects advertisements injurious to public decency or the public health—in short, quack advertisements. A few of those of Surgeon Larkin had found their way into the journal without his knowledge, but at last, when in that which was the subject of observation in the alleged libel, "the gentlemen of the *Nation*" were vouched to sustain the averments of the plaintiff, his attention was called to the fact, and he instantly felt bound to repudiate the unjustifiable reference, and prevent the delusion which was attempted on the country. It was his bounden duty to repudiate the statement of Surgeon Larkin, and he did so in mild and moderate terms. At best, the guards against injury from unskilful practitioners are not sufficient. Persons have diplomas and degrees who are ill qualified to deal with the diseases of the people. The legislature is labouring to rectify the mischiefs of the system as it exists; but when men pass from the beaten track, and throw off even the restraints of that imperfect system, and propound nostrums the nature of which is unknown, and their character far more than doubtful, what journalist could allow his influence to be used for their diffusion without an utter disregard of duty, character, and honor? So Mr. Duffy felt, and, therefore, in simple words, he stated the mere truth. The advertisement of Surgeon Larkin is called "a quack advertisement." That is the alleged libel. Mr. O'Hagan then commented on, and explained the meaning of the word "quack," according to the lexicographers, and showed its apparent application to the advertisement, and observed that it seemed to him to be the very model of a quack advertisement. It professes to announce a discovery which the wisdom of four thousand years had failed to accomplish; and the great inventor uses language betraying an ignorance of the common rudiments of letters, for which a ten-years schoolboy would be whipped. It has the true old quack quality of perfect disinterestedness. Surgeon Larkin makes a painful sacrifice of his feelings "when opposing his duty to afflicted humanity." No care has he for pelf—no desire to profit by his "invaluable"—his "happy" medicine. He is impelled, by the purest charity, to press it, not merely upon the sick, but upon all the world, "however healthy," and, if he can accomplish his great design, the entire human race—man, woman, and child—will be blessed by living on his pills. The wretched half-crowns he despises, and only accepts as a sort of *honorarium*—a tribute of gratitude from his admiring patients to the benignant consoler of "afflicted humanity" (laughter.) His advertisement "quacks of universal cures"—asthma, liver, bowel, stomach, consumptive diseases—all yield to its magic power. Till now, these complaints needed several remedies, and the remedy of one would have been aggravation in the others. But Surgeon Larkin has mastered nature—harmonising her most violent contrarieties, and making easy that which her "prentice hand" had left impossible—and then, not only is his medicine universal in its action, but it is also immediate. Consumption—the scourge, indeed, of our country—which has swept so many of its brightest and its best from its desolated homes—which all the influences of climate and medicine, the profoundest science, the largest experience, the tenderest and most devoted cares, have been utterly unable to arrest in its blighting course, striking down family after family, and generation after generation with the silent certainty of fate—that awful disease, in any stage "this side of the actual gripe of death," is to be immediately controlled by Surgeon Larkin. But it is too much. The subject is not to be sported with. There is something too disgusting in this monstrous attempt upon public credulity to permit the dealing with it even in serious sarcasm. Plain, unmistakable, confessed, the quacking of this advertisement is written on its front, and it is impossible to conceive, that the simple reading of it should not abundantly demonstrate its character to every reasonable understanding.

Dr. Kane examined some of the pills purchased by the plaintiff—the result was, that he could not detect in either of them anything capable of exercising medicinal action, and he believed the mass of which they was composed was merely crumb of bread. He could not, however, swear to the positive absence of active medicine of a peculiar class; he would not swear to the absence of minute quantities of *digitalis*, for that is one of a class of very active medicines not capable of being recognised when in small quantities; in fact, the chemical test for discovering their presence would wholly destroy their existence; bread or flour is very commonly used for mixing these medicines.

Sir Henry Marsh, Bart., designated it as the very *beau ideal* of a quack advertisement; he never read one more perfectly so.

Dr. Corrigan was next examined—He expressed his disbelief of the statement put forward in the plaintiff's advertisement, and also an opinion that that document decidedly came under the denomination of "quack advertisements."

Mr. Robert Gunn examined—Is one of the proprietors of the *General Advertiser*. There are a class of advertisements known as "quack advertisements," which they wholly reject. Mr. Larkin brought an advertisement similar in terms to the one read here to day, and he rejected it as a quack advertisement.

Mr. William Hamill, sub-editor of the *Nation*, proved that he drew Mr. Duffy's attention to the advertisement, and that gentleman immediately thereupon wrote the paragraph complained of.

The Lord Chief Justice in the charge to the jury, defined a libel, according to law, to be a publication without justification or lawful excuse calculated to injure the reputation of another, by exposing him to hatred, contempt, or ridicule, and told the jury, that if they thought the paragraph complained of, to be of that nature, they should find for the plaintiff, not exceeding £500, at which the damages were laid.

The Jury, after a deliberation of about fifteen minutes, returned to Court with a verdict for plaintiff, 40s. damages, and costs.—*The Nation*.

Surgical Cases.—Under this title, Dr. Duncan has narrated, in the *Northern Journal of Medicine*, a series of cases occurring in his practice, at the Royal Infirmary, Edinburgh. The first is a case of suppuration of the knee-joint from injury. The patient, a female, had been kicked out of bed a month previous to admission by her husband in consequence of some domestic squabble, and fell on the left knee with great violence. Considerable swelling and inflammation followed, and when she came under Dr. Duncan's care, the knee was much swollen, very tense, and exceedingly painful—the slightest motion giving rise to great suffering. The integuments around the articulation, but particularly on the inner side, were much inflamed and tender. The articulation was evidently distended with fluid, the patella floated, and fluctuation was perfectly distinct. There was considerable constitutional disturbance. The skin was hot; pulse 120; weak. Tongue moist, reddish, with brown fur on centre; loss of appetite; and much emaciation. On the night after her admission, an opening formed spontaneously on the inner side of the knee-joint, and a large quantity of pus, mixed apparently with synovial fluid, was discharged, with some slight relief to the pain. As the opening was insufficient to give free exit to the discharge, the cavity still retaining a considerable degree of tension, a free incision was made into it, and a considerable quantity of matter evacuated. Opiates were given freely, ℥vi. of wine allowed daily, and the joint enveloped in an emollient poultice. These means were followed by a considerable improvement in all the symptoms; and on the 25th it is st ted that the pain was much less acute, and that the pulse did not exceed 80. The discharge, which consisted of purulent matter mixed with synovial fluid, continued in moderate quantity, and its flow was increased by pressure applied over the opposite side of the articulation to that on which the opening had been made. The patient after this went on exceedingly well, the cure being interrupted only by attacks of bilious vomiting and diarrhœa. The M'Intyre splint had been applied immediately after her admission, with the view of keeping the part perfectly at rest, and Dr. Duncan was anxious to keep it applied, because, from a great degree of lateral mobility which existed, indicating destruction of the ligaments, it was apprehended that partial dislocation of the articular surface would take place. The woman, however, would not allow it to be applied, and the consequence was the tibia became partially dislocated backwards. With the exception, however, of the deformity which this necessarily produced, it did not appear to interfere very materially with the progress of the cure, or the strength of the limb afterwards. One or two small abscesses which formed at intervals in the vicinity of the opening were evacuated, and some minute spiculæ of bone were discharged along with the pus, these being apparently from the internal condyle, the articulation itself having

been previously completely obliterated. She was discharged with the joint completely anchylosed, and walking easily with the aid of a stick. In another case of suppuration, occurring in a man, fifty years of age, from injury, the knee having previously been the seat of some chronic affection of the synovial membrane, the suppuration was very great, and extended high up the thigh, and down the leg. The pus was evacuated by incision, but the symptoms became aggravated, and the man died in ten days. On dissection, the cartilages were found detached from the bone, softened as if macerated, and eroded in many points; and there was extensive purulent infiltration as high up as the trochanter minor, and down to the middle of the leg. Dr. Duncan refers the difference of result in these two cases to the difference in constitution, the difference in the state of the articulation at the time the patients met with the accidents; and lastly, the difference of period at which the pus was evacuated. The woman in whom the case terminated successfully was in possession of a tolerably sound constitution, which had not been injured by her mode of life. In the man, on the other hand, it was the reverse, and although not absolutely intemperate, still he was in the habit of partaking pretty freely of ardent spirits. In the woman, the injury leading to the inflammation was inflicted upon a joint previously in a perfectly sound condition; whereas, in the man, there had existed apparently some chronic affection of the synovial membrane, a state of matters which not only militates against the parts taking on a healthy action, but likewise increases the liability of the other tissues entering into the composition of the joint to become affected. The principal cause, however, of the unfortunate result, was, the period at which the incision was had recourse to. In the woman, the pus was evacuated by free incision at an early period, whereas, in the man, it was not evacuated until the matter had made its way out of the joint, and had diffused itself pretty extensively amongst the muscles and tendons up the thigh and down the leg. Experience has clearly proved that the earlier incision is had recourse to in cases of suppuration of a joint depending upon inflammation of the synovial membrane the better. By delaying there is not only the risk of having the matter escaping from the joint, and burrowing extensively amongst the soft parts in the neighbourhood, but there is great danger likewise of the other tissues, the cartilages, and bones becoming affected, both of which occurred in this case, and led to the fatal termination. Much has been said about the bland nature of pus; but there is no doubt that when it is pent up it quickly erodes the articulating surfaces. The sooner, then, after suppuration is established that the matter is evacuated the better. The incision must be so made, and so large, as to allow of its free exit, and prevent it from lodging. For this purpose counter-openings may be required; and if at any time it should appear to bag at any part, free incisions should at once be made. If there be a doubt as to whether the collection is purulent or otherwise—a doubt which can seldom exist—it may be prudent, as suggested by Sir B. Brodie, before incising, to make a puncture with the exploring needle. These means, however, will be of little avail in very many cases, unless at the same time complete immobility of the joint be maintained. The state of the bowels requires, of course, to be carefully attended to, and the strength to be supported by appropriate means. Suppuration of the knee-joint is always a very formidable affection; but when it depends upon inflammation of the synovial membrane alone, uncomplicated with disease of the bone, the patient will recover, in the majority of cases, under properly conducted treatment preserving the limb, with, however, except in very rare instances, an anchylosed joint. The next case recorded by Dr. Duncan is one of extensive lacerated and penetrating wound of the knee, in a young man, twenty-five years of age, the injury caused by falling upon and breaking an earthenware basou. When admitted there was an extensive lacerated wound of about six inches in length, passing right across the anterior aspect of the joint, immediately below the patella. The ligamentum patellæ was completely divided, and a small fragment of the patella itself had been detached. The capsular ligament was likewise extensively divided, the internal condyle being completely exposed, and the external to a very limited extent. A consultation was held between Dr. Duncan, Sir G. Ballingall, and Mr. Syme, and it was decided that the circumstances of the case did not warrant immediate amputation. One or two small portions of partially detached fibrous tissue, and the small fragment of the patella which had been separated, were removed, and two small vessels which bled, were ligatured. The integuments were brought together by several points of interrupted suture, a straight splint extending from the middle of the thigh to the middle of the leg, was applied on the posterior part of the limb, and the whole extremity was laid on an extended M'Intyre splint. Cloths, wetted with water, were ordered to be applied assiduously, and a draught containing sol. m. morph. gtts. xl. was given at bedtime. There was some hæmorrhage during the night, and fever afterwards set in. Local inflammation was controlled by the free and repeated application of leeches. Union took place by the first intention only partially, but the man had not a bad symptom, and made a good recovery. The last case is one of dislocation of the patella, with extensive opening into the knee-joint by sloughing. The patient was a woman, thirty-five years of age, who had dislocated the patella a few months previously to the second accident, the last injury being accompanied by severe contusion of the soft parts, on the inner side of the knee joint and lower part of the thigh. She reduced the dislocation herself; but it was followed by considerable inflammation, and the formation of an abscess, which gave way at two or three points three days before her admission, and a considerable quantity of pus mixed with blood was discharged. On her admission there was still considerable swelling on the inner side of the knee-joint. The integuments were of a dark red colour, and the cellular tissue could be seen in a sloughing state through the different openings. The articulation itself was free from pain, and could be moved without giving rise to much uneasiness. There was no constitutional disturbance, but the woman complained of much weakness. The slough separated in about a week's time, leaving an opening of three inches in length into the articulation. The parts from which the slough had been detached, presented a healthy granulating aspect, and the surrounding swelling and redness had much diminished. The articular surface of the patella and the internal condyle were completely exposed, and presented a perfectly healthy appearance, not the slightest trace of irritation or inflammation being present. There was now some slight constitutional disturbance. The skin was somewhat hot. Pulse 100. Tongue furred, moist. A splint was placed behind the limb. The water dressing was applied, and an opiate antimonial was given every four hours. The constitutional disturbance continued for a few days, during which time leeches were repeatedly applied, but the pulse never rose above 110; and on the fifth day afterwards, when the state of the articular surfaces was examined by gently raising the upper flap of integuments, they were found covered with healthy granulations. The discharge was by no means very profuse, and consisted of an admixture of pus with synovial fluid. The red was now substituted for the water dressing, and a bridle of skin which existed between the large opening and a small ulcerated one below it was divided. During the progress of the cure, the wound began to contract, and continued to do so with considerable rapidity; the discharge at one time appearing to bag somewhat on the outer side of the articulation, a counter opening was in consequence made, so as to facilitate its escape. From the destruction of the ligaments there was a considerable tendency to a falling of the knee inwards, but this was remedied by the employment of lateral splints so applied as not to interfere with the dressing of the wounds. Two months after admission the opening on the inner side of the articulation had completely closed, but a small one still remained on the outer side, from which a few drops of pus were discharged. It was then evident that partial anchylosis had taken place, and the tendency to inversion of the knee had almost ceased, but it was thought well still to support the parts, and lateral splints of thick pasteboard, retained by means of the starch bandage, were accordingly applied. With the exception of the constitutional disturbance which followed the exposure of the joint, and continued for several days, and one or two attacks of bilious diarrhœa which yielded under the appropriate remedies, no symptoms calculated to give any alarm occurred during the progress of the case. When dismissed she could move about easily with the aid of a crutch, but was seen repeatedly afterwards moving about pretty easily, with no other support than a walking-stick; with which she has since dispensed.] Some months after her dismissal she returned to the hospital with an abscess on the inner side of the articulation, connected with a small portion of the articulation on the outer side of the patella, where the cavity had not been completely obliterated. This had been produced by some indiscretion on the part of the patient, who had been leading a very intemperate life for some time previously, in fact, she was in a state of intoxication when admitted, and had walked to the hospital without much inconvenience. The abscess was opened, and under the appropriate treatment got rapidly well.

At a meeting of the Royal Society, a paper by Mr. Sharp was read, entitled 'On the Ashes of Wheat.' The experiments recorded were undertaken principally with the ultimate view of ascertaining with exactness what quantity of inorganic matter is removed from the soil by the seeds of a crop of wheat. The author first inquires what is the average amount of the inorganic, or incombustible portion of wheat, a question to which no satisfactory answer has yet been given. The result of his experiment is, that wheat yields by slow combustion a residue of from one and a half to one and three-quarters per cent. He then proceeds to determine by experiment the degree in which this result is influenced by previous drying at different temperatures, varying from 230° to 260° Fah. and finds that a heat of 245° is not sufficient to expel all the moisture contained in wheat ... while the loss of weight is then about 8 per cent.; by a heat of 260° the amount of this loss is 10 per cent. When the heat is so great as to occasion decomposition, the saline matter contained in the wheat fuses, and a portion of the carbon becomes so entangled, or firmly adherent to it, as to be incapable of separation by burning. Hence he recommends, in order to obtain greater uniformity in the results, that the wheat subjected to these experiments should be dried at a low temperature, such as that of a room in summer, and be allowed to remain a few days under its influence. The author tried the effect of the addition of nitric acid, with a view to save time, by accelerating the combustion, but found that the results could not be relied upon when this plan was adopted, and he was therefore obliged to relinquish it. He next directed his enquiries to the ascertaining whether the quantity of inorganic matter was in proportion to the specific gravity of the grain, that is, to its weight per bushel, and this he found in general to be the case. The conclusion he deduces from this investigation is, that the mean amount of inorganic matter removed from the soil by the grain of a crop of wheat, is exactly one pound per acre.

THE TESTES.—Mr. G. Gulliver has confirmed Wagner's observation, that the general enlargement of the testicles which takes place as the period of procreation approaches, is accompanied by enlargement of the individual seminal tubes. During winter he finds that the seminal tubes of birds are tolerably thick and strong, but at the season of procreation semens accumulate in them, and their coats are so distended and attenuated that they are very easily ruptured. The same thinning and enlargement of the tubercles occur in the development of the human testicles at puberty.

CLINICAL LECTURES ON MEDICINE,

Delivered at the Meath Hospital,

By Robt. J. Graves, M.D., M.R.I.A., &c.

Let me now direct your attention to the case of Margaret Lauder, who was admitted a few days ago, for suppression of the catamenia, with obstinate vomiting and persistent gastrodynia. This woman, who is of slender make and rather delicate constitution, has been complaining, more or less, for the last four years, during the greater part of which she has been subject to pain in the stomach, nausea, and vomiting. About five months ago, a new feature was added to her disease; the catamenia became suppressed, and have not appeared since. The attack of vomiting comes on every third or fourth day, sometimes oftener, and is preceded by pain in the region of the stomach, darting across the epigastrium and towards the left shoulder. The fluid ejected from the stomach, which is extremely sour, and as she states, "sets her teeth on edge," is of various colours; green, yellow, grey, or whitish, but never black. There is no remarkable epigastric tenderness, and she finds that during a paroxysm, the violence of the pain is diminished by pressure.

The first question that suggests itself with respect to the nature of this case is, does this long-continued, obstinate, frequently-recurring pain of the stomach, nausea, and vomiting, depend on organic disease, or is it the result of mere functional derangement? This is a most important question, and one which you will frequently have occasion to put to yourselves in practice. You will be often consulted in such cases; your examinations will be watched by the patients and their friends with close and painful attention, and your decision awaited with all the intense anxiety of minds haunted by the idea of scirrhus. You cannot, gentlemen, be too deeply impressed with the importance attached to such decisions, nor can you apply yourselves too assiduously to the difficult task of making a distinction between organic disease and functional disorder. I am sure I do not exaggerate when I say, that as many professional reputations have been wrecked upon this point, as upon any other connected with the whole range of medical science.

With respect to the present case, my impression is, that there is no organic affection of the stomach. My reasons for coming to this conclusion are these. In the first place, the disease has lasted with more or less violence, for the last four years, and that without any remarkable increase. The cause which operated in giving rise to the gastric symptoms three or four years ago, and before the suspicion of organic disease could be entertained, is still in operation, or, in other words, there does not seem to be any recent modification of her ailment, any new change to destroy the identity between her past and present condition. In the next place, the very duration of the complaint is opposed to the idea of its being organic. Had it been organic, it would, in all probability, have terminated fatally before now; or, at least, it would have furnished unequivocal proofs of its existence. Scirrhus of the stomach seldom lasts for four years without exhi[illegible] of its true nature. Again, the matter from her stomach was never tinged with blood, nor has it ever been of a black colour, or consisting of a substance resembling coffee grounds. Now, I need not tell you, that where organic disease of the stomach produces erosion of its mucous coat, and actual loss of substance, there will be an oozing of blood from the eroded surface, and that the blood will be either thrown up unchanged and of its natural colour, or it may remain in the stomach until the fluids of that organ have acted on it, and then it will appear, when ejected, of a dark colour and broken down so as to resemble coffee grounds. In the next place, there is no remarkable epigastric tenderness, and during the paroxysms, the pain, instead of being increased, is diminished by pressure.

Lastly, the extreme acidity of the fluid ejected from the stomach, is more an indication of functional disorder than of organic disease. I do not lay much stress upon this point, but where a person who has been long subject to pain, nausea, and vomiting, throws up a fluid of an extremely acid taste, the disease is, *in the majority of cases, functional*. How are we to explain this? The acidity of fluid ejected from the stomach, in any considerable quantity depends on derangement of the secreting surface of that organ. As long as the secretion of the stomach is carried on in the natural way, it never becomes a source of annoyance; a certain quantity of acid gastric juice is poured out at certain periods in the day, and these periods correspond in the normal state with the times of taking food, or in other words, this acid juice is only poured out when it is necessary. But in states of deranged action, where the secretion is altered by functional disorder, the stomach pours out this acid juice in excessive quantity. You will find a patient affected in this way vomiting a fluid, which if it fell on powdered chalk or soda, would produce a brisk effervescence, in consequence of the large proportion of acetic and lactic acid it contains. I have seen cases in which there was absolute corrosion of the teeth from frequent eructation of this extremely acid secretion.

It is clear, that the formation of acid in the stomach is merely the result of an alteration in its secreting powers, and not in consequence of any acetous fermentation of the ingesta. Now, this being the case, if the stomach be extensively diseased from organization, the consequence of scirrhous or cancerous ulceration, its secretions will be still further altered, and very frequently in such cases the products of secretion will not be so acid as they are in cases of functional disorder. Organic disease deranges the function of the stomach so much, that the secretion of acid is more or less interrupted, and hence we do not find the fluid ejected so sour as it is in functional derangement. I, therefore, look upon the extreme acidity of the fluid thrown up by this woman as connected with functional disturbance rather than actual disorganization.

I am aware that this opinion is somewhat different from that advanced by Dr. Osborne in the twenty-first number of the *Dublin Journal of Medicine*; Dr. Osborne seems to be of opinion that scirrhus and often cancer of the stomach are the results of functional disorder: there is nothing of which I am more convinced than that they are essentially different. I have known many persons afflicted for years, nay, for life, with the most aggravated form of *acid dyspepsia*, in whom no tendency to organic disease ever displayed itself. That the slow process to which is owing the gradual formation of scirrhus of the stomach will often occasion *acid indigestion*, long before the scirrhus is formed or has reached any degree of maturity, no one will deny. Dr. Osborne has been anticipated in almost all the propositions he has advanced, by Dr. Prus, of Paris, in a book published several years ago, where the same means of averting scirrhus are recommended. I fear that neither Dr. Prus nor Dr. Osborne have as yet discovered this important secret. They certainly deserve our best thanks for the attention they have bestowed on the subject.

Acidity of the stomach is frequently, but not always accompanied by gastrodynia or pain in the organ. In our patient, violent pain precedes the attacks of vomiting, and is occasionally present during the intervals. There is, however, no connection between pain and acidity of the stomach, for you frequently have severe gastrodynia in cases where the matter ejected has not the slightest acid taste. This is the case in pyrosis, where the fluid thrown up is quite limpid and tasteless. Here it is very probable that the fluid consists chiefly of the secretion of the pancreas.

In enquiring into the symptoms of which dyspeptic patients complain, you will find some *with weak stomachs and strong bowels*, while others have *strong stomachs and weak bowels*. The former complain of acidity, flatulence, distention and uneasiness of the stomach after meals, and have a capricious or indifferent appetite. They suffer much from eating certain articles, and are consequently obliged to be careful in the selection of their food. The digestion thus imperfectly performed in such cases by the stomach, is effected with more energy by the remaining portion of the intestinal canal, and hence the fæcal mass is quite healthy, and contains no unused alimentary matter. In order to enable the bowels to perform more efficiently the supplemental digestion, so necessary where the principal agent, the stomach, has left so much undone, the alimentary mass is detained longer than natural in the intestinal tube. In such persons, costiveness or a slow action of the bowels, is essential for the more complete solution and absorption of the nutritive portion of food which the stomach had, as it were, neglected. If by means of medicine or diet you promote a quick action of the bowels, and a speedy defecation in such persons, you impair the supplemental digestion, and injure, rather than serve your patients. In cases of this description we frequently observe that although great disturbance of the stomach ensues after meals, yet there is little or no emaciation or loss of strength; the sufferers are often of a robust, phlegmatic habit. The function the digestion which attributed to the stomach for the office of chymification, a step necessarily supposed to more advanced process of chilification, theory will take place in the small intestine, and in the above not explain the phenomena according to this theory, cases, for nutrition must, according to the degree in be impaired exactly in pr[illegible]

which the stomachic digestion fails. Here, the theory of digestion which rests upon the authority of Tiedemann and Gmelin comes opportunely to our aid. According to their experiments it appears that the nutritive efficiency of digestion depends on the solution and subsequent absorption of the soluble and nourishing portions of the alimentary mass. *Now, solution and absorption are performed by the whole extent of the alimentary canal*, but most energetically by the stomach and the cœcum or commencement of the large gut, which two parts are the chief secretors of the acid solvents. From this it follows, that when the stomach fails to perform the whole of its duty, its deficiencies may be supplied by the intestines. The history of intestinal fistulæ when the excrementitious matter is voided through an opening in the small intestines, proves that a man may live without the discharge of the functions which the large intestines are intended to perform on the alimentary mass. Again, those rarer cases of stomachic fistulæ which have been observed, almost suggest the possibility of life and nutrition being sustained, although imperfectly, without the aid of the stomach; for we cannot believe that this organ performs its functions with anything like natural energy, when it is placed in so unnatural a situation, and has suffered so much from previous disease and morbid alteration of structure. What is wanting in such cases to prove that nutrition may be carried on, nearly altogether independently of the stomach, is supplied by other organic diseases of that organ. Thus, in the case of *Napoleon Bonaparte*: the body was by no means wasted, on the contrary, there was a great accumulation of fat; "the fat was upwards of one inch thick over the sternum, and one inch and a half over the abdomen; upon opening the abdomen, the omentum was found remarkably fat, and on exposing the stomach, that viscus was found the seat of extensive disease; strong adhesions connected the whole superior surface, particularly about the pyloric extremity to the concave surface of the left lobe of the liver, and on separating these, an ulcer, which penetrated the coats of the stomach, was discovered one inch from the pylorus, sufficient to allow the passage of the little finger. *The internal surface of the stomach in nearly its whole extent* was a mass of cancerous disease, or scirrhous portions advancing to cancer; this was particularly noticed near the pylorus; the cardiac extremity, *for a small space near the termination of the œsophagus*, was the only part appearing in a healthy state."

Now, Gentlemen, in this and similar cases, it is evident that no part of the digestive function had been performed by the stomach, probably for several weeks, or even longer before death, and yet the body was so sufficiently nourished by the supplemental action of the small intestines, that we are almost tempted to believe that if by a miracle, the cancerous mass including the whole stomach had been removed, and had been replaced by a portion of duodenum, the individual might have lived for a time! But to return to our subject—where the stomach is strong, but the intestines weak, there is generally an excellent appetite, and the patient is a great eater—he never suffers from distention of stomach, uneasy feelings, acidity, flatulence or heart-burn after meals, however he may have indulged; he boasts, and justly that nothing ever disagrees with his stomach. He is nevertheless lean and ill-thriven; the reason is because his bowels do not possess the same energy with the stomach, and consequently do not perform their part of the business of digestion well; this is evident from the frequent and sudden attacks of looseness to which such persons are liable; their discharges are irregular, but on the whole the quantity of matter evacuated *per anum* is much greater than it ought to be; they seldom [illegible]ss solid healthy coloured stools—there is [illegible]dence of a hurried secretion of bile, and a too r[illegible] passage of the alimentary mass through the inte[illegible]. The fæces are therefore during their occasi[illegible] attacks of indigestion crude and semi-digested, [illegible] almost constantly fluid or semifluid; such pers[illegible] have two or three bilious, loose motions eve[illegible]y, and generally enjoy in other respects tolera[illegible]ood health.

Having pointed out these varieties of weak digestion, varieties which have scarcely been noticed by authors, but which nevertheless deserve especial attention, I shall conclude by observing that the distinction between organic disease and functional disorder of the stomach is often attended with extreme difficulty, and is to be drawn not from any one symptom, but from an attentive consideration of the history of the case, and the effects of remedies.

I have seen cases of indigestion, vomiting and extreme emaciation continue for month after month, until every medical attendant of the patient believed that death from organic disease was at hand, and yet the patient perfectly recovered; on the other hand I have seen the *stomach ailment* trifling when organic disease was extensive. I am anxious to impress this upon your minds lest you may be misled by any thing I have said in a previous part of the lecture, and lest you should think that I attach undue importance to any one symptom, *as for instance, the morbid secretion of acid by the stomach.* Dr. Osborne seems to look upon this rather as a symptom of commencing scirrhus; in this I cannot agree with him; probably we are both wrong; it probably cannot be relied on as characteristic either of functional disorder or of organic disease.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN,

By J. Bouillaud, D.M.P., M.A.M.,

Member of the Chamber of Deputies, Professor of Clinical Medicine at the University of Paris, Knight of the Legion of Honor, Physician to the Hospital de la Charite, &c. &c.

LECTURE III.

In order to complete the gener[illegible] review of the functions of the nervous centres, [illegible]ose of the cerebral lobes, the seat of the mora[illegible]nd intellectual faculties remain to be examined. These faculties are numerous, distinct from [illegible]h other, and act differently. Reasoning a[illegible] to a certain exten[illegible] experiments, prove this [illegible]rtion; besides which, the shape of the brai[illegible] and the great number of convolutions, furnis[illegible] anatomical arguments in favour of the op[illegible]n. Again, the brain is composed of two sub[illegible]es; the medullary substance in which the [illegible]rent movements arise, whilst the phenomen[illegible] sensation, the moral and intellectual facu[illegible] have their seat in the cortical substance; [illegible] is so true, that more or less intense acute [illegible]ammation of the latter is constantly accomp[illegible] by more or less delirium which is the forerun[illegible] mental aberration, if the phlegmasia become[illegible]ronic. Vivisections fully confirm these clinical [illegible]s, for on cauterizing or destroying the cortical s[illegible]ance superficially, the animals become mad or [illegible]ous, and rush desperately forwards without be[illegible] conscious of what they are doing, or where they [illegible] going. These are the results obtained in the nu[illegible]us experiments I have performed relative to th[illegible]ject on which, in my *Traite de l'Encephalite* [illegible]lished in 1825, I expressed myself as follo[illegible]—"If we reflect that intellectual disturbance[illegible]y exist independently of any other lesion of [illegible]erebral functions: and if we consider that th[illegible]tellectual disturbances seem to coincide con[illegible]y with disease of the cortical substance, we [illegible]onclude that disorders of the intellect are dep[illegible]t on distinct lesions of the cerebrum, whi[illegible]e seated in the cortical substance of that o[illegible]." The problem of the functions of the gr[illegible]stance seems to be more complicated, since [illegible]earches of Dr. Baillarger, who discovered six [illegible]ct layers in this substance, which he describ[illegible]arately, and to which he attributed peculia[illegible]omical characters. There remain the func[illegible] over which each of these layers presides, [illegible]o be indicated, but in all probability, som[illegible]e will elapse ere this important questio[illegible] be solved. But it may be asked—are ani[illegible]hen the brain is destroyed, deprived of the [illegible]llectual and moral faculties? Undoubtedly t[illegible]re: such as sight, hearing, taste, smell, [illegible] It is, however, certain that animals r[illegible] certain degree of tactile sensibility, since [illegible] paw be irritated, they withdraw it, and though this movement is performed as it were instinctively, still it shows that feeling is not entirely lost. It is, notwithstanding, highly probable that the brain has no power over the animal and actual perception of all the other sensations, but that it is destined to *intellectualize*, if such an expression be permitted, to preserve, to compare, and to recall them. The seat of the will is likewise evidently in the brain, for without the cerebral lobes the animal may stand erect, and perform certain automatic movements, but without any motive, end, will, or determination. Other faculties, such as music, certain dispositions for painting, drawing, writing, speaking, &c., all the different faculties and dispositions have their seat in the brain. But which are the organs, what are the parts which preside over each? These questions phrenologists have of late thought it possible to solve, though in truth, it is even now all doubt, schism, and controversy, and it must be confessed they are very difficult to answer. In short, every creature deprived of its cerebral lobes, is at the same time deprived of its intellectual faculties; all that remain are some slight instinctive qualities, which are evidenced by a certain number of automatic motions.

The opinion of Gall on the localization of the faculties and senses has been warmly combated, especially by Dr. Flourens, who states that when the brain is wounded in one of its parts, so that a sense is destroyed, all the others are likewise immediately abolished, and that the same result is obtained by a faculty or will. These conclusions are completely erroneous, inasmuch as they are too arbitrary and exaggerated; in fact, it is not correct that when one sense is lost, all the others are likewise annihilated. Thus, an animal after the removal of a greater portion of the cerebral lobes, does not appear to hear, to see, &c. and yet if the paw be pinched, it is withdrawn; if it be tormented, it cries out; if thrown into the air (if it is a pigeon) it is aware of the position in which it is placed, and of the danger it runs, and it stretches its wings so as to prevent its falling too suddenly, in a manner perfectly spontaneous. This act, instinctive or not, is not the less spontaneous, and indicates really an intellectual exertion of a peculiar nature; I will even say, it is almost an act of volition which produces it. The bird left at peace is stupid and motionless, seems to be deprived of will, no longer seeks its food, though it swallows when seeds are put into its beak, and appears to feel no kind of external irritation, yet from time to time it puts its head under its wing, as it did ere its cerebral lobes were destroyed. Now, is this movement instinctive, or is it the result of an act of the will, of a spontaneous determination of the bird? It must be confessed, that it is very like an act of the will succeeding to an internal sensation. Be this, however, as it may, one thing is certain, that it has its source in a faculty which persists after the more or less complete destruction of the cerebral lobes, a faculty which consequently lasts after the abolition of the greater part of the other faculties. If we admit with Dr. Flourens that sight and hearing have their seat in the brain, it may be asked if they occupy the same place as the intellectual faculties properly so called, by which we are enabled to recognise objects, judge their qualities, uses, and the relations they have with each other? Experiments prove sufficiently that this is not the case, since I have frequently removed different parts of the cerebral lobes without causing the least disturbance in sight or hearing, although several intellectual faculties were completely lost. The facts recorded in a memoir read before the Academy of Sciences many years ago, establishes this assertion beyond a doubt. But it may be asked how is it possible to hear and see when objects can no longer be appreciated? A physiologist will not be embarrassed to answer such a question, on reflecting that the child, for instance, *sees and hears*, long before he can appreciate the persons and objects *seen and heard.*

In a work published by Dr. Calmeil on the pathology of insanity, very interesting facts are mentioned, which come to the support of the doctrine I profess. "A woman affected with general paralysis, to such an extent that she was unable to

move off her chair, became incapable of distinguishing her left, from her right, hand; it was requisite to dress and undress her, put her to bed, and feed her; she *saw*, she *felt*, she *heard*, but she *had completely lost the faculty of thinking*; there was abolition of the intellect which took place gradually, and as it were insensibly."...... "A soldier from political events became insane, and immediately after the commencement of the disease he presented all the symptoms of general paralysis. At a later period, he was unable to *walk*, he soiled his linen, he *seemed to look with pleasure on the food placed before him, but he spoke not, his intellectual faculties were completely abolished.* The last thirty day of his existence it was necessary to push the food back as far as the fauces, as the instinct by which we seek to prolong life, was completely abolished." Is it possible not be convinced after perusing these facts?

According to the opinion of Dr. Flourens, all parts of the brain must act similarly, and one must alone replace the whole cerebral lobe; but I have shown that this is not the case. If by any means the anterior lobes are removed, the animal loses a certain number of its faculties, whilst, on the contrary it retains others. After such a mutilation, it moves about, continues to hear and see as usual, but it can no longer recognize surrounding objects; the dog no longer knows its master, nor the food by which its hunger can be appeased; it sees the objects but can no longer appreciate whether these objects may be useful or injurious. "The idea, the notion of food and its qualities, is, in a great measure, an idea added to the sensation which the object gives rise to, and this idea ceases to be perceived, or understood, as soon as the anterior lobes are removed, though the animal continues to see. Now the faculty of appreciation is entirely intellectual, and differs essentially from the sensorial faculties." The dog which was experimented on in this case, barks still, but it barks at every thing, as well at its master, as at strangers, and attacks every thing near it, animate or inanimate. I kept likewise several pigeons whose cerebral lobes were destroyed by cautery; these birds sometimes attacked with fury all that approached them, whilst at others they remained motionless with a stupid, idiotic look.

These animals (dogs for instance) move about automatically; they are however aware of the danger attendant on a fall, and have an idea of height, for if placed on a window sill, they walk to and fro, but take good care not to throw themselves over. They therefore see, and this sense is followed by an act of the intellect, by a species of judgment, and yet they are idiots with respect to the appreciation of the greater number of surrounding objects. Consequently if in removing the anterior lobes of the brain, certain faculties are destroyed, whilst others continue, it is evident that these lobes preside over functions different from those of other parts of the brain, and the opinion announced by Dr. Flourens cannot be considered to be correct, especially as it is in direct opposition to clinical facts. On the contrary what I stated as the result of my experiments is fully confirmed by *authentic* cases, few in number it is true, as facts of this kind are not numerous, and have but seldom been recorded. Those to which I here allude were published by Dr. Calmeil, and the patients whose cases are described, had fallen into a state of stupidity analogous to what I observed in animals whose anterior cerebral lobes had been destroyed; they presented more or less marked lesion of the cortical substance of these lobes, complicated by more or less considerable alterations of the meninges.

From the preceding facts it may be concluded, 1° That the cerebral lobes are not the seat of all the external senses, and that certain portions of these lobes may be removed or disorganized without these senses being necessarily lost.—2° That the senses and the intellectual faculties are perfectly distinct from each other, though both tend to the same end. 3° That the anterior or frontal portion of the brain is the seat of several intellectual faculties, and that its destruction produces a *state of idiocy*, of which the principal sign is the loss of the power of appreciating surrounding persons and objects, and which exists simultaneously with the external senses.

If now we proceed still further and examine the more special faculties such as speech, and memory of words, we shall find that the doctrine of Dr. Flourens is more and more erroneous. In fact, the abolition of the faculty of speech has always its origin in a serious lesion of the anterior lobes; it must, however, here be clearly understood that there exists no disorder of the organs of voice, or articulation, nor of the sensitive or motor nerves distributed to them. In the cases in which these organs are perfectly sound, the lesion must necessarily be sought for in the brain, and it will constantly be found in *some*—I do not (as Gall asserted) say any *particular*,—portion of the anterior lobes. But are these disturbances in the functions of speech always the same? They may be included under several principal types, which may, however, offer some modifications, and undergo various changes, which by their identical reproduction in different persons, and by their peculiar signs may be classed in categories. Now it often happens that the faculty of speech undergoes exclusively one of these typical disturbances, is abolished in one point of view, whilst all the other phenomena of this function, all the voluntary movements and the other senses remain in their normal condition. These facts* prove that Dr. Flourens was wrong, when he stated that if one faculty was destroyed all the others were destroyed also, but that there are cases in which a faculty may be partially, not completely, abolished. For instance, an individual whose muscular apparatus of voice and nerves of motion and sensation are in their normal condition, may lose the faculty of making use of them, and have no longer the power of putting them in action, although he recollects perfectly the words which are formed in his brain, and has merely forgotten the manner* of expressing them by the muscular apparatus of speech, for if a pen is put into his hand he writes his thoughts and his wishes, in short all his feelings perfectly well, whilst it is impossible for him to utter articulate sounds. There are other individuals who, correctly speaking, do not lose all power over the muscles of the larynx, since they can utter a certain number of words, but as the same words return constantly, they are quite unable to communicate their ideas to those around them. They are aware that they do not speak their thoughts, but it is in spite of their will that their vocal organs pronounce the same phrases, the same words or the same syllables; when they write, this no longer takes place, evidently indicating that the words corresponding to these ideas are still formed in their encephala. There are again other persons who are not only in the same state as far as speech is concerned, but likewise retain but the remembrance of the words they pronounce, so that if requested to write down their thoughts, they can only transcribe what they incessantly repeat. In these there exists evidently a double lesion, not only of the remembrance of words, but likewise of pronunciation, although the latter may be contested, as nothing proves that the patients were incapable of uttering other words had they been formed in their brains. Finally, others have lost completely the remembrance of words; if desired to write something, they are unable, being incapable of remembering a single word. But have they in these cases lost the power of employing the mechanical and physical organs of pronunciation? They perhaps have no more lost this faculty than that of moving their hands to write, but as they have lost the remembrance of words, the organs destined to pronounce them remain inactive, being no longer excited, the same remark being applicable to the hand with which the patient endeavours to write.

I will not prolong further the examination of the localization of these faculties, for it is evident, contrary to the opinion of Dr. Flourens, that they are perfectly distinct from each other, and that they may be localized in separate parts of the brain, easy of appreciation. I do not, however, mean that the problem which Gall thought to have soved in assigning precise and determinate localities, to the numerous faculties is true, since I consider it impossible that such should be the case. It may, however, at the present time be asserted almost affirmatively that the intellectual faculties depend on the anterior lobes of the brain, whilst the instinctive faculties are seated in the posterior. I admit therefore the basis on which Gall founded his doctrine of the localization to be correct, but I cannot admit the numerous divisions deduced therefrom, because in many instances facts have demonstrated that they are erroneous. It is to be hoped that a day will come in which clinical observations and experiments will enable us to obtain the results which this distinguished physiologist thought to have realized, and that the science of localization will take its place among positive and established facts.

In the succeeding lectures we shall examine meningitis, general paralysis, and ramollissement.*

*In a special article, the classification of the diseases of the brain as professed by the distinguished physician of La Charité, will be given at length.

REPORTS ON DISEASES OF FEMALES By EDWARD RIGBY, M.D.

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(Continued from page 218.)

This is a case of inflammation of the cervix uteri, coming on at a period of life when the catamenia are about to cease, probably depending upon some of the precursory changes connected with that time, and complicated with serious and obstinate derangement of the chylopoietic functions.

Its details are spread over a considerable period of time, and although they have been in some measure condensed, they nevertheless occupy much more space than I could have wished. They are, in fact, the details of a wearisome and long-protracted struggle between a strong disposition to establish organic disease in a system, the powers of which were threatening to break down under severe functional derangement, and the active and varied treatment which was required to withstand it.

Although she had been suffering from an inflamed state of the cervix uteri, and from lancinating pains of this part for some time, and although the os and cervix were generally found hard, swollen, and intensely painful to the touch, no alteration of structure appears to have taken place, from the fact, that occasionally, when relieved by leeches or by the catamenia, it would become soft and almost natural. This is a fact which I have pointed out in a former case, where, besides the pain and hardness, considerable alteration of form was evidently taking place, and where, nevertheless, it became soft and natural on the unexpected occurrence of pregnancy. I have already shown that lancinating pains, even when very severe, are not necessarily connected with organic disease, and the details of this very case are quite sufficient to make me confess my inability to determine how long they may exist, without being attended with change of structure.

As the catamenia were suppressed, slight inflammatory action of the left ovary showed itself, but was successfully counteracted by the antimonial ointment.

The treatment consisted chiefly in rousing the liver and bowels with brisk doses of calomel, and in diminishing the local congestion and excitement of the general circulation, by leeches to the os uteri and anus, by bleeding, and by saline laxatives; the action of it was occasionally still further promoted by the use of digitalis and nitre. I also ventured occasionally to improve the state of the stomach by a vegetable bitter with mineral acid.

On several occasions a considerable amendment was produced; but again and again the lancinating pains returned with great severity. As these symptoms increased, the os uteri was again carefully examined, and gave sufficient evidence to make me fear that change of structure had already taken place, when an unexpected relief (as stated by her) is said to have followed, by the discharge from the vagina of a considerable quantity of

purulent fluid, producing great alleviation to all her symptoms. I can only presume this to have been an accumulation of unhealthy secretion locked up in the cavity of the uterus, by the swollen state of its os and cervix, although the examination showed nothing as regards the size of the uterus which might have led me to suspect it; on the other hand, it is but fair to confess that the sensitiveness of the patient, and extreme tenderness of the os and cervix uteri when touched by the finger, might have caused me to examine the inferior segment of the uterus less carefully than I should otherwise have done. She continued to attend for two weeks after this occurrence, and feeling quite well, I saw no more of her.

The change in her symptoms, on resuming attendance at the hospital two years afterwards, was very remarkable: the expression of the face was quite altered by the staring prominence of the right eye, which still in great measure continues, although its vision and the various cerebral symptoms have so greatly improved. After a long and severe struggle, I have succeeded in overcoming the undue activity, or rather violence, of the circulation: the use of the lancet was seconded by antimonials and brisk purgatives, and as soon as the general symptoms had abated, the local congestion was brought under control by a seton in the back of the neck, under the effects of which she has made very decided progress.

The catamenia having ceased entirely for half a year, there will probably be but little chance of the former uterine symptoms returning, although time alone can prove whether the seeds of organic disease have been sown in these organs. The well-known cessation of vascularity, which gradually takes place in the female generative organs, after, what is called, the "change of life," leads me to hope, that if she passes five or six months without the appearance of any uterine disease, she will have a pretty good chance of enjoying health for many years to come.

LEUCORRHŒA.

In entering upon the subject of leucorrhœa, it will be found to be by no means an easy task to assign any precise or very definite character to this disease, for under the above head is commonly brought every species of uterine and vaginal discharge which is not exactly bloody or purely aqueous.

Although the name, strictly speaking, refers only to a white discharge, we have every shade of colour, from the milky white to the dirty brown; every degree of consistence, from that of water, to a thick purulent, ropy, or even semi-gelatinous condition: every variety of odour, from the almost inodorous secretion of simple leucorrhœa, to the fetid discharges in certain malignant diseases.

These discharges vary also in their source; some being furnished by the vagina, some by the os uteri and canal of the cervix, others by the membrane lining the cavity of the uterus. They may be mucous, muco-purulent, purulent, or aqueous; running at times more or less, even in the same case, into each of these forms. Many of them depend on certain morbid conditions of some portion of the uterus or vagina, and therefore cannot be looked upon as separate and peculiar diseases, but merely as the effects of morbid processes, some of which, viz., inflammation of the os and cervix uteri, I have already alluded to.

The connection between the condition of the assimilating functions and the secretions of the mucous membrane, is still but imperfectly known, and we have not yet sufficient data to enable us to associate certain characters of these secretions with certain conditions of the general health. It is by time and careful observation alone that we can hope to collect the necessary evidence for this purpose. The secretion in the present case is as clearly a deranged secretion as those, under certain circumstances, of the alimentary canal, the kidneys, skin, &c.; and as in these organs the abnormal state may either depend on local causes of irritation or derangement; or it may depend upon an unhealthy vitiated state of the circulating fluids which afford the necessary pabulum for secretion.

The *local* causes of leucorrhœa are necessarily numerous, and produce different forms of the discharge; their action is much more distinct and usually more simple, whereas those which arise from the condition of the general health, and from some peculiar diathesis of the system, do not always afford us such satisfactory data.

I propose to consider the subject of leucorrhœa under the following heads: the simple; the white creamy or albuminous; the acute, and the chronic. It is a division which I have used for many years in lecturing, and although perhaps open to objections in some respects, it is nevertheless one which will be found to answer sufficiently all practical purposes.

The simple leucorrhœa arises from a relaxed condition of the vagina, and is therefore observed in women in whom the tone and vigour of the general health have been more or less impaired. It is, in fact, nothing more than an increase of the natural secretion of the vagina; the vessels which furnish the discharge permitting a larger proportion than usual of the watery part of the blood to pass through their secreting orifices. This condition has been admirably described by Sir Charles M. Clarke, who pointed out the valuable fact that the corrugation of the mucous membrane lining the vagina is in an inverse ratio to the quantity of its secretion: that where, from the contracted state of the fibrous or proper tissue of this canal, the rugæ are numerous and well marked, the secretion is sparing; that where the vagina is flaccid and relaxed, the rugæ are few and imperfect, and the discharge profuse. In the former case, the contracted state of the fibrous tissue of the vagina compresses the vessels which pass through it to supply its mucous lining, and thus controls the quantity of blood which is conveyed to the mucous membrane for the purpose of secretion; the relaxed condition of the canal, in the other, permits a more than ordinary supply of materials to furnish the discharge. That the contracted state of the vagina and corrugation of its lining membrane, are in direct proportion to the health and vigour of the patient: that where she is suffering from debility and loss of that tone which is the characteristic of health, the rugæ diminish or disappear. Thus, we see that women who live in damp unhealthy situations, and are prevented from taking sufficient exercise in the open air for maintaining the necessary state of health, are peculiarly liable to this form of leucorrhœa. Among the young women of this metropolis who are compelled to earn a bare subsistence by many hours of sedentary employment in close ill-ventilated rooms, the health and strength become so impaired, that few of them are entirely free from the complaint. Women residing in low marshy districts are peculiarly liable to this affection, whereas those who live on high ground and enjoy the bracing air of the mountains, are seldom subject to it. From the same reason we see it extremely prevalent in hot climates, especially where the high temperature is combined with much moisture in the air, producing a very relaxing effect upon the system.

ON THE SUPPOSED ADVANTAGES OF A KNOWLEDGE OF ANATOMY TO THE ARTIST.

By Dr. Knox, F.R.S.E., F.R.C.S.E.,

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There still exists a prejudice, for such we shall find it to be, that an artist ought to study anatomy. By anatomy is here meant the anatomy of the human frame. As this opinion has been supported, and still is by many able men, artists and others, it seems right that it ought to be carefully analysed; if found correct, let such studies form the future basis of the artist's education; if incorrect, let him abandon it at once and for ever; when the great names have withdrawn themselves from the field, we shall know how to deal with the twaddlers; a right value may also be then adjudged to a couple of lectureships on what is called Pictorial Anatomy, now existing in London and Edinburgh. In founding these institutions, the patrons must have themselves been convinced that a knowledge of anatomy was not necessary to the artist, seeing that they refused the lectureship to "anatomists;" but it is a pity if such lectureships really are, as I well know one at least to be, a mockery and an insult to common sense, that they should be sanctioned or patronised by any respectable person. But to return.

Convinced as I am by an extended inquiry into the theory of beauty, both as regards the antique statue and the present living model, that a knowledge of anatomy is neither essential nor useful to the artist; that a beautiful figure and an anatomical figure are the antithesis of each other; that beauty consists chiefly in a skilful concealment of the anatomical structure or internal machinery of the frame, I beg leave to call the attention of artists and men of taste generally to the following analysis of the works or writings rather of Da Vinci, Mr. Haydon, and Sir Charles Bell, as the three authors of most note and authority upholding the ancient prejudice; let the artist weigh well what is said in the following critique, assured that it is not a hasty analysis nor a sudden change of opinion, but one which I arrived at with great difficulty; all, or nearly all authority was against the opinion I here advocate; my own views I respectfully leave in the hands of the artist and of the man of taste.

Review of the Principal Writers on Pictorial Anatomy.

I.—Da Vinci.

Is a knowledge of anatomy necessary to the artist? to the painter and sculptor? Should that knowledge be profound or superficial? Is it essential to the artist, and to the execution of works of high art, or of low art? Such was the opinion of Da Vinci, of Michael Angelo, of Sir Joshua Reynolds, of Mr. Haydon, of Sir Charles Bell. But such was not the opinion of Mr. John Bell, a fact I did not know till but a few weeks ago; with his opinion, formed seemingly in Italy shortly before his decease, my own coincides, formed several years ago. I have always foolishly enough hesitated to avow it, over-awed by the authority of great names.

To explain how this deep conviction arose in my mind that a knowledge of anatomy is not essential to the artist; that it is even disadvantageous to him in some respects; that its display destroys "the beautiful;" that nature intended that what she had made visible, that alone she intended to be beautiful; that alone she decorated, bestowing on certain minds the instinctive powers of discovering "the beautiful" in nature; I shall examine very briefly the remarks of Da Vinci, Mr. Haydon, and Sir Charles Bell; smatterers about pictorial anatomy, I need not even allude to; they live by their trade and write for their living; hack composers, copyists, their opinions are below criticism.

Da Vinci must have been gifted with those extraordinary natural abilities, in the absence of which no man ever yet rose to great and surpassing excellence. The error lies in some supposing that these are sufficient in themselves, without study, without experience, without knowledge, without repeated exercise of the mind. The necessity for all this, in addition to genius, was perfectly well known to Da Vinci; that such was his opinion I gather from his work, respecting which I shall now beg to offer a few remarks.

In order to discover a child's natural ability, or rather as far as I can interpret a very obscure passage, his want of ability for painting, observe, says he, that such children "draw much and simple lines, but finish nothing with light and shade." This is, I think, the meaning of Chapter IV.

He points out very beautifully and simply that quality of vision by which we can perceive *correctly* and minutely, and as a painter should perceive, but one object at a time; this physiological fact he clearly understood. But above all, his directions how to heighten and correct the imagination, that is, "the recollection of objects seen," are astonishingly minute and oft repeated. He was evidently profoundly acquainted practi-

* Traité de la Peinture: Folio: Paris, French Translation. Drawings by Poussin.

cally with the most correct mode of acquiring ideas: from physical objects *through the sight*, this being the sense employed almost solely by the painter, and this being the sense to which the painter directs and addresses all his labour. He beautifully describes the result of much habit and exercise, as ending in an instinctive or mechanical and easy performance of that which was at first gone over with great difficulty. Thus, no faculty of the mind bearing on his own studies escaped him. He calls this instinctive execution of difficult works acquired by much labour, "Comme sans y penser; la Faculte des Practiciens."

He recommends a constant appeal to nature on the ground of defective memory; how just this is! others have arrived at the same truth who probably never read Da Vinci. "And I now see how superior painting from nature is above everything that our imagination, assisted by our memory, can conceive."—(Letter from David Wilkie to a Friend.) He divides the head into twelve parts, and each part into twelve seconds, and so on.

In infancy the breadth of the shoulders equals the length of the face, also the space from the shoulder to the elbow when the arm is bent, and that from the navel to the pubis, and from the knee to the foot. But when man attains his full height all these measurements are double, excepting the face: at this time his total height is ten faces, and the breadth of the shoulders two faces, and all the above measurements are two faces.

He knew the preponderance which the head has in children. The flattening and broadening out of the fingers and toes when bent had not escaped him. He refers to a treatise on anatomy composed by himself, which I have never seen.

The measure of the extended arm is not that of the flexed one by the difference of one-eighth of its length. The wrist narrows when the hand seizes an object, and broadens out when relaxed, but the fore arm does exactly the reverse; the first seems to me to depend on the position of the thumb during flexion. The knee alone of all the joints diminishes in flexion, and enlarges during extension. The engravings illustrating the text of Da Vinci are, in the preface to this work, said to be from sketches by the celebrated Poussin:—what the originals were cannot now be known. The engravings are coarse, and altogether incorrect as regards the skeleton of the arm and foot, but yet have an astonishing accuracy of mere outline, showing the hand of a master. I have remarked the same in those anatomical drawings of Da Vinci, engraved by Chamberlaine. I mean those of the skeleton: they have not the slightest pretension to accuracy of detail, but are perfectly inimitable in spirit of outline. I know not how to explain this, having never seen the originals.

The anatomical drawings of Da Vinci, as they are called, are said to have been purchased by Charles I, and so came into England; that they were in existence and in the possession of the Crown in the time of George III, appears certain, from the preface to Chamberlaine's two fasciculi of engravings of a few of these original drawings by Da Vinci. Now, these engravings do not in any shape give an idea of the anatomy of any part of the body, further than the mere outline; strictly then they cannot be called anatomical drawings. When in London a few years ago I endeavoured, but in vain, to get a sight of Da Vinci's original portfolio; all that I learned was, that they were locked up in Carlton House; this was during the regency, if I rightly remember, of George IV. It is said that they cost £12,000; being unquestionably public property, an enquiry ought to be set on foot to ascertain where they are.

The great secret in respect to the admirable power of the original great masters seems to have been, that they were constantly sketching the human figure at times when not observed, and thus caught up all the instinctive human actions: these are the only natural ones. They also discovered that in nature no one object exactly resembles another; hence that variety which they studied to the very utmost—they repeated nothing, if possible. The variety of nature's works is endless. I have seen three hundred head of red and white oxen, purchased from a dealer, and being driven successively and singly past a coloured man, a Hottentot; his fine and piercing sight caught up in an instant in what each individual differed from another; on their being made thus slowly and deliberately to pass before him on three or four different days, he could recognise and single out any one of these oxen from another herd of thousands similar, at the distance of a year or more.

Da Vinci gives a singular advice which it were well to note in more senses than one—it is this. Let an artist take the measurements of his own frame, and ascertain where there is any disproportion, and let him take especial care to note this for the purpose of avoiding drawing it. Now, Da Vinci asserts that artists are continually in the habit of representing themselves, and that they do this by an instinct. When I read the passage I at first supposed that they did so from copying by means of a mirror, but this evidently is not what he means: but the instinct spoken of can only be a profound knowledge of self, derived from long experience.

The cartilages of the nose differ in different persons in eight modes: he mentions these modes, but they are not important—his observations on the forehead, the grand feature in man's face, are trivial—ten sorts of noses are spoken of.

In respect to attitude he says, "*la fontanelle ou clavicule de la gorge*," ought to fall perpendicularly on the foot supporting the figure—changing its position, however, with every change in the position of the person: he gives odd names to the muscles, names peculiar, no doubt, to the early Italian era. But as I proceed with this work, composed prior to the reign of Francis the First, I find some very strange statements regarding the *anatomy of the human body*—the description, for example, of the "largest chord in the human body without muscles," which, according to this translation is placed in the arm! "four fingers breadth above the palm of the hand, binding the bones of the fore arm together." Had Da Vinci not then seen the interosseous ligament connecting the bones of the leg? or has his translator mistaken his meaning? He describes a sesamoid bone in the shoulder which assuredly does not exist, and he speaks of one "de la poitrine," which is a vague word, but still there is none there. Were we quite sure that Da Vinci knew really nothing of exact anatomy, which I most sincerely believe, it would go far to prove that anatomy is not necessary to the artist, and that he merely requires to draw what he sees, without knowing the meaning thereof. This great question I have already discussed. Da Vinci writes as if he had never examined the knee-joints; if the translation be correct there is no mistaking this; but on all that came within his immediate observation of the *living body*, and on the influence of the mind, using this phrase in its most comprehensive sense, his remarks seem to me perfect, and are admirable.

The use of the mirror to compare the drawing with nature he himself considers as the grand secret; he remarks with true Italian minuteness that an artist looking at the reflection of his own painting in a mirror, "seems to regard the work of another," and by a quality in the mind common to most persons, may discover more readily its faults. His remarks on light and shade, and on those painters who neglect shade for the sake of that glare which attracts the vulgar and ignorant, are severe but no doubt just.

In conclusion, it is my belief that Da Vinci knew nothing of the anatomy of the human frame, beyond an occasional glimpse of the skeleton or a few of the surface muscles; that the story of his dissecting for ten years is an old woman's story, devoid of all foundation in truth, and that if he really did dissect in this way, he merely discovered by such labour the fact, that the office of the painter is to draw what nature has made *visible*, and what she intended should be made *visible*. By his profound tact as an observer, and a skill of hand which nothing could exceed, he discovered that there were at least two modes of pleasing the eye in drawing; the first by a mere sketch, an outline or line, yet drawn so accurately and with such spirit as immediately to suggest to the mind the intention of the artist, that is, the nature of the object intended to be represented; the second mode, of which also he was a perfect master, was the giving to the drawing the most perfect finish the pictorial art admits of, by his representing all the minutiæ of the object drawn, so as to admit of the closest inspection. In this latter, both are combined—modern artists often dispense with both in drawing the human figure as placed in modern landscapes; trees and lawns, sky and forest, rocks and lakes, are first disposed neatly enough at times, when it is discovered that something human or some being might enliven the scene, and a perfectly shapeless thing is put in somewhere to fill up space, of which figure it may be said that if illustrative it was not by

"Shape nor feature"

Or a desolate ocean rock, on which reposes at last the hull of a noble vessel, shipwrecked, and in ruin—the sea may be tolerably well painted, and so also the rocks—rocks being of many shapes it would be hypercritical to complain of them; but this would not suffice for the Art Union; and so to startle and give effect, a rounded shapeless mass, clothed in red or blue is stuck on the top of the rock: this is to represent the shipwrecked mariner, desolate and forlorn—white paint and varnish completes the painting. I have known committees of "taste and virtu!" give a hundred pounds for things like the above, which in a year or two might be purchased at their intrinsic worth; three or four pounds sterling.

II.—Haydon.

Section I.—It is my intention to dedicate this present division to an examination of Mr. Haydon's latest work, entitled, "Lectures on Painting and Design." Mr. Haydon is not an ordinary person; he is, as is well known, a man of distinguished genius; his taste, (whatever may be his pictorial powers, and of these I am no judge), his taste is undeniably good and unquestioned. Let me proceed at once to analyze the principles contained in a work composed by him who first discovered the true value, the inestimable worth of the Elgin marbles. We may almost describe him as the discoverer of the Elgin marbles. Lord Elgin, it is true, first discovered them in Athens, but they were re-interred in Britain, in the mire of London ignorance—commercial, trading, jobbing, cliquing London. The Academies could not find them out—the public taste, alas! including the Court, preferred Vauxhall, and the Lord Mayor's show—his gilded coach—but, above all, the King's procession to Parliament, the predecessors of Tom Thumb, and Gog and Magog.

The work contains an engraving or lithograph of the human skeleton; a stilted figure, with more of the semblance of the ape than of the man; without grace or dignity—unworthy of Haydon, and indeed not drawn by him, but "by a pupil under his direction." Throughout the work, indeed, the lithographs are most wretched; and even admitting them to be the work of a pupil, Mr. Haydon might have kept in view the distinguished pupils he had himself taught: Etty, Landseer, Lawrence, and many other illustrious names. It argues well for the teacher that genius, such as these, came from his school.

But why not have given us some spirited sketches or etchings of his favourite Elgin marbles, instead of such vile things as are met with in these lectures. To soften this criticism it is but right to admit, and I do it without the least hesitation, that no draughtsman on earth, nor Phidias, nor Apelles, nor Da Vinci, nor Titian, ever can give the "skeleton" a look of beauty, grace, or dignity. The matter is too solemn, and when we hear people talk of a beautiful "skeleton," I think they must be foolish, or suppose others foolish. Nature, no doubt, made the skeleton, but she also clothed it in the most scrupulous manner; I repeat, the sight of a skeleton is revolting to a right mind—a mind possessing a true and correct taste; its contemplation is tolerated, and even much sought after for the profound scientific truths it unfolds—but to call it beautiful, pah! the soul revolts at the idea.

Now, if we look narrowly into this skeleton figure, drawn by Mr. Haydon's pupil, it is easy to see that, like those of Da Vinci, and indeed, of all painters, it is a mere outline; it scarcely seems to have belonged to an European. Where is the

spheno-parietal suture? It might however have been wanting in the head delineated. What a beautiful confusion there is about the collar-bones: still the outline is accurate like those of Da Vinci, and this would seem to be quite enough for the artist; the outline and nothing more—the same as in Da Vinci, already quoted. To call this a drawing of the human skeleton, such as we have in Albinus and Cheselden, and in many other great anatomical works, were a mere burlesque and a play on words. The second figure is a comical one—it is the skeleton of a lion set upon its hind legs in a human or biped position: and what makes this of the more consequence to be noticed is, that we are afterwards told by the illustrious artist himself, that it was from accidentally putting the skeleton of the lion into this position, that he made the grand discovery which led him to the principles of high art, and to the detection of that secret, which disclosed to him the real source of beauty in the Antique, but more especially in the Elgin marbles—the true objects of Mr. Haydon's adoration. But the setting the skeleton of a lion in this way, and pointing out how it differs from man, is perfectly ridiculous—nothing can be more absurd. He *selects* an animal with a long body and *short* legs—sets it up upon these legs, and then tells us how ridiculous he looks. But let the lion or tiger raise himself on the bars of his cage, or in the area of the circus upon these same legs, and then will be seen the difference. Why *set* *et* an animal with short legs? set up the horse in this position, will he want dignity so placed?—by no means. Therefore, is it singularly illogical in Mr. Haydon to draw from these two sketches the conclusions he has done, and to the consideration of which we shall arrive in due time as we follow the lectures.

Of Mr. Haydon's preface we shall not speak here; it offers up a lamentable picture of what may be done in the way of coterie and clique oppression. I may return to it in speaking of the condition of what is called Pictorial Anatomy in Britain, and more especially in our northern capital. Let us proceed to the substance of the lectures themselves.

There are seven lectures.

Mr. Haydon starts with a proposition that Genius cannot be acquired.* "Industry will improve mediocrity, but will never elevate mediocrity to power." By power is of course here meant *genius*; for as to elevation to real power why, mediocrity is your only chance; it secures your entrance into good society; a *fauteuil* at the council table of all Royal Societies and Academies. In Town Councils it secures the Mayoralty for its possessor—in universities it is the only sure passport to a chair. So much for the advantages of mediocrity; others it may have, but these it certainly possesses.

Mr. Haydon is wholly and entirely anatomical; he sets out with the following theories: "*Form* is the basis of all art, and a deep knowledge of the human form is the basis of the knowledge of the forms of all other objects in nature." This view cannot be supported. But he adds still farther, "a power of drawing the human figure as it ought to be drawn is the foundation of the power of imitating everything else a painter requires to use, as an instrument to convey thinking."

As the human figure resembles nothing else in this world, as it is altogether specific, its outline never can be made the basis of any other object whatever. What resemblance, for example, does it bear to trees? to temples? to the secluded valley? the great mountain? the savage lion? the expanded ocean? the summer cloud? the harvest field and waving crops? it is impossible even to fancy that it does; and, therefore, Mr. Haydon's meaning perhaps is this:—"the outline of the human figure is so extremely difficult to delineate well and naturally, that when once attained in perfection, the artist may then draw anything else." This is my exposition of Mr. Haydon's theories; these are not his expressions, but my own. Be it remembered also that the Greeks never dissected.

Section 2.—The origin of the fine arts is not an unimportant question; and, first, to determine what is "fine art:" do the frightful Chinese things belong to this category? the Indian gods? the hideous statues of the old Scythians and Saxons? the cherubs and cherubims, the death's head and bones of our immediate forefathers? Do they form any section of the fine arts? The truth is, that the Saxon seems to be wholly uninventive, and perhaps the pure Celt too, although rather better than the Saxon. In what period of ages would the Negro races of Africa invent something superior to the Fetiches? Did the Egyptians ever go beyond the one form? not in the least. Look at their Memnon and Sphynx. An exact knowledge of form is the great point for the artist. Mr. Haydon gives an amusing definition of domestic and high art. "The power of representing things exactly as they are, constitutes the painter in domestic art; while that of restoring them to what they were at creation, constitutes the great painter in high art." This is his definition; it involves him in inevitable contradictions, refutes his idea that the Elgin marbles are works of high art, and leads to absolute absurdity. Worse than this, if worse can be, follows. "Form is the basis of all art, and a deep knowledge of the human form is the basis of knowledge of the forms of all other objects in nature, and a power of drawing the human figure as it ought to be drawn, the foundation of the power of imitating everything else a painter requires to use as an instrument to convey thinking." (p. 8).

If it be true that Michael Angelo spent twelve years of his life in dissecting, those years were misspent. The same remark applies to Da Vinci. I doubt the fact; Da Vinci's sketches of the bones as we have seen, are not after life, but memory—they resemble the bones in nothing but their grand outline—Cheselden's engravings are *fac similes*, and have nothing grand about them; but they are *fac similes*, and if a work of design is to be judged of by its resemblance to the object it is intended to represent, the sketches of Da Vinci and of Mr. Haydon—I mean, of course, the sketches of the skeleton—are mere trash when compared to those of Cheselden, or of the merest academical artist of the day. The art of painting scarcely approaches to high art; if it does so it is quite rarely: the *composition* of the "Last Judgment" —the works of Raphael—a work or two of Da Vinci's—modern paintings are sad specimens in general; so also are modern statues! the Duke's, for example, at Glasgow!

Having failed in showing that the knowledge of the Greek artists extended beyond the surface, Mr. Haydon proceeds in his second chapter to give us some idea of the amount of the anatomy required by the painter. That anything more amusing in regard to this art was ever put on paper we positively deny; his attack on the Reformers for destroying the existing works of art, the painted windows in cathedrals, are all good enough and just enough; but a word in passing as to what these destroyers did actually destroy. The works of the great masters of Greece had not reached England, much less Scotland; the works of the great Italians did not exist: what then did they destroy? mention a single work of probable excellence; a single work possessing the ordinary elements of good taste—what then did they destroy? the miserable daubs of our Saxon ancestors; the things called images, some of which still disfigure our churches, cemeteries, and cathedrals.* But to return to Mr. Haydon's anatomy, and to its importance to art, "high or low." His allusion to the influence of accurate drawing over the success of our manufactures appears to us both true and false; true, inasmuch as it has been proved that artists must be taught to draw, to design, in fact; but false, inasmuch as Mr. Haydon attempts to fix on the human figure as the only style worth teaching the artist. All this is pure nonsense, or if it really contain any reasoning, it can only be this, that as drawing correctly the human figure is the most difficult part of all art, so he who can do this well may hope to succeed in any other design. This is well enough and perhaps true enough, but to assert that there is any relation between such drawing and the sketches and figures of shawls, plaids, tapestry, or gown pieces, whether silk or woollen, or of "cotton wool," is downright folly. But let us return to Mr. Haydon's pictorial anatomy. I have already shown that Da Vinci knew nothing really of anatomy; nor can I find there exists any positive account of any great artist of modern or ancient times who did. First, we have an examination of the bones composing the human skeleton, not all of them of course; those of the face which we had thought amongst the more interesting to the artist, have been very sparingly touched. The whole examination, indeed, tells us that whilst writing it, Mr. Haydon was aware that nothing of all this was required by the artist, and that he was writing about an art he did not understand. Next follows an examination of the bones of the trunk and limbs; such an examination! There is the pelvis, os sacrum, os coccygis, os ilium, os ischium. What has become of the os pubis, Mr. Haydon? Could you not get a surgeon's boy to tell you where it is placed? or rather, could you not have taken up a common anatomist's manual, and learned from it that the bones you speak of here have no separate existence in the adult? You say you have drawn very frequently from the adult skeleton: how are we to believe you? If ever you had the pelvis in your hand, you must have seen that your description has no reference to it. This is much puppyism in all this, and a great self-sufficiency and conceit. Either you are a pictorial anatomist or you are not; if you be as you say, a pictorial anatomist, you might at least have learnt as much of the anatomy of the human body, as is acquired by a student of three days standing; yes, of three days standing, for your knowledge of the skeleton positively does not extend further, or rather not so far, for you are ignorant of the most common facts in the anatomy of the human figure—or, perhaps you did not think it necessary, just as many of your "compeers" cannot write, cannot spell, and can scarcely read: resembling in this respect a great number of our Scotch medical graduates.

Mr. Haydon's Latin is like his English: *pisiform* is translated "neat little bone!" The number of bones in each finger is not even hinted at, nor the remarkable differences their joints exhibit; the forms of these even in a general way are not even hinted at. His theory as to the cause of the afflicting deaths of Lord Castlereagh and Sir Samuel Romilly (a brain overcharged with blood) is not new. We remember hearing a surgeon of some influence now, (Mr. Syme), bring it forward, and explain thereby the effort of the suicide as an attempt merely to relieve the overcharged brain. It is a poor theory; the Parisian leaps into the Seine in quest of death; women drown and poison themselves in a variety of ways; men fire pistols at their own heads, all according to this theory to let the blood out and the cold air in. It will scarcely do.

Mr. Haydon admits at once that a knowledge of the deep muscles is not necessary to an artist any further than as they influence the external shape: still the question remains unanswered. Can the artist not draw what he sees? Now, what he sees directly is just the general integumentary

* This is no doubt a correct view of the subject of Genius, which seems to be dependent on, or at least connected with, a peculiar form of Head and Brain. But genius is not ability.

* The great error committed by Knox and the Reformers was, the leaving vestiges of the old "Rookeries." Grants of public money are now being issued for their *repair*, which means re-establishment. The "Woods and Forests" are at this moment repairing the Cathedral at Glasgow, with a view, no doubt, to the re-establishment, by-and-bye, of the "double-faced Janus," Episcopacy, within its walls. The civic authorities, on being questioned by a member of Council touching these repairs, at whose instance they were carried on, declared total ignorance on the subject. Worthy men! the re-appearance of the "Hydra of Privilege" within St. Mungo's walls troubled them not, so long as they touched not their ledgers and spinning jennies, their schools of design, and their designs for schools.

covering of the body; nothing more: no muscles, no bones, no viscera, nothing but integument and outline: let him learn to draw what he sees, and draw it accurately, faithfully; all the rest appears to be nonsense, or at least false science—a false view of the principles of art. The great defect, says Haydon, in the theories of Reynolds, Opie, Fuseli, as to what were the leading principles of a Greek standard of human form, was, that they had never dissected man or animal. Sir Joshua, who painted beautifully, but, it is said, drew ill, and who really knew nothing whatever of anatomy, recommends the artist to study carefully a great variety of forms, selecting what is best, and compounding the whole into one graceful figure. This is merely the ancient theory of Leusippus; it certainly explains nothing, seeing that it neither satisfies us as to why such forms should appear beautiful to the mind of the observer, nor why they were discovered by the Greeks. Misunderstood by all artists since, rejected by Michael Angelo and so many others, and unsatisfactory when attempted by the moderns—all these points are no doubt left unexplained by Sir Joshua's theory, but equally so by Mr. Haydon's anatomical theory. He give as an instance the suppositious one of finding 98 of 100 men flat in the hips; "all the hip muscles were compressed," and that two only had the full swelling of the hip (obliquus descendens). He says, we should prefer the form exhibited by these two—on the ground of their superior strength, we presume, for he can mean nothing else; development of muscle means strength of muscle—now *strength is not beauty*: a muscular form is not a beautiful form. Nobody ever called the Hercules beautiful: the real secret is, as we have already explained, that it is not the muscular but the *rounded* form which is looked for; the form which conceals the anatomy: the *juvenile form*; the form of *youth*, of ever springing and ethereal youth on which the human mind doats; inherent in our nature—ever looking forward—this makes the playful lamb be more looked at than the ewe; the gamboling colt; the tender half-closed rose; the *springing verdure*; the bloom of youth; the infantile human form: all, all are beautiful in a sense, but the human form alone is perfectly beautiful. Now, what has rendered them so?—the lineaments and features of youth. Mr. Haydon has some speculations as to what belongs to a species; this will never solve the great question of *abstract beauty*; the beauty of the Greeks; the beauty of the antique—unapproachable by human effort. The first sculptors seem to have been altogether unaffected by theory, appealing at once to the feelings; soon they discovered that drawing the form was regulated by three great principles, which, after all, may be reduced to one; but, admitting that they are three, the principle is not altered thereby. These principles have already been laid down in the first, second, and third papers of this memoir.

Much has been said about Sir Joshua Reynold's deficiency in drawing, and it has been ascribed to a want of anatomical knowledge, but with far more probability might it be ascribed to a defect common enough to thousands, namely, an original defect in the correspondence of the eyes and hand in the delineation of form. Sir Joshua seems, at no period of life, to have had a correct eye for "form." This was proved during his visit to Italy. Fuseli never dissected, and was slightly frantic; he never could clearly express his ideas. Opie never dissected—like many good artists he could neither read nor write, but was of great natural ability; a passage quoted by Mr. Haydon, at p. 181, from Opie, shows great power and truth, but it does not contain the whole truth.

"The prime object," says Opie, "is the re-discovery of the principle on which their works (those of the Greeks) are formed, which none of the moderns have attempted, comprehended, or suspected. The best of them have taken some favourite figure and used it on all occasions. Thus, in escaping the meanness and vileness of common nature, they confounded all distinctions of character and became incurable mannerists, insipid or extravagant, according to the choice of the model."

"These observations are remarkably just; Michael Angelo, for example, and Fuseli, who cannot, however, be well mentioned together, worshipped the torso. The absurdity of this is manifest; Fuseli's ignorance of anatomy appears to have been very great."—(Haydon, page 182.)

Haydon's and Opie's theory is "a judicious exaggeration of man's peculiar distinctions when compared to the brute;" this according to Opie and Haydon, was the secret of the ancients. Let the reader ponder well on the admissions of such a person as Opie; he avows that the theory of beauty of the antique had never been discovered to his day; now, has it been since? Has it been discovered in the anatomical theory of Sir Charles Bell and Mr. Haydon, and of the miserable twaddlers about Pictorial Anatomy who, supported by the London and Edinburgh cliques, formed their ideas, such as they were, from these distinguished men, snatching, at the same time, the bread from their mouths; a time-serving cold-blooded gentry in the mean time looking on, and affecting not to see anything misplaced in a scribbling apothecary! a general practitioner in the arts of physic and surgery holding the honours and place due to Sir Charles Bell! Looking on! not looking on merely but lending their effectual aid to crush Sir Charles and fine art with him, merely to gratify the vanity and cupidity of a thorough political hack and partisan. So much for art and its patrons in Britain.

Section 4.—Before concluding the Antique, it may still be useful to ascertain from the writings of Mr. Haydon, the artist who most of all has insisted on the necessity and importance of a knowledge of anatomy to the painter and sculptor, whether or not he and they who coincide with him in this view actually know anything of anatomy, beyond the grossest outline of the skeleton and the superficial muscles. Now, this may easily be shown. I shall mention a few points not selected but taken quite at random; as Mr. Haydon's anatomical knowledge is below criticism, it were idle seriously to refute it at any great length. Our readers may perhaps be inclined to think with us, that the very fact of Mr. Landseer knowing nothing of the anatomy of animals he so beautifully depicts is in itself a sufficient argument; and so I think it is; for *mutatis mutandis*, the remark is strictly applicable to men; but a prejudice of such standing is not to be overcome so readily; "the Buccinator muscle," says Mr. H. "comes from the common process of the upper jaw, the temporal muscle is inserted into the end of the lower jaw;" is this anatomy? it is absolutely inconceivable how clever men, from Da Vinci to Haydon have still persisted in their silly notion about the absolute importance of a knowledge of anatomy, their own words all the time belieing their statements. Here is Mr. Haydon's expression in regard to the throat, for conceited though he be, like so many of his brother artists, he is obliged to speak the naked truth—"the throat is complicated in its anatomy, but we have nothing to do with anything but the visible" (p. 119). Was ever anything more happily expressed in entire refutation of all the preceding 117 pages? and if he had but added, "take care and conceal from the spectator the slightest idea that there lies anything beneath the visible, any abhorred bones and muscles and sinews; any '*memento mori*'; any emblems of putrefaction and of frail mortality;" he would then have nearly embraced the secret of the high art of Greece."

Now, of the pomum adami, which he says projects on the surface of woman's beautiful neck, we caution the artist to express it as slightly as he possibly can, for it is a male character, and by so much as it is prominent in woman, by so much is her throat less feminine; therefore, we say again, take care and not express it too strongly: you had better leave it out altogether, or very nearly so.

He cannot express the most ordinary anatomical fact correctly; does this arise from affectation, or is it really profound ignorance? if from the former it is laughable, if from the latter it refutes his whole theory of drawing:—"In the notch of the ham-strings lie the great arteries, vein, and nerve of the leg;" now, there is *one* great artery and *two* nerves; but he cannot or will not state this simple fact. "Three great muscles go over the patella into the bump of the tibia," (p. 82). Now, there are *four*: he corrects this at page 84, knowing that he had been writing or speaking at random.

As Mr. Haydon's anatomy is deplorable, so his physiology is comical. The heel bone is the lever in the lion, and the panbone in man!! Was there ever such nonsense written? Mr. Haydon says, "I have studied feet which were never disgraced by shoe, where the great toe was free and distinct, and the second toe the longest always." Surely there is a deep error here: the second toe unquestionably is the longest in the *finely formed* foot: but you will not find it so in one of a hundred European feet; the wearing or not wearing shoes has nothing to do with all this.

That part of Mr. Haydon's theory which would have us believe, that for the human form to be beautiful, it must recede strongly from the brute, may or may not be true; it has nothing whatever to do with the sources of our ideas of beauty of the human form which we have seen are altogether instinctive, having no reference whatever to any reasoning process in the observer—to any association of ideas—to any comparison or antithesis: harmony is harmony, whether contrasted with discord or not—the negro is handsome in the eyes of the negress, and she finds favour in his eyes—he thinks and believes her to be beautiful: our pale skins he admires not, and symmetry, regularity of outline in the features, flowing looks, proportioned limbs, are to him and her perhaps matters of indifference. To deny that their forms are strictly human would be an untruth, and to say that we think them not fine because they bear some distant resemblance to the lower animals, it would be necessary to prove that this is really the source of our innate dislike to the other—but the truth is, that our dislike is innate, and the races will no more assort together, than the sheep with the antlered deer, the ox with the horse, the antelope with the zebra.

Mr. Haydon claims the discovery as his own of the extraordinary excellence of the Elgin marbles; they are indeed wonderful, and of surpassing excellence—but do they combine the ideal with nature, as he says? are they actually equal to "*the Antique*," which preceded them in creating in the mind that extraordinary feeling of unapproachable *Beauty?* that is the point: do they include within their qualities the *beauty* of the *Antique?* Now, that they do not is certain; as *imitations* of ordinary *nature*, occasionally a good deal elevated, they are admirable; they create surprise, pleasure, admiration, praise unbounded, but they go no further: they are not statues before which all the world bows down as before the *Antique*—adoring as supremely beautiful—never to be excelled—hopelessly faultless—unequalled—called divine by our instinctive feelings, giving utterance to language vainly endeavouring to express a sentiment beyond our comprehension. Now, the source of this admiration, and of this superior excellence in these Antique statues, has been already explained, satisfactorily we trust, in a former article—in the meantime we must not allow ourselves to be misled by Mr. Haydon, who ineffectually confounds excellence with beauty; perfection of figure with grace; proportions and form drawn from and placed by him in processes of bone and swelling muscles, with that divine and matchless outline which abjures bone and tendon and muscular projections; such parts, no doubt, are natural, to be found in most of the human race, and palpable and visible enough; but when nature made the beautiful, she knew how to correct (and yet not o'erstep her bounds) those very points which Mr. Haydon thinks admirable, and which she rejected as abhorred.

The first great object of the artist, whether painter or sculptor, is to represent *the visible*; 2d, to take care that he selects the visible which pleases; 3d, to attain high art, the visible must address itself to the highest taste displayed by the human mind; minds so constituted and so educated as to express simply what they feel, what pleases, what displeases, independent of all associations of ideas, (the ordinary substitutes and apologies for a want of a correct taste in music and the fine arts); thus the sublime and beautiful in art is instinctively pointed out, unhesitatingly, but

without a reason, to all the world. Mr. Haydon is evidently a phrenologist; to this his theory of beauty forces him; his theory is old; based partly on the exploded notions of associated ideas and fitness of things, but still lingering in such works as the "Theory of Expression of the Passions," and the "Lectures on Painting, by Mr. Haydon."

(To be continued.)

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

We have hitherto in the special part of these lectures considered those diseases which may be called local as obviously having their first or chief seat in some one organ or tissue, and the amount of their general influence on the system, varies much in different diseases, some producing but little disturbance in other parts or functions, whilst others, as the more acute and important inflammations, cause great general disturbance of the whole system; and this general febrile disturbance, from being a symptom of a local disease, is called *symptomatic* fever. An inflammatory fever may cause great disturbance of all the functions dependent on the circulation, as secretion, excretion, &c., and if it affect a secreting organ it will disorder the balance of the secretions, and the blood will become deteriorated, and thus the whole system will be affected, but the disturbance is still sympathetic. The disturbance is particularly great when the inflammation is in the alimentary canal, liver, &c., as in malignant cholera, in which a number of the secretions are affected; this disease may indeed be looked upon as a link between local and general diseases, and the same may be said of rheumatism and gout, in which there is febrile disturbance distinct from the local inflammation, and often preceding it; the disease depends on a morbid condition of the blood, and is not fixed in any one place, but wanders about; still it cannot run its course without local inflammation.

In other diseases there is general disturbance following symptoms which are distinctly referable to the nervous system, as in tetanus, hysteria, and delirium tremens. In many diseases, the general disturbance is not proportioned to the local affection, being sometimes much greater, and sometimes less; thus in parotitis and tonsillitis there is a great amount of febrile disturbance, though the local inflammation is not important; and again in typhoid inflammations, the constitutional disorder is disproportionately great. The causes of these peculiarities are often some epidemic or specific influence which operates on the whole system, but particularly affects special organs, as in influenza.

Now if there are causes of disease acting on the system, and still affecting one organ especially, are there none which produce general disorder of the functions without essentially locating themselves in any one? We conclude that there are, viz., *idiopathic* fevers, because these occur independently of any constant local disease in one or other set of organs, and produce different diseases in different individuals from constitutional differences: they depend on a change in the system which causes general disorder essentially, and local disorder only accidentally. Still, it might be inferred that some organs would be more affected than others in different persons, and we find indeed that they generally cause some organs to suffer more than others, and very commonly our chief treatment has to be directed to these local effects, which constitute the chief peculiarities, and the danger of the disease. Fever appears to be essentially the result of some influence operating on the whole system, but affecting some functions more than others, and mixed up with complications; its true character is so frequently made up of other disorders, that we cannot understand it without being acquainted with the local affections, and therefore we have first considered these. Also, as a general fact, I may state, that although we assume that idiopathic fevers affect the system generally, and certainly no set of organs in particular; still it does not prove that one part of the body is not more affected than another, indeed the blood is probably the chief seat, and is obviously disordered; and inasmuch as the blood pervades the system at large, when this is diseased, the disease must be general.

There are certain common characters of idiopathic fevers.

The symptoms at the onset are generally chilliness, lassitude, various uneasy sensations, pulse small, and slow at first, surface cold and shrunk; and there is a certain amount of prostration—the vascular powers are depressed, and there are symptoms of accumulation of blood in the interior. This constitutes the cold stage of fevers generally. It is gradually followed by re-action, in which the pulse is accelerated and fuller, the heat of skin morbidly increased—appetite generally wanting—thirst great—secretion greatly diminished, and there is a general derangement of all the functions, nervous and vascular, and the pathological elements are all disturbed. These symptoms may continue for a time, and then at last subside, without there being symptoms of any one organ being affected more than the rest; and these cases may also prove fatal, and no material result of disease be found in any organ sufficient to account for death, thus differing from symptomatic fevers in which, after death, various lesions are found.

Many idiopathic fevers differ from symptomatic in the greater predominance of the typhoid symptoms; in these the pulse is weaker and smaller even from the first—the strength is more reduced, the secretions are more deranged, the tongue more furred and more viscid, and gradually becomes drier and dark—sordes form about the teeth, the appetite fails more—skin hotter and drier, though it may be less continued than in the inflammatory affections; the nervous functions are also more disordered. In the earliest stage there is apt to be stupor, vertigo, or syncope; and there is a general feeling of soreness, tenderness, or malaise. Sometimes also we have tremors, subsultus, deafness, loss of vision, and the sensorium is more manifestly disordered, as shown by the low muttering delirium and stupor, the person appearing to be obtuse and stupid; and, contrasting this with symptomatic fevers, we find the symptoms are in the last loudly complained of, and the sensations morbidly acute, as in rheumatism. The blood is also less firm in coagulation, or does not coagulate at all, and this in extreme cases is shown by there being ecchymosis, passive hæmorrhages, and a tendency to run into gangrene. Andral and Gavarret say, that the fibrine is deficient, and not the red particles, which are even sometimes apparently increased, whereas, in symptomatic fever the fibrine is increased, and the red particles diminished. In many idiopathic fevers there are peculiar and characteristic inflammations occurring after the fever, as in eruptive fevers, where the inflammations affect the skin, but other parts may also be affected, as the fauces and nasal passages, or the Peyer's glands of the intestines, as in one form of typhus, hence called dothinenteritis.

Again, they have a greater tendency to run a particular course than symptomatic fevers, and tend more to a spontaneous termination, hence generally there is a determinate duration of the disease, and the result is either recovery or death.

In all there is a certain struggle between the vital powers and the disease. This struggle sometimes occurs at regular periods, leaving the system free in the intervals, as in intermittents. In other cases, there is no distinct cessation of the disease, but it abates in violence at intervals, as in remittents. In others, again, the fever is continued; still there may be slight diminutions at times; but in both the last there is a tendency to a spontaneous termination at a certain time, generally between the tenth and twentieth days, and the termination is often accompanied by evacuations, called critical: sometimes the fever appears to have worn itself out, and there are no evacuations. The sweating stage of intermittents may be considered critical for the time.

The duration of idiopathic fevers appears to have very little relation to the treatment adopted, *i. e.*, we have very little power of cutting them short, our chief object, therefore, in the treatment is to prevent complications arising. This differs from the symptomatic fevers, in which there is a tendency to the destruction of some organ, and remedies can often cut short the disease, and remove the fever. Lastly, many idiopathic fevers differ from symptomatic in their causes being specific—endemic, epidemic, and infectious, and now ascribed to poisonous influences, conveyed by the air or some other means, hence affecting masses of persons generally, not individuals merely as symptomatic fevers do, the inflammation producing which generally arises from a physical cause. All idiopathic fevers may present certain common characters, depending on the different exciting causes which we have just mentioned; but the type depends on the constitution of the subject, &c.; the chief types are the congestive, the inflammatory, the adynamic, the typhoid or nervous, ataxic and the malignant. These may occur in remittent and intermittent fevers, but more in the continued, as in this all the constitutional functions are more disordered.

Congestive fever may arise from the person being plethoric, or from the peculiar nature of the poison, which appears to injure the vascular system more in these cases than in others. Such seems to be the type of the fever prevailing at present.

Inflammatory fever commonly occurs in robust and sanguineous persons, but sometimes it depends more on the character of the epidemic, and on the constitution, or the age; also, it is more common in the country than in towns.

Adynamic fever occurs in very weak subjects, or in persons whose vascular power has been exhausted by continued stimuli, or who are constitutionally weak; also, it may depend on the peculiarly depressing character of the epidemic.

Typhoid fever generally occurs in nervous subjects, but not always, and it may arise from the peculiarity of the epidemic.

Malignant fever arises from the great intensity of any of the preceding causes, thus in such cases, the immediate effect of a dose of fever-poison is to cause fainting, and so in cholera, &c.; in others there is a putrefactive tendency of the fluids.

There are other varieties, as the *gastric*, which usually occurs in persons with weak stomachs, and is accompanied with gastric derangement; so also, *bilious*, *catarrhal*, *cerebral*, and various others arising from the complications affecting particular sets of organs.

Intermittent fever or ague is particularly characterized by occurring in what is called a fit, but when occurring in persons for the first time, there are generally some *premonitory* symptoms, as slight feverishness, especially about noon, headache, lassitude, tongue white, appetite bad, feeling of biliousness, bowels constipated or relaxed, urine high colored and disordered, &c. The fever may last in this, its state of incubation, from four to fourteen days, and then the *fit* comes on, generally beginning with a sensation of cold creeping in the back, the features become pale and shrunk, surface cold and contracted, constituting the cutis anserina, nails and lips look blue, the pulse is small and quick. As this state increases, we have the slight convulsive action called shivering, which may be violent causing the teeth to chatter. This cold stage is accompanied often by a feeling of great oppression of the internal organs from the intropulsion of blood, there is dyspnœa, cough, constriction of the temples or headache, pain in the back, nausea, and sometimes vomiting, increased dulness over the liver, &c. The urine is diminished in its proper constituents, but not in its quantity.

Such are the chief phenomena of the cold stage; after it has lasted from half an hour to two hours, or even more, the hot stage comes on, the pulse becomes harder, heat returns to the skin, and first to the head, and often there is intense headache, throbbing of the temples, and even before the rest of the body is warm there is great thirst; the urine is scanty and high coloured; the skin is very red and hot, the temperature rising up to 104° or 105° Fah., and sometimes there is an increase of pain in the previously congested parts. This stage may last from three to eight hours, and then comes on the sweating

stage; the pulse becomes softer, fuller, and less frequent, the skin less hot and burning, perspiration gradually breaks out, giving more or less relief to the headache, thirst, pain, and all the symptoms, the secretions are increased, the urine, though not high colored, deposits a copious reddish sediment, and the patient is restored to apparent health, and is very weak, and remains exempt till the occurrence of another fit.

The next fit comes on in the same way, after an interval varying much in different cases, and different names are applied according to the rapidity with which the fits succeed one another: thus, if the fit come on again the next day, and occurs daily, it is called *quotidian*; in this the paroxysm generally occurs in the morning. If it recurs every third day, *i.e.*, after an interval of forty-eight hours, it is called *tertian*; in this the paroxysm is usually at noon; if every fourth day, *i.e.*, after an interval of seventy-two hours, it is called *quartan*, and here the fit is in the afternoon or evening.

There are many varieties of these, thus *double tertian*, in which there is a fit every day, but every other day the fit is milder and it occurs at noon; *triple tertian*, in which there is one fit every day and two every other day; *double quartan*, in which a slight fit occurs the day after the main fit; *triple quartan*, in which there is a slight fit on each of the two days of interval; *reduplicated quotidian*, in which there are two fits every day; this is, however, a remittent fever; other varieties are also named as *reduplicated tertian*, *and quartan*, &c. The more frequently the fits occur, the longer is the duration of each fit: thus, the quotidian lasts about sixteen hours, hence the interval is short; the tertian lasts about ten hours, and the quartan about six hours, and we determine the class to which any fit belongs by its duration, as well as by the time of occurrence. It is clear, therefore, that the quotidian is the most formidable. The different forms are mutually convertible; thus, if quartan becomes tertian it is worse, and *vice versa*, and we see these effects produced by the administration of remedies.

The cause being assumed to be the direct operation of a poison on a predisposed system, if the dose of the poison be strong and the body weak, the worst form (quotidian) occurs, and the fever may be converted into remittent, or even continued fever; *vice versa*, if the person be strong and the poison weak, the milder form (quartan) occurs.

In simple fever there are two powers in operation, viz.: the poison, which is depressing, causing the cold stage; and the re-action of the vital powers which occurs afterwards; variations of these cause variations in the type. In slighter cases there is a certain balance between the depressing force of the malaria, and the re-acting force of the system, and the fits are regular and the intermissions complete.

When the fever is more energetic the symptoms of collapse are greater; or some other cause co-operates with the poison, as cold, which is a depressing agent, and this may prolong the cold stage; or the severity of the disease may depend on the constitution; thus in delicate persons the re-action is weak.

Intermittent fever may be *inflammatory*; this occurs especially in cold districts, and in the cold seasons of warmer countries, and in persons of a sanguineous constitution, the cold and malaria appearing to produce a combined result; the amount of re-action in the last stage is excessive, and the congestion is converted into inflammation. In this form there is usually an intense cold stage, and the re-action is also excessive, and there may be various symptoms of excitement in the different organs, as vomiting, if the stomach is affected, dyspnœa if the chest, &c., and these symptoms continue during the intervals, and constitute complicated fever, but most commonly these are regular tertians or quotidians in their type.

Opposed to the inflammatory is the *adynamic* form of intermittent fever, which is attended with deficient re-action and the signs of weakness; the stages are less distinct and more irregular, and the intervals are not quite exempt from disease. There is faintness in the cold stage, the rigors which are the indications of commencing re-action, are not well marked; there is less heat and excitement in the hot stage, and in the sweating stage there may be a feeling of chilliness and weakness; the pulse is quick but not hard and full; the secretions are more disordered, the urine is dark colored and apt to decompose, the perspiration scanty and offensive, the countenance sallow, tongue loaded, and as the system is not relieved by the re-action, there is great liability to internal congestions leading to complications, which may lead to inflammations, and these greatly increase the danger and prolong the duration of intermittent fevers, hence the type is quotidian, or double tertian, &c.

The *complicated* form of intermittent fever is especially observed in persons living in malarious districts, and in whom the poison has previously debilitated the organs, also in those who are predisposed to any visceral disease, or it may arise in some cases from the excess of the poison; this is the malignant intermittent fever of warm climates, as Italy, &c. These exhibit confirmed local disorder, and at length structural disease of the organs, such as low gastritis, or hepatitis, or dysentery, or splenitis, &c.; the abdominal complications occur chiefly in the autumn, and those of the chest, pneumonia, bronchitis, and pleurisy, in the spring and in cold climates. The general symptoms of these visceral affections are obscured by febrile symptoms, and we must depend on the physical signs. When the complication is in the chest, the fever is generally less typhoid than when it is in the alimentary canal, but the continued oppression of the breathing may give rise to much prostration. Cerebral complications also sometimes present themselves, but more rarely. They may all be traced to congestions converted into inflammations by vascular re-action.

The prognosis of intermittent fever when simple and the cause is removed is very favorable; the cure is generally easy, but when complicated it is very obstinate, and sometimes very fatal, especially in the adynamic form which prevents the use of antiphlogistic measures. Even when it is mild, if the person is not removed from the cause, both structural and constitutional changes may be produced, without there having been any regular fits; the countenance becomes sallow, the skin bloated or wrinkled, the red particles of the blood deficient in quantity, and a state of general cachexia, with loss of appetite, disordered secretions, especially alvine and urinary, and often abdominal enlargement, and the individuals die early in a dropsical or cachectic state.

The *morbid appearances* in fatal cases vary with the duration of the disease, and with its form; in recent cases the only morbid appearances are, congestion of the internal organs, especially the liver, spleen, and the mucous surfaces; hæmorrhage sometimes occurs from the alimentary canal, and the spleen has been found even ruptured by the excessive congestion in the cold stage; in the intestines, besides the congestion of the mucous membrane, the follicular apparatus is much developed. In adynamic cases, the blood is found remarkably black and viscid, as in the Walcheren fever, in which the spleen was much enlarged, and resembled a bag filled with tar, and the blood in other parts was quite uncoagulable.

In inflammatory cases there will generally be the signs of inflammatory re-action in the lungs and intestines, hepatisation of the lungs, and sometimes ulceration of the intestines; but in other cases there may be no marks of inflammation, even where there have been symptoms of it during life.

In the more advanced and old standing cases, there will be various solid enlargements of the liver, spleen, and mesenteric glands, constituting ague cake; sometimes also other complications, as congestive diseases of the lungs, the kidneys, &c., with commencing granular degeneration.

We understand that many gentlemen who signed a petition, diligently hawked about, requesting Mr. Guthrie to take the chair at a public meeting, have recalled their signatures; seven gentlemen in Pimlico have recently done this in a letter to Mr. Bottomley.

AN ESSAY ON THE VARIOUS FORMS OF ASPHYXIA, OR SUSPENSION OF SOME OF THE PRINCIPAL POWERS OF ANIMAL LIFE, WITH GENERAL RULES FOR RESUSCITATION.

By Dr. Chas. Clay, Piccadilly, Manchester.

(*Written expressly for the Medical Times.*)

Prefatory Remarks.—In offering the following observations to the public on the nature, varieties, and treatment of Asphyxia, presented to us under the familiar term of suspended animation or (more properly) suspension of some of the principal functions of animal life, I have endeavoured to condense as briefly, and plainly as possible, the multifarious opinions as to the cause, practical treatment, &c., adopted by the best authorities of the day on this important subject; and without destroying either their interest or usefulness, to place before the reader, a selection of the best means, arranged in a style the most useful and easily adapted to the several circumstances to which individually, and collectively they may be found applicable.

By this means the reader will be enabled at once to refer to any particular case, when he will find all the directions necessary to be attended to, without having to make references to different parts of this Essay for items, that would not only cause a loss of time, at a season when every moment is pregnant with importance, but confuse the minds of the persons engaged in an act the most philanthropic and humane, and render the subject more complicated than desirable.

By placing the whole of what is necessary to be done in each particular case under its own head, some repetitions will unavoidably occur; but if the motives I have just expressed be construed aright, such will not only be found justifiable, but even necessary.

I have also borne in mind the necessity of adapting this essay to the comprehension of society generally, by freeing it as much as possible from technicalities, being perfectly aware how frequently the cases touched upon in the following remarks, have to be conducted to a successful or fatal termination, before a medical man can, by any possibility, be procured; and this too at a time, when a few moments' loss or gain is fatal or otherwise to the life of a fellow being. There are means too, used in the treatment of the various forms of Asphyxia, which deserve particular notice, having gained considerable popularity from custom and the generally prevailing ignorance respecting the subject, but which are nevertheless erroneous in principle, and injurious in practice; these will be spoken of after arranging what is imperatively necessary *to be done*, under the head of *what must not be done*. Cases of Asphyxia naturally divide themselves into those of an accidental or unlooked for character, and those of an intentional or suicidal nature, and I shall pursue the subject under inquiry agreeably to that arrangement. It would be difficult to say which of the above classes furnishes the highest quota (numerically speaking) of cases for consideration; the tendency of man to esteem himself "*sole proprietor of himself*," and seek self destruction as a refuge from real or imaginary evils, as well as those arising from accidental or unlooked-for causes, is unfortunately sufficiently prevalent to form an important item for national inquiry, not only in reference to reducing their number, but in advancing the best means of restoring those who are by accident, intention, or otherwise, placed in a condition to require them.

The first chapter on existing analogies between real and apparent death and the concluding one on the treatment of the dying and the dead, are in a great measure new subjects in treatises of this nature, nevertheless I hope their utility will be acknowledged on perusal. In my own opinion they are of deep importance to the humane, and worthy their especial attention, as well as strictly legitimate in an Essay of this description.

With these prefatory observations I shall now enter on the consideration of the various topics to which the term asphyxia refers.

CHAPTER I.

On the Analogies existing between Real and Apparent Death—Utility of the Inquiry, &c., &c.

"I know when one is dead, and when one lives;
She's dead as earth:—Lend me a looking glass,
If that her breath will mist or stain the stone,
Why, then she lives. LEAR.

It has not hitherto been customary to consider the differences between real and apparent death, with that of suspended animation, and I trust I shall be excused for the introduction of the subject, by shewing the importance of the connexion between them, which must also appear to every one on the slightest reflection. The many extraordinary instances on record, of resuscitation after long apparent death; of premature interments, and many circumstances exhibiting resemblances very striking to those of death, as sleep, syncope, catalepsy, eclamsy, suffocation, concussion, strangulation, drowning, intoxication, and mephitism, fully justify the introduction of a general chapter on this subject, preceding the subjects to be treated upon taken separately, as a warning to those employed in the exercise of humanity, not to relinquish their efforts too soon, or refuse their help for a time, in even the most apparently hopeless cases. It is true, many circumstances have been related of so marvellous a nature, as to lead to a doubt of their authenticity, but there are many others so well attested, that we cannot deny their general accuracy, particularly when connected with circumstances that have occurred in the experience of almost every person of mature age, and acute observation: sufficient will be established to prove the importance to futurity, as well as the best means of avoiding the errors and prejudices of former times, and to place this important subject on a surer basis than it has hitherto been. To discriminate between real, and apparent death, is not quite so easy as might be supposed; the many remarkable instances recorded, will prove how often the one has been mistaken for the other, not only by the ignorant, but by persons of learning and observation. Errors, arising from the want of power to distinguish properly between those really dead, and the many states similar to death, have been more frequent (as might be expected) in those countries where the interment of the dead takes place immediately life is extinct, as is the case in all hot countries, also Ireland, France, &c. Fortunately in England, errors of this nature are less numerous, the dead being usually kept some days, and in very many cases putrefaction having commenced; instances of premature consignment to the grave are extremely rare; but, as such have occurred, even in England, and the bare possibility that such might occur again in no way depreciates the importance of this consideration. In periods of epidemic and infectious diseases, the public safety has enforced the necessity of interment earlier than the usual customs of the country previously allowed, and it is to be feared many have been prematurely committed to the grave under such circumstances. The history of the Plague in London in times past is pregnant with instances of this kind, and perhaps the cholera of modern times has not been entirely free from such charges.

Before proceeding to lay down any directions on this subject, it will perhaps interest, as well as instruct the reader, to enumerate a few instances that have been recorded in respect to apparent death. Diemerbroeck relates a case, in which respiration apparently ceased for three days during an attack of the plague, yet the patient on being carried to the grave recovered, and lived many years after. Howard the great philanthropist states that many persons supposed to be dead of gaol fever, on being washed for interment, recovered.

In the reign of Elizabeth, a family of the name of Clopton, in Stratford-upon-Avon, was attacked by a contagious fever; one of the daughters, supposed to be dead, was buried on a bier in the family vault, according to the custom of those times: ten days after, the son died, and on opening the vault for the son, the daughter had left the bier, and was found on the steps at the door of the vault, having really died after her resuscitation in the vault, either from horror at her situation, or the want of food.* Vesalius the celebrated anatomist opened the chest of a corpse, and found the heart beating, for which he was condemned to death by the inquisition, and only saved by the interference of Philip of Spain. Bruhier relates a case of recovery from apparent death after the anatomist had commenced operations on the body; this person lived some years after. Winslow states that the Emperor Zeno, when his tomb was opened, was found to have devoured a portion of his own arm. And a similar circumstance is related in respect to the celebrated Duns Scotus. Granger mentions that the Earl of Pembroke, who died in 1630, on being opened for the process of embalming, raised his arm. In the reports of the Humane Society for 1787, a lady in Herefordshire is represented to have been restored to life, after interment, by the attempt of a thief to steal a valuable ring from her finger. Hippocrates mentions a case of fever to every appearance dead, that recovered during the customary ablution. Paul Zaccheus relates a case of long apparent cessation of respiration which recovered. Sydenham gives a case of a person being laid out for dead from the small pox who recovered, and lived many years after. Bruhier gives another singular case of a notary at law with his vicar, who had a severe fit of epilepsy, insomuch that his friends supposed him dead; and as it was customary to bury within twelve hours, the vicar insisted on his interment; from some noises heard at the grave, it was opened, when evident marks of violent struggling were visible, but the notary was *then* quite dead. The daughter of Laurens the American president, was laid out for dead, after an attack of small pox, when the washing and cool air restored her to life; the father had so great a dread of premature interment in consequence of this, that he willed his body to be burnt at his death by his friends: it was, however, just as possible to commit the same mistake in the burning as in the interment. Peu commenced the Cæsarian operation on the body of a supposed dead woman, to save the child before he discovered she still lived. Diogenes says, that Empedocles acquired great fame for restoring a woman after apparent death from hysteria. Pliny in his article "De his qui elati revixerunt;" states that Avicola's body was placed on the funeral pile, the flames of which restored him to life, but not in time to save him from a second death. I might mention many cases of recovery after being long in a state of asphyxia that have occurred to me during the last twenty years, but they will more properly come under the treatment of the various kinds of asphyxia. Lastly, I might mention the historical fact of Henry the Fourth, recovering from a state of apparent death, so as to reproach his son for his hasty seizure of the crown, giving birth to those beautiful lines:—

"By his gates of breath,
There lies a downy feather, which stirs not;
Did he suspire, that light and weightless down
Perchance must move."

Enough has been stated to shew how very necessary it is to be positively certain of death, before the rites of sepulture are allowed to take place. Many other instances might be cited equally strong, for which the reader may be referred to the Encyclopædia Britannica, Art. Premature Interment; and the works of Diemerbroeck, Hildanus, Bruhier, &c. Even admitting some of these statements to be exaggerated, they still afford sufficient proofs of errors of judgment; and when we view the striking similarity between the collapsed state of Asiatic cholera, from which many have recovered and death, I cannot feel much surprised at the extraordinary relations here alluded to. There cannot remain a doubt, that the sudden change of temperature produced by washing and laying out, as practised after death, with the cool air admitted by open windows, has often resuscitated individuals supposed to be dead from small-pox, which also might occur after severely protracted labours, when persons have been frequently seen in a state so near death, as scarcely to be distinguished from the dead. A case of this sort is related by Janvier in the Journal des Savans. Dr. G. Smith observes "in cases of precipitancy or confusion as in times of public sickness, the living have not unfrequently been mingled with the dead." He mentions the case of a woman restored to life at the grave side under his own eye. All such cases, however, go merely to establish the common fact, that people generally may be easily deceived; and from want of proper discrimination, many errors no doubt have arisen, but I hold it almost impossible if not entirely so, for any medical man of acute observation to be so far deceived as to allow premature interment; and I am also of opinion that the public generally would seldom, if ever commit an error of judgment in this respect, if they would attend to such rules as are within the grasp of the commonest intellect, and are as easily understood as put in practice.

I can assert with confidence, that there is no state similar to death which can possibly exist for any length of time without betraying some signs by which an intelligent person may distinguish it from real death, or in other words, respiration and circulation cannot really cease to exist for minutes together without real death taking place.

That these are the great functions on which life immediately depends, can neither be questioned nor considered new in doctrine; is it not said in the sacred volume "And in that very day his breath goeth forth, he returns to his earth; and in that very day his thoughts shall perish"?

A beautiful illustration of the dependence of life on the powers of respiration, and though the functions alluded to, may become so feeble as to require the greatest possible nicety to ascertain them, and to a general observer may appear entirely obliterated, yet they do exist, and on them life is still depending; the great question is, to what extent of feebleness these powers may be reduced and for what length of time without destroying the vital principle? That they may be carried on almost imperceptible for days together, the cases already quoted sufficiently prove. And to these we may add the many instances recorded of the Indian Fakeers, who after certain preparations allowed themselves to be buried in a state of Asphyxia, it is said, for periods varying from a few days to some months duration. Many of these statements are said to be well authenticated, whilst considerable doubt has been expressed as to others, it has however I believe never been denied that *for a few days* the Fakeers have the power, within certain bounds, of bringing themselves into a state of apparent cessation of the powers and functions of life, from which they are easily restored; without entering into the merit of the extremes of these cases, those of a few days will be sufficient to shew how feebly nature's work may be carried on by a little tuition feeble enough; indeed to escape detection and require no substance for its support and continuance for so long a period together!

Life has been defined to be that power of resistance given to organized beings against the surrounding physical and chemical changes by which that balance or power of resistance is overcome.

"Or ever the silver cord be loosed, or the golden bowl be broken, or the pitcher be broken at the fountain, or the wheel broken at the cistern; then shall the dust return to the earth as it was."

Then death ensues when the physical and chemical changes begin their operation, the first of which and perhaps the only one on which we can

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*In a manuscript entitled Observations in Midwifery, by Percivall Willughby, about the date 1640 to 1670, who practised in Derby and Stafford, among many singular circumstances which are related is the following. "A strange, yet true accident, which happened at Ashbourne in Derbyshire;" Emma, the wife of Thomas Toplace, having been five days in labour," had a medicine given to her by a Doctor of Divinity, (Dr. Kettleby,) pretending some small skill in physic; "she was supposed to be dead, and was buried; but in consequence of noises being heard in the coffin, and some other suspicious circumstances, Mr. Pegg, a justice of peace, was consulted and "*the earth was cast off the coffin*," when it was found the woman was not only buried alive, but had given birth to a child, which was found between her knees. "Mr. Abraham Mercer took a certificate out of the parish register book, where it was thus recorded. —"April 20, 1650, was buried Emma, the wife of Thomas Toplace, who was found delivered of a child, after she had laine two hours in the grave."

implicitly rely individually, is putrefaction; all other evidences of death require to be taken collectively, to be of any value.

Although putrefaction may be truly regarded as the never failing indication of death, and the only safe test taken separately, yet it does not *perceptibly commence immediately after the cessation of the respiratory powers*: and as great difference exists in almost every case in respect to time, governed in a great measure by circumstances antecedent to death, considerable obscurity has been thrown over this part of the subject. The countenance of dead persons in many instances has remained for a very considerable time without apparent change, and in some the beauty of the complexion and expression of the features has been considerably heightened—the latter probably owing to the absence of pain in the last moments, allowing the countenance to assume its natural serenity; whereas in most cases, anxiety or pain produces an unpleasant cast of features. Or as has been expressed beautifully by an experienced writer on Medical Jurisprudence :—" as if the spirit, scorning the blow which severed it from mortality, had left the smile it raised upon the moveless features."

"Smiling as though some fly had tickled slumber,
Not as Death's dart, being laugh'd at."

The ancients were no strangers to these appearances, and they were accounted of no little importance by them; their poets declaring them to be favoured of heaven in their death. Thus Hecuba mourning the fate of Hector who lay without burial for twelve days, and was supposed, by the special favour of heaven to be preserved free from corruption.

"Now fresh and glowing e'en in death thou art,
And fair as he who falls by Phœbus' dart."

A circumstance the more remarkable, if true; as the body was dragged round the tomb of Patroclus attached to the chariot wheels of Achilles. From the length of time that many of the Grecian heroes were kept unburied after death, it has eben supposed to be a regular custom with the Greeks,(as the author of the Gentiales Dies states it to be) that bodies were usually kept seventeen days. Thus, Homer in reference to Achilles, says :—

Seventeen long days were in sad mourning spent,
As many nights did Gods and men lament,
But on the eighteenth laid you on the pile."

If this were true, premature interments would certainly be a rare thing in those days; but on searching the matter further, I find the number of days after death had reference to the rank and talents, military or otherwise, of the deceased. Achilles would of course, claim the longest period allowed. Servius names eight days; but of men of inferior rank it is expressed in the Argonautics thus ;—

" With three days' mourning they the funeral graced,
The last good office due to the deceased,
But on the fourth, they o'er his body raised
A stately tomb.

In reference to the poorest, however, Callimachus observes :

"Who knows what fortunes on to-morrow wait,
Since Charmis one day well to us appeared,
And on the next was mournfully interred.

The death of Hector then, and his being kept twelve days goes for nothing; he being in the hands of his enemies. Nor yet the noble remains of Alexander whose interment was deferred in consequence of the dissentions amongst his successors.

The ancients therefore were liable to premature consignments to the grave as well as the moderns. In this country the common custom allows of some days before interment; this is fortunate, and renders us less liable to error; not that this custom arose from a wish to prevent living internments, but from pride in the great, and powerful, to have their remains laid in state for some time; and in the poor from necessity, having their means, and convenience as to time to consult, it being an expensive item in a poor man's life: or it may be said to have arisen more out of respect to the deceased, or to circumstances in life, than to the philosophical view of waiting for the change by chemical decomposition, as a test against the possibility of interring a fellow being whilst yet living.

In many instances, the powers of life are so feebly carried on, particularly under the influence of disease, that the physical and chemical changes appear to encroach *on the living form*; at least, so striking is the resemblance, as to be mistaken for the putrefaction of death.

" My flesh is clothed with worms, and clods of dust; my skin is broken, and become loathsome," said the patient Job. " My loins are filled with a loathsome disease; and there is no soundness in my flesh ;" cried the psalmist David.

Under these circumstances it will be required that other evidences of death should correspond, and that full reliance can only be placed on even putrefaction, (conclusive as it may appear,) when there are the corroborative proofs of other circumstances to bear it out; still there is a possibility, that a person unaccustomed to such sights might be mistaken, particularly where extreme debility has previously prevailed, lending every appearance of death, and with difficulty distinguished from it.

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Paris, June 10, 1845.

On the Efficacy of the Mineral Waters of Bagneres de Luchon. By A. Fontan (d'Izaourt), M.D.—In this fragment of a work about to be published by the author on the mineral waters of the Pyrenees, it is stated that the chemical and physical characters of these waters are of a peculiar nature, as from the careful examination of upwards of three hundred different sources in Germany, Belgium, Switzerland, and Savoy, not more than eight were found to be analogous, and the others owe their resemblance to these to the decomposition by organic matter, of a sulphate, sometimes of an alkaline, but generally of a calcareous nature. After these preliminary remarks, the author proceeds—I To indicate the various diseases in which the mineral waters of Bagneres de Luchon may be taken with advantage. 1° Cutaneous affections, principally chronic eczema, local or general; lichen; impetigo; and even elephantiasis Græcorum and lepra in the first and second stages; 2° herpetic and scrophulous blepharitis; scrophulous ophthalmia; 3° scrophulous swellings of the glands, with or without ulceration; 4° scrophulous caries of the fingers, toes, carpus or tarsus, whether limited and superficial, or extended and deep seated; 5° necrosis of the ulna, fibula, radius or tibia; sequestra, which had existed upwards of a year were detached in less than a month; 6° syphilitic affections in the second and third stages as an adjuvant to mercury and iodine, and as a preservative against salivation; 7° chronic cystitis consecutive on blenorrhagia; 8° chronic rheumatism with swelling of the tissues around the articulations, as well as pseudo-anchylosis and muscular contractions resulting therefrom; 9° mesenteric tumours; the absorption of some several inches long was obtained; 10° vomiting which had resisted various remedies, but which was not caused by any appreciable lesion. 11° Chronic metritis, with sub-acute inflammation and chronic engorgement; when ulcerations exist, they must be healed previously, as the excitement caused by the waters is too considerable. The author witnessed many cases in which females, after having been married several years without having any family, on their return home became *enceinte*. 12° Intense neuralgia, especially neuralgia facialis and sciatica, when dependent on a syphilitic, herpetic or rheumatic affection. The patients were considerably relieved or cured, but previously to administering the water, they should be freely cupped or leeched, and emollient baths must also be had recourse to from time to time, even in the depth of winter. II. To give the details of several cases of the above-mentioned affections successfully treated. Finally, he concludes by refuting the opinions of MM. Boulay and O. Henry, contained in a memoir read before the Academy two years ago.

On Diseases of the Eye. By Professor Velpeau.—Though from what I have already stated it may be concluded that I have little or no confidence in the various remedies praised as specifics, still as it it necessary they should be known, I will in the present lecture pass them rapidly in review. 1° *Rheumatic iritis.* The remedies recommended are, *venesection*, but can this really be considered as a specific remedy ? Or is it admitted by practitioners, that affections of a specific nature ought to be treated by this means? Is it for instance, by bloodletting that the majority of practitioners endeavour to cure syphilis? No; for though proposed, still it is not generally adopted. *Colchicum and its different preparations.* Oculists have here been more consistent, as these remedies have long since been considered as specifics in rheumatism; it was therefore very natural that they should be prescribed in this variety of iritis. For this reason I did not reject them without giving them a fair trial, and in so doing I found that the preparations of colchicum were far from being constantly efficacious, and that the tincture in some cases in doses of ℈j purged, whereas, in others, ℈ij., ʒj., and ʒij. were necessary ere this could be effected; owing either to the time that had elapsed since its preparation, or to the idiosyncrasy of the individual. Be this as it may, it appeared to me to have no special influence on iritis. I prescribed it in the different varieties of the disease, in acute and sub-acute iritis, and I never obtained so beneficial a result from it as from calomel. *Turpentine.* Carmichael proposed this substance; the reasons why I think it ought never to be prescribed, have already been given, and need not be repeated. To conclude, it may be asserted that of all the remedies praised as specifics in rheumatic iritis none are of any utility. 2° *Scrophulous iritis.* As may naturally be supposed, iodine, from its efficacy in scrophula has been lauded in this variety, but in so doing, it was forgotten that this substance on account of its activity cannot be prescribed in such doses as act promptly, and that this result is absolutely necessary in a disease which is so rapidly developed: and as it can be given only in small doses, some time must elapse ere any beneficial result can be looked for. Is it not well known that months, nay sometimes years are requisite for iodine to act beneficially since the whole constitution must be modified ? Now iritis goes through its various stages in the space of a few days. Can iodine then be of any utility ? As a topical remedy I do not hesitate to affirm that it is useless if not injurious, and it is perhaps only in a very few cases of long standing iritis, that I have found it of the least benefit. To resume, iodine ought not to be prescribed in scrophulous iritis, the more so as this variety yields like the others to calomel and venesection; it may notwithstanding be conbined with these remedies to improve the constitution, in persons of a scrophulous taint. As to cinchona and acetate of ammonia, the mere mention is sufficient, as they possess no specific virtues.

There is a fact which from its singularity must not be omitted, viz. that topical remedies are never prescribed in the treatment of rheumatic iritis by the German school, as they considered them to be injurious, founding their opinion upon the following curious theoretical idea. " Since rheumatism," say they, " is caused by cold and moisture, no liquids ought ever to be applied to the eye." My own experience would lead me to adopt a contrary opinion, since I have found that some liquids may be used with advantage in iritis. But it must be understood that it is only those which act after having been absorbed, that are really efficacious. Thus, in the different varieties of iritis, ointments and collyria containing belladonna, opium, hyoscyamus, or mercury may be prescribed; they should be applied on the temples and forehead, since it is only by means of the circulation, that some of their principles are carried to the seat of the disease. Narcotics, cataplasms sprinkled with the liquor plumbi acetatis, collyria containing belladonna, lactucarium or opium ought never to be omitted. Finally in chronic iritis, bags containing camphor and aromatic plants may be applied on the eye. When iritis is complicated with keratitis or conjunctivitis, the collyria recommended in these affections should be employed, and then not only is the phlegmasia of the cornea or conjunctiva cured, but at the same time the intensity of the iritis is diminished.

Among the various remedies just enumerated, there is one which possesses a peculiar action in iritis, and the physiological influence of which on the iris, in its natural state, has caused it to be prescribed with advantage; I mean belladonna. As

on the one hand, in the normal condition of the organ, this substance has the singular power of dilating the pupil, and as on the other in iritis the pupillary opening is contracted, belladonna has been naturally recommended in this affection. In fact it is a very useful remedy, but ought to be prescribed with certain precautions which should always be borne in mind. Thus belladonna is not of use in every variety, nor in all the stages of this disease, and theory comes to the support of this opinion. In prescribing it, we seek to obtain the dilatation of the pupil, which cannot be done without causing the iris to contract, and for this reason it is counter-indicated in two cases: first, when the phlegmasia is very intense, as it will naturally increase its intensity, and secondly, when the part has lost its contractile power owing to the violence of the inflammation, as is frequently observed in acute rheumatism. But in the third stage of iritis, when the phlegmasia has diminished in severity, and whilst the pupil remains contracted, belladonna, employed in the mode which will be indicated when speaking of chronic iritis, may prove of service. It must not, however, be expected that the dilatation will be as considerable in iritis, as when the pupil is in its normal condition; in the latter the dilatation is marked, whereas in the former it is generally but slight.

The only remedial measures which remain to be enumerated are revulsives, such as setons, issues, blisters, cupping on the lower limbs, &c. These though useful can be considered only as accessory measures. In my next I shall terminate my lectures on these diseases by the description of chronic iritis.

On Imperforate Anus.—By Dr. Baraduc. In this article, the author after mentioning the divisions adopted by Lassus and Boyer, considers imperforate anus, with obliteration of the rectum, which he subdivides into 1° when the imperforate anus is only complicated by occlusion of the rectum, 2° when this malformation is complicated with obliteration of the intestine, coinciding with Boyer in the opinion, that when the malformation is not limited to parts situated near the anus, death is inevitable, but he thinks this would only be in the following cases, 1° obliteration of the rectum; 2° absence of the rectum; 3° termination in a *cul-de-sac* floating in the pelvis. *Case.*—Mrs. D. ætat 27, was confined of her first child on the 16th July, 1839. The infant, a male, was examined the third day after its birth by Dr. B., who discovered an imperforate anus; absence of the furrow which extends from the sacrum to the perinæum, buttocks forming a cone whose summit corresponded to the natural position of the furrow; the resistance on touching the parts was the same on all sides. The operation was absolutely requisite, the more so as the little patient vomited frequently, and had severe colic. It was therefore performed as follows in the presence of Dr. Renaud. The exact position of the coccyx and the tuberosities of the ischium having been ascertained, an incision of an inch in length was made with a narrow bistoury on the mesial line, about four lines posterior to the tuberosities, and as nothing escaped, the parts were carefully dissected to near an inch in depth, after which on introducing the finger, a round tumour was felt, and the bistoury on being plunged into it, allowed a small quantity of liquid meconium to escape. The opening in the rectum was then enlarged, so as to permit the egress of a thick slimy meconium, which was facilitated by several injections; finally, a tent was introduced to the depth of about two inches. Three weeks after, as the opening seemed to contract considerably, a second incision was made from before backwards; this, however, proved insufficient, and ten days after, a crucial incision was necessary. Nothing further worthy of note occurred; the child's health gradually improved, the faculty of retaining the fæces was, however, absent during the three first years of his existence; since then it has been perfect, the only inconvenience being that the little fellow is obliged to obey nature's mandate without any delay. The furrow is now visible, being caused in all probability by the traction of the rectum on the skin, and by the contractions of the levator ani. The boy now nearly six years old, is strong and healthy.—*Gazette des Hopitaux.*

On Œdema Neonatorum.—In a series of articles on the temperature of infants in the physiological and pathological condition, Dr. H. Roger, physician to the Bureau Central des Hopitaux, examines, first, those cases in which it is increased, and secondly, those in which it is diminished. Among the latter, one of the most interesting, and to which the author has paid special attention, is scleræma, or œdema neonatorum, and a brief abstract of his researches on this subject will here be given. In this affection the diminution of temperature is not limited to the skin, as in the cold stages of febris intermittens, or to the extremities, as in paralysis and during the agony in diseases of the heart; on the contrary, it is general, being reduced as much internally as externally. The thermometer falls several degrees, the animal heat seems to be attacked at its very source, so that sometimes ere life departs the heat is below that of a corpse. Thus, in twenty-nine cases the thermometer placed for five minutes under the axilla, in the fold of the arm, hand, mouth, or on the feet, was below the average heat (98°60) of healthy children from a day to a week old, and if in seven it reached from 95° to 98°, it was because the œdema was slight, and was complicated with bronchitis, enteritis, or aphthæ. In the remainder, the thermometer marked, maximum, 91½°; minimum, 71½°, about 27° degrees below the normal standard; and this diminution took place even when the child was affected with an inflammatory disease. With respect to the affection described by authors under the name of pneumonia, it cannot be that disease, since when it is present the heat is always considerably augmented; whereas here it is diminished, a fact which proves them not to be identical, and that the lesion is rather a congestion than a hepatisation of the pulmonary tissue. Pathological anatomy comes to the support of this opinion, for on examining the state of the lungs in these cases, they present none of the characters of pneumonia, but rather of congestion; moreover, there exists at the same time an analogous passive congestion in the brain, digestive canal, liver, pleura, peritonæum, and meninges; in short there is apoplexy of all the serous membranes, as sometimes in the lungs the congestion is carried to such an extent as to constitute pulmonary apoplexy. Sometimes the diminution of the temperature precedes the œdema, but is this always the case? To this question the author says he cannot give a positive answer, though he is disposed to say yes, on account of the intensity of the cold from the very first, and in general it is from this degree of cold that a positive conclusion may be deduced relative to the extent and violence of the œdema, for as this becomes developed, so does the temperature decrease. Thus, in one case, it fell from 90° to 75°; in another, from 82½° to 74½°; and in a third, from 89½° to 71½°, this last taking place in the space of four days. On the contrary, whenever the temperature remains stationary, and still more so when it increased, great hopes may be entertained of a successful termination. But what is the limit beyond which a cure is impossible? In two cases in which the children recovered, the thermometer marked from 89½° to 91½°; it therefore appears that life is in danger when the temperature falls 4° or 5° below the normal heat; and if the babe does not become a victim to the disease in its first stage, it is because the morbid action of the malady exercises its influence gradually. Again, is 71½° the extreme limit,—in all probability not; since doubtlessly the heat fell below this during the agony—which lasted upwards of a day—of one of the little patients. Edwards, by his experiments on mammiferæ, found the limit to be 55½°, and in birds 59°; Chossat, in mammiferæ, 65°, and other physiologists, 68°. The limit beyond which life seems to be impossible may therefore be placed between 71½° and 55½°. The pulse and the breathing decrease in a direct ratio with the diminution of the caloric. The pulse, examined in forty cases, was fifteen times upwards of 100; twelve times upwards of 80; and in thirteen below 80; in one only 60; whereas in 33 healthy children, the pulse was only thrice below 80. When it is so low, it is generally almost imperceptible The breathing, out of 39 cases—in thirteen was above the healthy average number (39); in the remaing 26 it was below, and in 6 it fell to 20, 16, and even 14, in the minute. In this disease the child seems to be changed into a cold-blooded animal, its temperature being hardly higher than that of the circumambient atmosphere, the difference being 11½°, 9¼°, and even only 6°. As to the cause, the author thinks it ought to be attributed to premature birth and cold; but is the diminution of the temperature, of the circulation, of the respiration, and of the power of motion, simultaneous or successive, and if successive, which appears first? From the facts established by M. Chossat's experiments, by hybernating mammiferæ, and by the author's researches, it may be concluded that the diminution of the caloric is the first, or at least the essential character, since the pulse and breathing may be normal and even increased in rapidity, though the temperature is diminished. None of the organic lesions which accompany dropsy in adults exist here: the liver is more the seat of a sanguineous congestion; the heart and the kidneys are quite healthy; nor could the author in the numerous autopsies he performed, discover the least traces of Bright's disease. Since, therefore, it is impossible to point out the precise nature of this affection, the denomination of *œdema algida* ought to be preferred, as it expresses its two pathognomonic characters. In admitting, however, that the principal cause of this disease is a lesion of the source of caloric, still it is impossible to state the relation between the serous infiltration and the diminution of the temperature, any more than it is possible in albuminous nephritis, to explain how the dropsy is dependent on the lesions of the kidneys and the loss of albumen. But in endeavouring to assign to œdema neonatorum its true character, the author candidly confesses that he has done but little to remove the difficulty attendant on the subject, since the diminution of the temperature is necessarily owing to some organic or functional lesion, which will be unknown until we are better acquainted with the source of vital heat.—*Treatment:* The various means by which heat may be developed on the surface of the body must here be employed, such as stimulant frictions, bags of hot sand; hot and vapour baths; cold affusion, if the diminution of the temperature is not too great. This must, however, be had recourse too at the commencement of the affection, when the thermometer is only 7½° or 9½° below the normal condition, and at the same time the child must be fed. It is by combining these two measures that M. Chossat, out of six cases, restored three to life; whereas in the 29 cases recorded by the author, only two were saved by the resources of nature. It may then be hoped, that by recognising the disease at its commencement by means of the thermometer, its cure may be obtained by this mode of treatment.

Academy of Sciences. Sitting of the 16th June.—M. Elie de Beaumont in the chair. Received.—On the Ganglia and the other Nervous Structures of the Uterus, by Robt. Lee, M.D., F.R.S., &c.—Remarks on Water, Swimming, Shampooing, Hot, Cold, and Vapour Baths, by M. L. Este, M.D., &c., with Statement of the Preliminary Measures and Reports on the Baths and Wash-houses for the Labouring Classes.—Proceedings of the American Philosophical Society, Vol. III.—Letter of Thanks from the Horticultural Society for the Comptes Rendus.

Experimental Researches on the Wounds of Blood-vessels, conducted especially with respect to the formation and organisation of the Clots in Arteries divided by a large transverse Incision, and the conclusions which may be deduced in Surgery and Legal Medicine. By F. Z. Amussat, M.D. Memoir read.—Before enumerating the conclusions which may be drawn from the facts contained in this memoir, the author indicates the differences which exist between his experiments and those of others who have studied the same subject They isolated the vessels from the neighbouring parts, so as to lay them bare, and be certain of what they were about; the author, on the contrary, always made a wound *without any previous dissection*, in

order to place the animals in a position in every respect analogous to that of a man when a blood-vessel is wounded. *Conclusions*—1° The spontaneous obstructing clot in arteries completely divided by a large transverse incision, is formed very rapidly, and, in a measure, under the eyes of the operator. 2° This clot is formed of the fibrine of the blood, and is kept in place by the external cellular membrane (the fourth) of the artery, not the sheath, as a superficial examination on the usual description of the structure of the arteries might lead one to suppose. 3° The central cavity of the spontaneous clots is very analogous to the craters of the sanguineous tumours described in a preceding memoir, and furnishes an important character, by which an artery masked by a clot may be discovered. 4° Contrary to the opinion of Jones, Beclard, &c., the artery does not need any foreign aid, since a clot may be formed at the extremity of an artery, which extends into the soft parts. 5° The clot is the more resistant and voluminous, according as the artery, and especially the cellular membrane was more or less stretched when the wound was inflicted. The practical conclusion to be drawn from this fact, is the utility of performing a certain degree of traction on the arteries before their divis on, so as to place them in the most favourable condition for the formation of solid clots, almost analogous to those observed when the vessel has been torn. 6° In pursuing the experimental researches on the wounds of blood-vessels beyond the surgical limits first intended, it was done in the idea, that they might, perhaps, be useful to forensic medicine: thus, when on a live animal the two carotids are divided at the same time, the medulla spinalis remaining entire, clots are constantly formed at the cardiac extremities of the vessels, their solidity and volume being in a direct ratio with the tension exercised on the vessel at the moment of its division. 7° On the contrary, when the arteries are divided one or two minutes after life is extinct, this being produced by a blow on the head, the division of the medulla spinalis, strangulation, asphyxia, &c., no clots are formed at the cardiac extremities of the carotids; or else they are very small, and not at all like those found in the divided vessels, when the death of the animal did not occur previously to the division of the artery, but was caused by hæmorrhage. 8° The cardiac extremities of the divided vessels are, therefore, the most important parts, since by examining them with attention, it may be ascertained with greater certitude than by the examination of the soft parts, whether the artery was divided during life or after death, either apparent or real. As may be seen from what precedes, important questions relative to physiology and legal medicine, are allied to the researches contained in this memoir, and which are the natural result of the other researches of the author on the spontaneous clot. They are, however, given with considerable circumspection, until they have been confirmed by other experimenters, and by facts observed on man according to the new ideas announced in this memoir, which is the more necessary, as hitherto the state of the divided vessels has been almost always overlooked in the recorded cases of legal medicine. Analogous facts when observed on man, demand to be examined with their consequences, under the treble relation to physiology, surgery, and legal medicine. This will form the subject of another memoir, which will shortly be submitted to the approval of the Academy.

On Arterioso-Venous Aneurism, with a Description of Two New Varieties of this Disease. By Professor A. Berard. Memoir read.—The author, after mentioning that as the communication between the vein and the artery constitutes the disease, the denomination hitherto employed, ought to be replaced by that of arterioso-venous aneurism, passes in rapid review the various authors who have written on this subject, from Sennert down to the present day, and enumerates the different species: 1° Simple arterioso-venous aneurism, formed by the passage of the blood directly from the artery into the vein, the latter being more or less dilated; 2° Spurious consecutive arterioso-venous aneurism, in which the tumour is formed in the adjacent cellular tissue. The circumstances which favour the development of this species, are the laxity of the cellular tissue between the artery and the vein—the obliquity of the wound—and the pressure generally performed for several days after the accident. Here the blood forces itself into the cellular tissue on the side which presents the least resistance, so that instead of offering a swelling on one side with the vein, and on the other with the artery, on the contrary it communicates by a single opening with the canal leading from the artery to the vein; 3° Two other varieties, as yet undescribed,* may be added. In one, the sac is placed on the artery opposite to the opening by which the two vessels communicate with each other, and in the other, the sac is placed on the vein; in the former the artery is transfixed and the blood flows directly into the aneurism; in the latter, on the contrary, it is the vein which is transfixed, and the blood passes through it into the sac. Two cases are recorded; one of a wound in the thigh, in which the instrument, after passing through the femoral artery, pierced the corresponding vein: the second was the result of the artery having been wounded in venesection. As to the treatment, the author advises tying the artery just above and below the wound.

New Experiments relative to the Removal of the Cephalo-Rachidian Liquid, and the Influence of the Posterior Cervical Muscles, and the Ligamentum Nuchæ on Locomotion. By Dr. Longet, M.A.M.—It is an opinion recorded amongst physiologists for the last twenty years, that the removal of the cephalo-rachidian fluid caused a singular disturbance in the locomotory functions. In order to permit the liquid to escape, the parts covering the occipito-atloidean space must be divided, and afterwards the dura mater and other membranes of the medulla must be opened. This done, if the animal, when all the fluid has flowed out, be left to itself you will see it stagger like a drunken man. To ascertain how far this opinion was correct, the author first divided the posterior cervical muscles near their insertion to the occiput and the ligamentum nuchæ, without touching the occipito-atloidean ligament, and consequently *without giving egress to the cephalo-rachidian liquid;* the result was precisely the same as what has been said to occur when this liquid is evacuated: secondly, part of one of the dorsal vertebra was removed; a slight weakness in the posterior limbs followed, owing to the division of the muscles, which was not increased by the evacuation of the liquid, nor were any of the characteristic movements remarked as when the muscles of the neck were divided. From these experiments it is evident: 1° That the cephalo-rachidian fluid is erroneously supposed to exercise considerable influence on the locomotory powers; on the contrary, that this influence is null; 2° That the division of the posterior cervical muscles and the ligamentum nuchæ produces in animals the staggering gait of a drunken man, and that, therefore, physiologists attributed to the loss of the cephalo-rachidian fluid, a result which depended on a very different cause, viz.; the division of the soft parts at the nape of the neck. The author concludes by stating, that in a subsequent memoir he will endeavour to explain the cause of this phenomenon.

On Cyanosis Neonatorum. By Charles D. Meigs, M.D., member of the American Philosophical Society, Professor of Midwifery and the Diseases of Women and Children, in Jeff. Med. Col., Philadelphia.—It is a well-known fact, that the obliteration of the foramen ovale does not take place until some, even twenty, days after the birth of the child, for were it to happen earlier, death would inevitably be the result, as the oxygenated blood would thus be prevented from circulating; therefore, while the brain, lungs, and other organs are perfect, the heart remains incomplete, as relates to after-life. From this circumstance it results, that a child born before the natural term is exposed to numerous dangers, resulting from the incomplete occlusion of the foramen ovale. These infants, on coming into the world, offer a blueish colour; their cries are weak, similar to those of a kitten; and, finally, all the signs of cyanosis neonatorum declare themselves, and increase until the little patient breathes its last, owing to the action of the venous blood on the brain. In order to avoid these accidents, the septum auricularum must be placed horizontally, and to obtain this, the child must be laid on the right side, the head and trunk somewhat raised, so that the weight of the blood may, by pressing on the valve, keep it shut. The professor states that he has saved by this method upwards of forty children, who otherwise would have died.

On the Formation of Fat. By M. Boussingault.—From the researches contained in this memoir, the learned academician concludes, 1°, that pigs, eight months old, kept at the ordinary food, contain more fat than they have received in the aliments. 2°. That pigs fed six months on potatoes do not secrete more fat than is contained in those roots. 3°. That in fattening (the experiment was tried on nine) there was more fat assimilated than was contained in the food. 4°. That food which, when given alone, has not the power of producing fat, has this quality to an extraordinary degree as soon as fat is mixed with it, although fat alone causes inanition. 5°. That the kinds of food which contain but a small quantity of fat are very rich in azotised principles. 6°. That in fattening geese, the quantity is superior, as M. Persoz stated, to that of the oil contained in Indian corn 7° That flesh is formed simultaneously with fat.

On the Treatment of Fistula Lachrymalis and Chronic Epiphora. By Paul Bernard, M.D.—In October, 1843, the author proved that the lachrymal gland might be removed without disturbing the sight in the least; and in the present memoir he gives the description of the *modus operandi*, adopted for the *first* time by him, in the treatment of fistula lachrymalis and chronic epiphora. This method consists in cauterising the ducts lachrymalis, and at the same time removing the healthy lachrymal gland, when consecutive lachrymation exists, owing to obliteration of the sac and the lachrymal ducts. The cauterisation of the nasal mucous membrane is performed superiorly with a more or less concentrated solution of azotate of silver; after which by an appropriate treatment and daily dressings, the cure is generally obtained in uncomplicated cases in the space of a fortnight, three weeks, or at the most one month. In complicated cases, the treatment is the same, but of longer duration, because general remedies must be combined with the local ones. The age of the patient does not necessitate any notable modification in the treatment. Cauterisation is performed with the intent of modifying the diseased tissues, rather than with that of obliterating the sac or the ductus lachrymalis, as attempted by Nannoni, Delpech, and some others. However, if notwithstanding these precautions, this accident occurs, and is complicated with constant lacrymation, hitherto considered as incurable by the ordinary means, the glandula lachrymalis must be extirpated even if sound, the more so, as numerous facts prove that it may be done without causing any injury. To resume, the advantages to be derived from the method here proposed are, 1°, a more *rapid*, more *durable*, and more *certain* cure than by the usual methods, and in general without leaving any cicatrix or deformity. 2°. An operation easily performed, and for which no particular instruments are requisite. 3°, Very little pain or inconvenience. 4°. More fortunate results. In the second part of the memoir, the author refutes the

* This fact is but the confirmation of the experiments performed by Dr. Amussat, recorded in three memoirs read before the Academy of Sciences on the 6th, 20th, and 27th of February, 1843, and from which he was led to admit the reality of several varieties of varicose aneurism, of which the principal are: 1° The *simple lateral*, formed by the communication of an artery and a vein closely united; 2° The *lateral with an aneurismal sac*, communication taking place by means of a sac between the vessels; 3° The *double aneurism, that is to say, an artery having been transfixed, an aneurismal sac is formed on one side of the artery, whilst the other communicates with the vein;* 4° The *direct*, when in an artery and vein completely divided, the communication takes place by a sac between them; 5° The *direct aneurism in cul de sac*, here the sac is formed at the cardiac extremity of the artery and vein completely divided.—G. DE B.

different objections that have been made against this operation.

On the Mode of Distribution of the Nutritive Fluids in the Animal Economy. By M. Milne Edwards, M.A.S.—The author in this memoir seeks to demonstrate that the existence of a circulatory system, composed partly of vessels and partly of hiatuses is neither an anomaly nor an isolated fact in the physiological history of animals. To accomplish this, he repasses the comparative study of the different ways by which the nutritive juices reach the various tissues in animals, and examines the mode in which the blood-vessels are developed in the normal and pathological state of the vertebrata. The results which he obtained seem to indicate that all are linked together, and that the mode of organisation, of which the mollusca form an example, is but one of the species of modifications by which the physiological development takes place in animals more and more perfect in their structure.

Mr. John Simon, F.R.S., addressed two works, 1° On the structure of the Thyroid Gland. 2° Physiological Essay on the Thymus Gland. The review of these works having already appeared in the *Medical Times*, I cannot do better than refer our readers to the number containing it.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
Honorary Physician to the Spanish Embassy.

REVIEW.

Memoirs of the Life of a Country Surgeon. Reeve, Brothers.

This is a shilling pamphlet, written under some incomprehensible delusion by a Surgical patriarch, whose modest estimate of himself may be gathered from his motto "stat nominis umbra!" It is difficult to conceive what infatuation could have induced the writer to usher such a *brochure* on society. It is a chaos of jarring nothings—worthless aimless, without order, taste, or judgment.

NOTICES TO CORRESPONDENTS.

A. B. C., of Manchester *will be unable to practise, unless duly qualified when the New Medical Bill comes into operation.*

We have received a letter from M.D., *condemning the proposal of Mr. Muntz to write prescriptions, &c. in English, and recommending to the perusal of the profession a pamphlet entitled "Remarks on Physicians, Surgeons, Druggists and Quacks," published by Mr. Highley, as containing a clear exposition of the subject in all its bearings.* M.D. *is convinced that it would prove, not only highly injudicious, but positively injurious to our patients.*

AN OLD SUBSCRIBER—*May register as a Surgeon. The Bill leaves everybody now* legally *in practice in his present position, both in reference to title and practice. This will answer several of our correspondents' enquiries. The Council of Health will have full discretionary powers about foreign diplomas. By the law, as it at present stands, every one in practice before 1815, is as much a legal practitioner as the possessor of a hundred diplomas.*

FIDELIS.—*There is some little difficulty about a designation, but we fear the one suggested by our correspondent would be at least as unhappy as those now disputed about. The difficulty consists, not in the choice of a good name, but in its unanimous adoption, and we fear* "Medicion" *would commend itself as little to preference as* "General Practitioner." *Our correspondent's note is, however, so clever that we should be glad to hear from him occasionally on other matters.*

A Constant Reader.—*By the New Bill a graduate of the Edinburgh University can register as a physician without examination. He need not confine himself solely to the practice of physic. If he register as a General Practitioner he need not relinquish the title of doctor.*

We must refer a host of enquirers respecting the scheme of Purnes, *to the advertisement which appeared in our last number, which contains all the information we are able to give on the subject. For the future, our friends would save us much trouble by corresponding with the advertiser, who gives his name and address.*

A Medical Student.—*Try the Methodus Medendi, published by Dr. Mc Cormack of Belfast.*

A Student.—*In answer to the first question, there is no clause in the Bill affecting students, but there will* probably *be a bye law to permit all who have attained a certain point in their studies to pass under the regulations at present in force. On this all will depend, and without this, passing the College of Surgeons in Edinburgh or Dublin, if not effected before the Bill is made the law of the land, will be of no use whatever. There is nothing to prevent a surgeon from supplying his own medicines, provided he be duly registered.*

I. A. M. *is unauthenticated. We shall be happy to lend our humble aid in maintaining professional etiquette, but the difficulty of interfering in personal cases is considerable, and when we do interfere, it is necessary to have the statements on which we act well authenticated.*

H. B. H.—*The operation cannot be noticed unless we have an authorized report. We do not touch such cases of hospital misfortunes unless a public good is to be answered, and the facts are placed beyond doubt.*

Many correspondents are thanked for copies of memorials.

A Manchester Student *will find what he seeks in Dr. Golding Bird's* "Elements of Natural Philosophy."

Lionel Lincoln.—*Our correspondent has more to learn than he enquires about. A medical student is very unfit for his future duties who has not mastered the routine of an ordinary English education. If without more ado he persists in commencing his medical career, we think that for him the services of a private teacher, honourably distinguished, who may stand to him* in loco parentis, *must be far more useful than any public institution, though that institution be as distinguished as the one named.*

A Pupil *with the* full consent *of his master cannot do wrong by spending two years of his apprenticeship in the attendance on lectures in London. The Apothecaries Company have no wish to raise objections to this.*

Fides.—*Books on domestic medicine are mostly of a trashy nature. No particular work has fallen under our notice which we can recommend to our correspondent. The Practical Formulary is not published separately. Thirteen* Pharmaceutical Numbers *of* the Medical Times *have been published, and the index will not appear until the completion of the volume, which will comprise twenty-four numbers of the Journal.*

Unus ex Omnibus *will not complain we trust this week. His observations are much to the point, and are very serviceable.*

A Practitioner *should address to the source. Dr. Williams would doubtless feel flattered by his high encomiums and still more encomiastic censures.*

F. D. M. B. *says very truly, that persons do not like to have many questions put to them, and therefore submits to us not more than about a score. In answer to the main interrogatory, F. D. M. B. cannot too soon complete his medical education, and get a legal title to practise. Every year will, probably, enhance the difficulty. The best plan to pursue will depend on our correspondent's circumstances; but the school mentioned is, we believe, the most moderate in its terms of any we know. We are much flattered by the confidence of F. D. M. B., but he would do well to consult a medical friend, or his future lecturer on the many subjects he propounds to us. Our Pharmaceutical Number has no connexion with the Pharmaceutical Journal: we say it in justice to ourselves.*

Mr. Tranter's *note has been received, and shall not be overlooked.*

M. D. *will oblige by sending orders for publications, &c., to the Publisher, and Post-office orders to Mr. Carfrae.*

MR. WAKLEY AND THE LAW OF LIBEL.—Mr. James D. Protheroe, *Surgeon of Medhurst, writes, demanding a full account of the large sums of money which Mr. Wakley received when he established a College at Bridge-street, Blackfriars, for the granting of Certificates to all who might apply, and pay three guineas. He says he understands that about* £1,000 *was thus received. We must own that we should ourselves be highly gratified to publish a full and well-audited report of the sums received and spent in that celebrated transaction. The public asks it now just as much as before the late trial. The unfortunate Mr. Lambert, a fellow pupil of Mr. Protheroe's at Guy's, and the reporter of the Bransby Cooper case, Mr. P. saw, he says, three days before his death, and was assured by him that he died a broken-hearted man, and that,* not *from any excess of gratitude for favors he had received from Mr. Wakley. The case of Mr. Hutchinson, the ruined publisher of the* Lancet, *is then entered into: but as that is not, perhaps, if very strictly considered, a matter of* public *conduct, and has not been placed before the world as a subject of public record, it would be against our custom to dilate on it. Even on public matters, publicly recorded of public men, and treated on for the public good, the law of libel is, as our readers know, opposed to anything like a bold or searching analysis, except in the case of* reputable *characters. We may praise, but must be very chary in condemning. The Bill omits all reference to the Irish apothecary. By registering in the supplementary register he will, however, maintain all existing rights.*

Medico Chirurgicus *labours under an error in supposing that a General Practitioner who is an M.D. cannot retain his title with the customary practice. The Bill leaves him exactly where it found him in reference to all his present privileges. The supplementary register provides for it.*

A Surgeon.—*A vast number of correspondents have addressed us, on the subject of General Practitioners retaining their title of "Surgeon." Under the Amended Bill there is no doubt about the competency to retain the double title. All assertions to the contrary are so many misstatements. The only difficulty is about* future *General Practitioners.*

Mr. Hillier *has addressed us a letter with explanations, with the view of meeting any unfavourable inference that might arise from our late notice of a former communication with which we were favoured by that gentleman. Perhaps it is sufficient to say, that we wished to imply nothing that would affect Mr. Hillier as a sincere medical reformer and a gentleman of high professional honour.*

Mr. Levison's (of Brighton) *important proposal in reference to an Association of Surgeon-Dentists shall appear in our next number.*

Justitia *earnestly advocates a reform in private lunatic asylums. He complains that the London mad doctors have asylums with a hundred inmates and more, which they visit but once a week, and then for not more than half an hour each time. The proprietor, he says, should always be a resident; should be forbidden to mix pauper lunatics with others; and should be careful as to the character of his keepers. The whole subject is important; and one which if postponed, we certainly do not overlook.*

Erratum.—At page 240, for "*Dr. Alexander, Member of the Academy of Glasgow,*" read "*Dr. A. M. Adams, Member of the Faculty of Medicine, Glasgow.*"

THE MEDICAL TIMES.

SATURDAY, JULY 5, 1845.

This is true liberty, when free-born men,
Having to advise the public, may speak free.
EURIPIDES.

THE Medical Bill is put off again to Monday evening, and immense will be our surprise if it is not then put off for ever. *The work of Medical adjustment is, we fear, for another man and for another time.*

The last Amended Bill, on the whole, is not unsatisfactory to the Profession. While in Ireland and Scotland no voice is raised against it, in England (with the exception of about a dozen officials gracing the College of Physicians, and twice as many encumbering that of the Surgeons) there is hardly a Member of the Profession not heartily in its favour. The few who were deluded into a partial opposition by some absurdly impudent falsehoods and calumnies, have recently discovered their mistake, and the unanimity of support the Amended Bill which now obtains is as perfect as (in a Profession usually so divided) it is wonderful.

Sir James Graham knows this. He feels that the support he so boldly bid for as a Medical Reformer, he has got. The Home Office is crammed with grateful memorials; every M.P. but the unfortunate "*gentleman*" for Finsbury, is charged with commendatory petitions, and before the House and the country Sir James Graham at last stands the successful statesman who—baffling every unfavourable augury—has mastered the difficulties of Medical Reform, and secured what nobody expected for him—the satisfied support of a whole Profession. *He has but to speak the word to pass a good Bill!*

Yet this is the fortunate juncture—we are told —which a great Minister uses, not forthwith to do the act on which his fame and fortunes depend, and which performed will win him universal gratulations, but to enter into a haggling negotiation, with the monstrous object of making his measure as unsatisfactory and unpopular as possible consistently with not having it actually opposed! His Bill frightens him with its excellence and success, and therefore, the rumour goes, has it been postponed in Parliament week after week, in order that deteriorations to abate to the lowest point the exuberant satisfaction of the Profession may be foisted on it! A formal series of negociations have been maintained, it is said, with the National Association during the month, the whole *unsuccessful* drift of which has been to get their consent to his deforming and mutilating what cost him so much toil and humiliation to lick into decent proportions!! Surely Sir James is under some misleading spell. Brodie must again have been administering his philters!

We make every allowance for the Minister's position; it is most arduous; but he must allow us to tell him, that he is not *lessening* his difficulties by the *dangerous* course he is now said to be taking. Medical legislation is encompassed with difficulties, but Graham's self-created difficulty of trying to do justice to the Profession, and, at the same time to *satisfy* the Medical Corporators, is far more arduous to surmount than *all* the others together. It is an *impossibility*. A good measure pre-supposes necessarily the dissatisfaction of those who profit by its want, and precisely as a measure abates their dislike, does it secure ours. If Sir James Graham, therefore, shrink from carrying out his own proposal, at the very moment when it offers him the greatest triumph of his legislative life, as certain now, as it was hopeless a few months since, —if he thus shrink, we say, because three dozen interested London Practitioners decline to give him their *imprimatur*,—our respectful suggestion is— "Drop the matter at once. Cease the useless attempt to reconcile right and wrong. If you aim to smooth away the objections of both sides, your success—apart from deception—must be an inert, meaningless, and useless thing, that nobody will thank you for! To have an active, beneficial, efficient measure, you must wholly fling overboard one of the parties. To *please* all is impossible, if you will *do* something. No bill *can* cajole both sides into acquiescence which is worth the acceptance of either. Besides, you have altered enough already. You have happily reached the point that can be *most* satisfactory; every step you recede is a step removing further from support. A grave alteration in the present stage of the proceedings would be a breach of honorable engagement to those who support you. They help your Bill on the faith of its present clauses, and you give them another! Time likewise will be required to consider a new proposal. You have yourself established the just principle, that the Profession's voice should be heard in Parliament on each of your propositions, and you cannot make grave alterations without again referring the Bill to our further consideration. How do this now, and pass the Bill this Session? In one word: the Profession supports your Bill as it is,—justice, common sense, consistency, every interest you have, require that you forthwith pass it!

We can conceive no more idle attempt than that of at once giving the General Practitioners a College, of which they can honorably be members, and yet pacifying the Corporators in Lincoln's-Inn-Fields. The Councillors want what nobody in his senses can give them. Those worthy gentlemen care not a fig for the General Practitioners themselves; their whole anxiety is to retain the expenditure of the ten thousand a-year, derived from conceding a *nominal* fellow-membership to men whom practically they deride and maltreat as "Gallipots" and "Dabblers." Give the ravenous Council their prey of ten thousand a-year, and the General Practitioners may go "and welcome" to the "College of Physicians," the College of General Practitioners, or any other college they please! And does Sir James Graham fancy that the General Practitioners will be so false to their own order, and to the essential interests of their College (which—as new and unhonored—will want all the support they can give it) as to hand over, under one false pretence or another, ten thousand a-year to a rival college for doing nothing, or what is next to nothing, something that nobody wants? Does he suppose, that the twenty or thirty thousand Practitioners of England are to be legislated for as if they were so many cattle travelling this needless road, and that, just to pay toll to some dozen or two dozen persons, with whom, in common sense, they have actually not a particle of connection? We tell him, the proposal cannot be worded in such a fashion, whatever his ingenuity, that it will not be palpably ridiculous. Incorporated in the Bill, it would make it society's laughing-stock. The best title he could give his measure would be—"a Bill to perpetrate all kinds of nonsense, that the Council of the College of Surgeons may have ten thousand a-year for doing nothing!"

But unconsciously, in our anxiety for the integrity of the Bill as it now stands, and in a sincere desire to save the Minister from the indignity of any new remodelling of a measure even now sufficiently remodelled, we are hurrying into hypotheses which are as baseless as they are unjust to Sir James Graham. We have made the mistake of supposing, that the suggestions of "the insane Council" had taken a mind prisoner, which is not off its guard when approached by more wily assailants, and almost fancied that wishes from *them* were commands to *him*. This is far from the case. Sir James Graham has taken a step, and knows as well as we do that the care of his own character requires him not to recede. He has pledged himself to give *coute qui coute*, an independent College of Surgery and Medicine to the General Practitioners, without a single limitation or check to their emulative endeavours to raise it even higher in scientific note than the older Colleges, its rivals. He has said in so many words—"the College of Surgeons shall have what it asks—its Pure Surgeons; that of Physicians, its Pure Physicians; for the mass of the Profession excluded with insult from both, I will build up a National Faculty!" The scheme is magnificent; let it be carried out in a spirit akin. Sir James knows well that to lend himself to changes in an Act of Parliament, which would fetter scientific competition, which would coerce scientific enterprise, and put a badge of shame and inferiority on the shoulders of the great bulk of the Profession, and on whose high and *unsuspected* respectability and *unsuspected* skill, depends so much of the happiness of society, would be to lend himself, not to an act of statesmanlike polity, but a deed of imbecile infamy. The General Practitioners of England, and their cotemporaries in Ireland and Scotland, are at this moment the reservoir whence flow on the nation nearly all the blessings of medical attendance, and it is on their labours that the character of British Medical Science for the next century will depend. To stamp on such men a legislative brand of inferiority and incompetency, and to cramp, to confine, by Act of Parliament their scientific labours, would be an atrocious injury to human advancement—a hideous cruelty to the very best portion of our citizens, and a tremendous mischief to the whole of society. It would condemn any Minister attempting it to everlasting contempt.

Fortunate for us is it, that at this critical juncture, when the corporate wrongdoers are exerting such wonderful activity and adroitness to deprive us of a boon all but in our reach, we can turn with so much of hope and confidence to the Committee of the National Association. They have achieved for us great services. More await them: we believe in their recent negotiations with the Minister, they have maintained the high and self-sacrificing spirit of independence and dignity the profession expected from them. Need we tell them that they must maintain it still, unfalteringly, unflinchingly, heedless alike of threats or promises? The Bill does not give enough as it is. We cannot, therefore, afford to take less. The new College must start well; or must not be started at all. No new Apothecaries Hall under a better name will nearly approach the mark. With the organization that now exists, the profession, if true to itself, can command its own terms. If it fail this year, it must succeed the next. No timid compromises, therefore, could be tolerated for a moment. There are not a hundred persons in the profession to stand by a fettered or dependent, or semi-privileged Corporation. The course of the Association is therefore clear. The support they possess is not one of men but of *principle*. The straightforward, the fearless, the uncompromising course they have hitherto pursued, must be continued to the end of the chapter. For once the gift horse must be looked fully in the face. The Corporate mace must be gold—not gilt. Though placed in their very hand, it must be rejected as a worthless bauble, if it bring with it but a high sounding vassalage. At such an epoch all the Committee's excellences are lost if they rise not to another—self-abnegation. It may, perhaps, be that as the *Times* put it, "*the pear is not yet ripe.*" But on this point, as on all others, we repose that confidence in the perfect integrity and good sense of the committee which all their great labours so justly earn for them. They *feel* that they act under a serious responsibility, and know that so perfectly *independent* is the support that the profession gives them, that to fall short on one grave point would be to dismember the Association in an instant, and make the Committee as powerless as any other seventy-two Medical Practitioners. They are now passing through a trying ordeal; but sure are we that they will pass through it unscathed, with redoubled claims on our gratitude and support!

So fond are mortal men,
Fallen into wrath divine,
As their own ruin on themselves to invite—
Insensate left—or to sense reprobate.—MILTON.

WE are happy to announce that the Council of the College of Surgeons are not only beginning to see the error of their ways, but are making some small shew of practical repentance. We understand—indeed, we know for a fact—that at their last Council Meeting they resolved to petition the Crown (in the name of the "College" of course,) for a Supplementary Charter, in the hope of being enabled to make all Members of twenty years' standing "*Fellows*," and to change the absurd order of precedence that now obtains among those that are Fellows. We are, of course, delighted at this *prospect* of change. So also will be the Profession. But do we step forward one inch from our serried ranks to receive it? Do we abandon one particle of our phalanxed organisation? We surmise not. The change—*if it actually come*—is a boon, though a poor one. We give *it* a welcome. Do we, therefore, give the *donors* thanks? Yes; but the donors are not the Council of the College, but the Committee of the Association! To the twenty-one we owe the Charter;—to the seventy-two we shall owe the Amendment. The new improved Charter—if we get it—will be a SURGICAL SEPTUAGINT. The generosity of the Council is just the size of their *fears*; and we should be mad diplomatists if we declined to give constant sustenance to such useful friends. The Council should never be left without a terror, till we are left without a grievance. The only real repentance they will shew us, will be a death bed one. In the agony of expected annihilation they may do us justice; but relieve them of their fears, and the Corporators of 1845 will be the same Corporators they have shown themselves in all preceding years. The time when justice and sound policy would have appeared in the graceful shape of generosity is gone by. They threw their Members into hot water to give themselves an increase of miserable patronage; they have allowed them to remain in hot water during two years, without extending to them anything better than gibes and libellous abuse; and now, when the losses they sought to throw on others recoil on themselves, they fancy that if they replace about six per cent. of their victims in the position that is their legal right, they are to secure for themselves a vote of indemnity, and a fresh lease of corporate importance! We tell the Council they make a grievous mis-reckoning. The time for great gratitude for small mercies is gone by. They do quite wrong to fancy that their "boons" will be misunderstood. Their terror-bred virtues are our merits—not theirs. We have ourselves to thank and heartily for their slow-budding excellencies.

A tremendous lever certainly is the National Association. Let it but stand true to the Profession, and the Profession true to it, and a new era in Medicine awaits us. The work of regenerated Medical Government is yet but in its beginning. Refuse us the Bill we want if you please, but let us preserve the Association in its integrity, and before three years we shall have a still more favourable measure. With the Bill as it is, we will effect immense improvements; emasculate it so that we refuse to co-operate in it, and in a few years we will do even more! Every year adds increased potency to our principles; and the time rapidly approaches when a Ministry will find it dangerous to resist them.

If the Council of the College could read the signs of the times, and really sought in their Government something of the just and generous, they would propose a scheme made after a different fashion to this "boon" of doubling or trebling the number of their "Fellows." They would say, "The General Practitioners are upheaving hourly in numbers and respectability; a merely surgical or a general practice, instead of being a matter of grade, has become solely a matter of personal convenience. Physicians *sometimes* will not be Surgeons, but all surgeons are forced by the tide of opinion and fact to be Physicians; the profession, under one name or another is composed of General Practitioners; and those General Practitioners, who add Pharmacy to their calling, are just as scientific and accomplished General Practitioners as the Andrews, and Thomas', and Listons, who do not: with the advance of English medicine it would be as politic and just to cut down our Council to its oculists, because we have our Guthries, our Tyrrels, our Travers, and our Scotts, as to restrict it to some two or three dozen more, on the pretence of some equally absurd speciality. To maintain the insulting distinction is absurd, unjust, perilous: abandon it, and we give harmony and peace to the Profession: we attach to us nine-tenths of the medical men of Great Britain: we win the merit of making Medicine indebted to Surgery for the greatest boon she has ever received in England, and while giving our peculiar art the high distinction of taking Medicine under her protecting and encouraging wing, we secure for ourselves the celebrity of being at the head, not of a fraction, but of the whole profession!"

What a magic is there in a justice which knows no sordid restraint of personal interest—no corroding tie of class bigotry! With a little elevation of mind, how small a sacrifice, after all, would be required, not only to relieve the Council from their well-founded terrors, but to put them in a position far better than any they have yet occupied. But what their good sense will not achieve, our continued organization may. When the New College has only to await the sign manual to start into vigorous existence as the Great National Faculty, the reckless governors of a magnificent institution, all but ruined by their bigotted ineptitude, will capitulate at discretion. We shall be able to dictate to them our own terms, simply, because they allow to pass unused the precious time when they might all but dictate them themselves.

We are pleased, then—nay, delighted—with the small improvement offered us. Though trifling, let us still hope, that the Council may not recoil from it, as from the other improvements contemplated some time since, which they were noble-minded enough to shelve, just to spite the *Medical Times*. We have no ill-feeling against the Council, though for its ability and wisdom, we entertain anything but a profound respect. For the sake, however, both of the Council and the Profession we are sincerely glad to see that new leaf turned, which we have always held to be inevitable. After some Cassandra warnings against the *coming* Charter, we prophecied so far back as October 14th and 21st, 1843, (when by an odd coincidence both that document was granted, and the brother of the "silent" Mr. Wakley received a government appointment of nearly £2000 a-year), that it "was not in the nature of things that the Charter could last. If the General Practitioners were even twice as untrue to themselves as they had been, it would yet be impossible that this childish piece of corporate legislation could survive the next medical parliamentary enactment!" The prophecy seems near its realization, and with the same armed hostility for a few months longer, we shall have the speedy fulfilment of the other promises which the present aspect of medical politics so clearly holds out. Much that is good is nearing our grasp; but if we succeed in clutching it, let us never forget, that we have none to thank but ourselves.

Here's freedom to him that would read,
And freedom to him that would write:
There's n'ane ever feared that the truth should be heard,
But they whom the truth should indict.
BURNS.

There are one or two points in the late action of Mr. Thomas Wakley against ourselves, which should not be allowed to pass without notice.

In the ordinary course of law, the "inquiry" would have taken place before the Sheriff's Assessor and a good jury. The expense would not be considerable, and as that gentleman had never been a fellow Member of Parliament with Mr. T. Wakley, like the Lord Chief Baron, in whose court the Plaintiff had fixed the trial, it was the more desirable to us that the ordinary routine should be gone through. Mr. T. Wakley thought otherwire, and got the case moved back to the more expensive court of the Lord Chief Baron, on an *affidavit* that it was intended to introduce "other publications" in evidence, on which important points of law would arise. The trial came, and not a single other publication was referred to! Not an effort was made to support the affidavit; not a scrap of evidence was adduced about "other publications!" So much for an *affidavit!*

But so chary of evidence, so wary of using a witness was Mr. T. Wakley, that he did not venture to produce a single person to speak to his impugned reputation, or to controvert a single point alleged in the letter. The law forbad us to justify—did it forbid him to falsify? If not, was there not one respectable witness producible to give him a good character in open court? We should have liked much to have had that respectable person's cross-examination. No such opportunity was afforded us.

Mr. Wakley's counsel felt it necessary to undertake to deny that his client was a libeller. But how stands the case? From the *verbatim* deposition of the "unnatural crime," which ornamented the first number of the *Lancet* to the perfidious publication of Lawrence's infamous libel which so recently transpired, Mr. T. Wakley stands out the lowest, the most unprincipled, and vulgar libeller that the present age has witnessed. Yet this is the man, who in the words of the *Bristol Journal*, of Saturday last, brings an action against us for "suggesting to him the means of clearing his character of infamy!" Was audacious inconsistency ever carried to a higher pitch?

But we have done with the case. Mr. Thomas Wakley may take our word for it—he must feel it himself—the *denouement* we have so long prophecied has arrived. During the last three years agitation for Medical Reform, he has been intrusted but with half-a-dozen petitions; and even the one hundred and forty Medical residents of Finsbury have shown their distrust of him, by transferring, the very last week, their petition to Parliament to the care of the member for Lambeth.

A QUERY.

(BY A CORRESPONDENT.)

IN the event of the Bill being postponed to another session, *i. e.*, abandoned for ever, and the independent incorporation thrown again among the incertitude of a future day, a question will arise—where does the fault lie? Four months' since, and the Government annihilated in

intention the General Practitioners as a class. The scheme was to select a few who might be elevated to the rank of "*surgeons*," and to depress the rest to a level little if at all above the druggist. The Association grew in power; their influence told with the Government. Medical light no longer streamed exclusively from the Corporations —and in auspicious May the General Practitioners' Bill was announced, and promise of a new era was given. The Colleges were paralysed; and with perfect union among General Practitioners, a Bill realising the anxious expectation of a quarter of a century would have been passed before they could have scarcely recovered from their surprise. There *was dissension;* that dissension may lose us the Bill: in that case, on whose head will devolve the terrible responsibility?

There happen moments when even a disreputable person—powerless for good—may exercise, by fomenting discords, much mischief! Let that discreditable person be taught the full infamy of his triumph!

SOME REMARKS ON THE LATE DUEL CASE.

By an Old Army Surgeon.

The case of Mr. Seton has given rise to a second, viz. the *Times v. Mr. Liston.* The "Thunderer" attacks the "pure surgeon" and "renowned operator;" he replies dictatorially and peremptorily; he defends his operation (if not the *diagnosis*); lays down a rule or two of practice, which do *not* apply, and winds up by assuring the public, through the *Times* (for I hope they published his letter to them), that besides being a first-rate pure surgeon and cutter, he is also a very good medical man or physician, evidently preparing the way for a claim to a seat or niche in the New College of General Practitioners. Now, in all this, Mr. Editor, there is a wandering from the real *matter* of discussion, which I apprehend to be this—was the *diagnosis* or judgment, in respect to the nature of the wound inflicted, *correct* or *not*? The question of operation or no operation, is included in that. Permit me, an Old Army Surgeon, also a Civil Surgeon and Physician, and one who has seen a good many difficult cases, as well in surgery as in physic, to offer a few remarks on the points which I believe to be of most interest in this already complex discussion.

It is admitted—1st, that Mr. Seton received a wound from a pistol-ball (I follow Mr. Potter's narrative), which, entering "in the upper part of the right thigh, a little above, and in front of the great trochanter of the femur, crossing the abdomen or belly, passed out about the middle of the fold of the left groin." An occurrence, by no means unusual in gun-shot wounds, immediately followed; I mean "a rapid hæmorrhage or bleeding, described as florid, and in large quantity, issuing *per saltem* or in jets at both wounds, but more especially through the opening by which the ball entered, springing to the height of two or three feet from the wound." Now, as *no surgeon was present* I am at a loss to understand how matters can be described so minutely by *non-medical men.* As no medical man *was present*, how comes it that all this is described so minutely and scientifically? Was Mr. Jenkins, or some other person, looking on from behind a hedge, affecting not to see anything, nor anybody, and yet so critically and nicely watching the progress of events? I shall return to this curious part of the evidence by-and-bye. Passing it over for the present, I find that a Mr. Jenkins appears soon after on the scene. Now, here I ask a plain question or two, which, I trust, some person or other, possessing the due information, will have the kindness to answer;—was Mr. Jenkins an army or naval surgeon? Had he seen active service? How many cases of gun-shot wounds has he had the charge of? Was there, during the whole duration of the case, a *single surgeon present who was familiar with gun-shot wounds?* You must be well aware, Mr. Editor, that with such cases Mr. Liston is not, *cannot be familiar*; their varied accidents and changes are nearly unknown to him. I request your readers, then, to bear in mind, that Mr. Seton *seems* (for I do not pretend to know the services of the surgeons who surrounded his death-bed) to have been in the hands of those who had never treated gun-shot wounds, at least to any great extent. Arrangements like this I have seen before, with, generally speaking, the same result, namely, confusion, over-anxiety, and embarrassment. But, to return to Mr. Potter's narrative.

Mr. Seton was wounded on the 20th of May; on the 27th, a pulsating tumour appears over the right femoral artery; it increases daily somewhat, until the evening of the 30th, when the patient is first seen by Mr. Liston; at this time, the *sloughs* in the track of the ball had *not separated.* Every army surgeon who has seen practice knows, that his patient is never safe until that happens. Here, then, we have a pulsating tumour over a very large artery, on the 10th day after the receipt of the wound, and the *sloughs* have not yet separated. The whole question, at that moment, amounted to this—(I shall endeavour to state it as clearly as I can):—The blood filling the tumour, either came *from the femoral artery at first*, or it *did not.* If from the femoral artery, Mr. Seton would have died on the field, and the surgeons who attended Mr. Seton from the commencement ought to have known this. The responsibility, then, rests with Messrs. Jenkins, Stewart, and Mortimer, and if these gentlemen are not army or naval surgeons, who have seen service, and gun-shot wounds, then the responsibility and the unhappy results lie with those who called them in. I repeat, a wound of the femoral artery by a pistol ball, sufficient to give rise to an "*instantaneous, rapid, and severe hæmorrhage*," would have proved instantly fatal, and the medical attendants ought to have been aware of this.

On the 30th, or ten days thereafter, Mr. Liston is called in; he refuses to operate that evening; he does so next day, seemingly against his own judgment. I say seemingly, for the difficulties besetting his diagnosis were considerable. Still, he ought not to have operated; no army surgeon of experience would have countenanced the operation. Another operation proposed was, the opening of the tumour. Now, in doing this, the surgeon must necessarily have encountered the track of the ball, in a sloughing state, at the time. The risk of this must have been apparent to all medical men.

It appears, then, that the fundamental error was an erroneous diagnosis, formed by the surgeons who preceded Mr. Liston in the treatment of the case, and the adoption of their view by Mr. Liston, who, acting on their diagnosis, performed an operation which caused Mr. Seton's death.

Again—resuming the narrative—we find, that Mr. Potter was not himself present at the *post mortem* examination of Mr. Seton; this was conducted by Dr. Allen. The principal facts brought out by Dr. Allen, as condensed by Mr. Potter, are as follows:—1st, the wound was entirely, and throughout its whole length, subcutaneous, *a fact, which ought to have been perfectly well known* to the medical attendants, *from the very commencement* of the case, but which they, for the first time, ascertain when death has closed the scene. A blunt-pointed probe, passed in the trail of the wound, would have proved this fact—the first which ought to have been made out. Mr. Potter's extract however, although extremely judicious and well-written—does not suffice, on so material a point as the *post mortem examination of the wound*, and I beg leave, therefore, to call your attention to an extract or two of Dr. Allen's account of the matter. I do this with reluctance, and had originally determined not to do so, but the scantiness of Mr. Potter's details must be my excuse for going back to the original evidence of Dr. Allen.

In the *Times* of the 16th or 17th ult., I find Dr. Allen's verbal report, for such I suppose it was, to the coroner, during the inquest. I have looked over it with the greatest attention, and failing to find in it any of the more important facts mentioned in Mr. Potter's account of the case, I naturally resorted to the rest of the evidence, which I have again read over. The conclusion which forcibly presses itself upon me, is that singular discrepancies exist in the medical evidence given before the coroner, and that he (the coroner) and his court accepted evidence which was by no means trustworthy. Some circumstances, bearing on the propriety of the view taken up by the medical attendants are well and clearly remembered, and stated; others of equal importance are either omitted or forgotten. The appearances of the wound are not minutely described by Dr. Allen; his is not, in fact, nor does it bear any resemblance to a minute anatomical description of the passage of the ball. We are thus left to conjecture where Mr. Potter picked up those minute particulars as to the original condition of the wound. But why did he not furnish some other particulars, such as the condition of the clothes, and whether any portion had been carried in along with the ball?—or whether the ball itself was found?—what caused the abscess which appeared in the left groin? &c. Surely, the coroner might have brought out some of these facts. But the truth is, it is equally difficult to understand how the non-medical evidence is made by Mr. Potter (Mr. Liston's assistant) so scientific, and the medical evidence before the jury shows itself so unscientific.

The letter of M.D., addressed to the *Times* on this subject, is below criticism. The writer has not the slightest idea of the difference between a *wounded artery* and an *aneurism*, and he speaks familiarly (resting his opinion on that of Dr. Allen) of such aneurisms as this of Mr. Seton's being frequently cured "by absorption," meaning, of course, by "pressure;" but, even if he had said so, he and Dr. Allen too, are, I think, incorrect. I defy them to produce a single instance of an aneurism of a large artery, produced by *a gun-shot*, ever having been cured by pressure. The cases of an artery wounded *by gun-shot*, and by the touch of a *lancet*, are quite distinct, but he does not comprehend this. A gun-shot wound is, more or less, a sloughing wound. *Pressure* cannot be applied to such a wound until the sloughs have separated. He talks also of the great "fatality of such operations, and their formidableness;" no doubt, under some men, amputations prove extremely fatal operations; so does lithotomy, yet such operations must occasionally be performed. Mr. Liston's great error was his having formed an erroneous diagnosis; in this he was assisted, no doubt, by those who preceded him. No urgent circumstance existed when he operated, saving *one*,—the necessity of his

speedy return to London, where his practice awaited him. He was sent for to Portsmouth *to operate*—most unhappily for himself and for his patient, he allowed himself to be influenced by the impatience of the attending medical men. This is all.

The whole case, then, amounts to this,—it was Mr. Liston's duty to have taken *everything into consideration* for himself. If the medical men previously in attendance on the case were old army-surgeons of high standing, and of *great experience*, he might have been excused for his acquiescence; as it was, I think Mr. Liston might have said to them, "Gentlemen, here is a case of superficial gun-shot wound—skin deep, and no further. You think that the ball grazed the main artery in its passage across—that it opened it, giving rise to the first bleeding. In that case, the operation you talk about might be reasonable, but this opinion is an erroneous one, inasmuch as Mr. Seton would not have left the field alive had the main artery been then and there opened; but you think that a *large vessel* near the main trunk may have been opened; but *there are no large vessels there.* This opinion must, therefore, also be unsound. The only large vessels (deep epigastric and circumflex) lie much deeper; therefore, the ball would not have touched them; if it had, there would have arisen other troublesome symptoms, especially deep subfascial swelling, serous engorgement of the limb,&c. Your opinion, then, gentlemen, as to the *necessity for immediate operation*, must be erroneous but if you insist on it, I shall give you the responsibility: I cannot operate, contrary to every teaching of science, and every suggestion of sound diagnosis." Had this been Mr. Liston's language to these persons, his position with the public would now have been very different; as it is, he must bear, at least, a large portion of the obloquy of having performed an unnecessary operation, causing the death of a fellow being, and raising the accusation of being a person who, though of great operative ability, is yet liable to commit terrible errors, as to the *quando, locus in quo et quibus auxiliis.*

TRANSACTIONS OF LEARNED SOCIETIES

Royal Medical and Chirurgical Society, June 24, 1845. Dr. Chambers, President, in the chair.

The following papers were read :—

On the Frequency, and on some of the Causes of Pericarditis, with incidental observations on the frequency, and on some of the causes of various other internal inflammations. By John Taylor, M.D., professor of clinical medicine in University College, and physician to University College Hospital.

Frequency of pericarditis.—The author has found one case of severe pericarditis, as distinguished from the very slight forms of the disease, to occur in about every eighty of the physicians' cases in University College Hospital.

Pericarditis was four times as frequent in the fatal cases as in all others taken indiscriminately, for it was found sixteen times in the bodies of 355 patients, in all of which the heart was examined; old adhesions of the pericardium were found in one out of every sixteen bodies, and white spots or patches in one out of every four bodies.

Causes of Pericarditis.—The causes were examined in thirty-five cases of the more severe forms of the disease; nearly two thirds occurred in the progress of acute rheumatism, and nearly one third in connexion with Bright's disease. Besides these causes, the author has found the following only, viz., extension of inflammation from the pleura in one case, and from the liver and diaphragm in another. A third case occurred in connexion with cyanosis and malformation of the heart.

Nearly all the cases occurring in persons previously in good health were found to be associated with acute rheumatism, whereas nearly all those occurring in persons in bad health were complicated with Bright's disease.

The author has observed some form of morbus cordis in about half the cases of acute rheumatism which he has treated in University College Hospital. Pericarditis of considerable severity occurred in about one in twelve cases, which proportion is nearly the same as that found by various writers, with whose observations a comparison could be made.

Valvular Disease was found in about half the cases of rheumatism. This amount is nearly the same as that observed by various authors, but most writers either state, or imply that these cases were examples of *recent endocarditis*, and consequently they make endocarditis to be very much more frequent than pericarditis in rheumatism. The author of this present paper is uncertain how many of his cases of valvular disease were recent. He believes that the diagnosis between acute endocarditis and old valvular disease in acute rheumatism, is in many cases impossible, and in a large proportion doubtful. He has found signs of valvular disease which he supposes to be of old standing, in all physicians cases, taken indiscriminately, in a proportion so nearly approaching to that found in cases of rheumatism, that he considers the greater number of cases of valvular disease found in rheumatism to be of old standing, and that the frequency of acute endocarditis has been over-rated, and perhaps does not much if at all exceed that of pericarditis.

With respect to the circumstances under which cardiac inflammation appeared in rheumatism, the author found that metastasis occurred in none of his cases—the rheumatism was of the *fibrous* variety, as distinguished from the capsular, in every instance; pericarditis was not more frequent, but it was more intense and more fatal in severe, than in mild cases of rheumatic fever. The heart was more frequently affected in the early stage of this disease in young subjects, and in a first attack than in the opposite circumstances. Venesection had nothing to do with the production of inflammation of the heart in any case. Some writers appear to think that pericarditis hardly ever occurs except in connexion with rheumatism; others believe that the causes are in many cases unknown. The author has found a satisfactory cause in every case, and he believes that the two grand causes are acute rheumatism and Bright's disease. Both these appear to produce inflammation of the heart and of other organs in the same way ultimately, viz; by a morbid state of the blood; we may expect therefore to find pericarditis in connection with other blood diseases, such as the eruptive fevers, typhus, erysipelas, &c. Instances of this kind are recorded, but the only cases belonging to this class seen by the author was one of pericarditis with *cyanosis.*

Pericarditis has been long known to occur occasionally as one of the secondary inflammations produced by Bright's disease; but the frequency with which it is met in these circumstances appears not to have been hitherto suspected. The author believes that Bright's disease in its advanced stage has as great a tendency to produce inflammation of the heart as acute rheumatism has. It is true that acute rheumatism was more frequently the cause of the pericarditis in his cases than Bright's disease, but this may be due to the greater frequency of rheumatism than of Bright's disease. From a comparative examination of fifty bodies in which advanced disease of the kidney was found, and of 142 bodies in which there was no disease of the kidney, the author found that acute pericarditis was met with in one in ten of the former, and in one in thirty-five of the latter class, and that acute endocarditis was met with in one in twelve of the former, but only in one in seventy-one of the latter. Hence it appears that inflammation of the heart was much more common in cases with, than in those without renal disease; and also that acute pericarditis was met with as often in cases of advanced Bright's disease, as in cases of acute rheumatism.

Account of a Case of External and Internal Cephalhæmatoma Complicated with Fracture of the Right Parietal Bone, in a Newly-born Infant. By Chas. West, M.D.

The author details in this paper the history of a child, aged sixteen days, on whose right parietal bone there existed a swelling presenting the ordinary characters of sanguineous tumor of the cranium, or cephalhæmatoma. This tumor had appeared on the third day after birth, and had progressively increased; the child's health, however, continued undisturbed. Slips of plaster were applied so as slightly to compress the tumor, which, under this treatment, ceased to enlarge. The child continued quite well until the eighth day after this treatment had been commenced, no alteration having been made during this time in the plaster originally applied. At the end of this time, without any apparent cause, she was attacked with vomiting, and convulsive twitchings of the muscles of the face. On the ninth day, general convulsions occurred, which returned early on the tenth when they proved fatal, the child being twenty-six days old at death.

The tumor on the exterior of the skull presented the ordinary characters of external cephalhæmatoma. The author in describing it, takes the occasion to make some remarks on the nature of the hard ring which surrounds these tumors. He mentions the existence of a fissure in the parietal bone, and of a large collection of blood internally, betwixt the dura mater and the skull, in a situation nearly corresponding to that of the external tumor. He gives a minute description of this effusion, and calls especial attention to the reparative process which was going on at the time of the infant's death, consisting partly in the heaping up of bone around the tumor, and partly in the deposit of bony matter between the two layers of the dura mater.

The author next assigns reasons for believing the fissure of the parietal bone to have occurred during labour, and not to have been produced by injury after birth. He likewise inclines to the opinion that the internal effusion was not the result of the escape of blood effused originally on the surface of the cranium, through the fissure into its interior, but thinks it most probable that it took place at the same time as the external effusion, and from similar causes.

The variety of recorded cases of internal cephalhœmatoma, of which only eight have been described, and particularly the fact that no other instance has been related, in which the process of cure of internal cephalhœmatoma has been observed, are the reasons which have induced the author to present this case.

The paper is concluded by some remarks on affections of this kind, suggested by the peculiar features of the case he has detailed.

Two Cases of Anæsthesia and Loss of Motory Function of the Fifth Nerve, by James Dixon, assistant surgeon to the Royal London Ophthalmic Hospital.

This paper contains reports of two cases of anæsthesia and loss of motory function of the fifth cerebral nerve, attended by remarkably different symptoms. In one case, the eye on the affected side became inflamed, and vision was destroyed by a deposit of lymph in the pupil, anterior chamber, and substance of the cornea; the same morbid changes taking place in the eye, as follow the division of the fifth nerve in Magendie's vivisections.

In the other case, complete anæsthesia had existed for almost a year and a half, and yet there was not the slightest inflammation of the eye, nor any opacity of its humours.

In this latter patient, careful experiments were made, to ascertain what effect had been produced upon the tongue in respect to feeling and taste.

Both were perfect on the right side. On the left, all that part of the tongue which is anterior to the papillæ vallatæ was utterly deprived of taste and feeling, while both these senses were unimpaired in that portion of the organ to which the lingual branch of the glosso-pharyngeal nerve is distributed.

Diseases of the fifth nerve appear to be more frequent on the left side of the body; for out of forty-six cases (recorded by English and foreign

pathologists) twenty-nine occurred on the left, and only twelve on the right: while in five patients, both nerves were affected at the same time.

Case of Fungus Hæmatodes, by Henry Blenkinsopp, Esq., of Warwick, Member of the Royal College of Surgeons, communicated by J. G. Perry, Esq.

Abel Bonsor, aged 13, a pauper, fell from a gate and injured his shoulder in July, 1843. After some weeks an enlargement made its appearance in the left arm near the inner margin of the deltoid, and the boy began to suffer from darting, lancinating pains in the tumour. It rapidly increased, but the patient's state of health prevented any hope from amputation. Near the end of January an alarming hæmorrhage took place from an ulcerated opening. This was followed by great exhaustion, and the patient died on the 12th of March.

The body was examined on the 14th. On making sections of the tumour, considerable resistance was offered to the scalpel by the walls of numerous cells which formed a great portion of the tumour. These walls were composed of a fibro-cartilaginous substance, and the cells contained encephaloid matter. The disease seemed to have been developed in the periosteum, the cancelli and general texture of the humerus being perfectly healthy. The disease extended to the scapular region, the muscles presenting a liver-like appearance, but the bone was not implicated. The lungs contained tubercles in all three stages. The liver also contained tubercles, and a cyst of hydatids.

The author concludes by briefly alluding to some points in this case worthy of notice, viz; the absence of fungus, the complicated form of the disease, and the healthy condition of the bones.

Case of Excision of the upper end of the Femur in an example of Morbus Coxarius, by William Fergusson, Esq., Professor of Surgery in King's College, London.

John Clark, æt. 14, suffered for fifteen months from hip disease, and in February 1845, was in the last stage of hectic. The head of the femur was displaced on the dorsum ilii, and could be felt by the finger passed into a large sinus connected with the disease. The limb on the affected side was between four and five inches shorter than the other, and much distorted by flexion at the knee and hip. There was no indication of disease of the bones of the pelvis, and the head of the femur seemed the principal cause of suffering.

On the 1st of March 1845, the author made a longitudinal incision on the hip over the head and neck of the bone, and those parts, with a portion of the shaft, including the trochanters, were removed, the bone being cut across with a common saw. The patient bore the operation well; the previous bad symptoms soon disappeared, and in two months he was able to move about the wards of the hospital on crutches, the wound being nearly closed.

The paper concludes with a short historical sketch of the operation, whereby it is shown that this is the second instance in which it has been successfully performed in this country, having been first proposed by Mr. Charles White, of Manchester, in 1770, and first performed by Mr. Anthony White, of the Westminster Hospital, in 1818.

Additional Observations on Obstructions of the Pulmonary Arteries, By James Paget, Esq.

This paper is intended as an appendix to that on the same subject, communicated by the author last year, and published in the last volume of the transactions of the society.

A man fifty-five years old, was under treatment for stricture of the urethra. His general health was considered pretty good, and he made no complaint to his attendant of any thoracic disease, but, one afternoon, while, to all appearance, in his usual health, he fell on his face from his bed's side, and died in less than two minutes.

On a careful examination nothing was found that could have caused death, except the obstruction of nearly all the larger branches of the pulmonary arteries, by old and variously discolorized and altered clots of blood. In other parts, the blood was fluid, or soft and recently coagulated. The kidneys were slightly granular, but no other organ was importantly diseased.

The author discusses the cause of death, and of the coagulation of the blood in this and similar cases. He maintains, that in the cases which are not complicated with structural disease of the lungs, death is produced, not by asphyxia, but by gradual retardation, and at last cessation of the movement of the blood through the substance of the heart and brain, the systemic circulation becoming gradually slower, as more and more of the pulmonary arteries are obliterated, and less blood is transmitted through the lungs. Hence it is he thinks, that, in the majority of the recorded cases, though the disease was long in progress, yet the signs of danger and death were sudden.

The author alludes to several circumstances which he believes may cause an arrest of the blood in the pulmonary vessels, and its consequent coagulation; but he suggests that the chief one is some morbid state affecting its constitution, so as to increase that adhesion of it to the walls of the vessels, which constitutes even in the healthy state, the greatest resistance which the heart's power has to overcome. Such a diseased state he believes is produced by the existence of urea in the blood; and in confirmation of this opinion, he remarks that in at least three of the five cases in which no other cause could be assigned for the coagulation of the blood in the pulmonary arteries, the kidneys were granulated.

Case of Strangulated Hernia reduced en masse, *with Observations*. By Robert Wade, Esq., Senior Surgeon to the Westminster General Dispensary.

The patient, a man in his seventy-fifth year, who had been afflicted with inguinal hernia on both sides for nearly thirty years, was seized with the usual symptoms of strangulation. On examination no appearance of hernia could be detected. Purgatives and enemata failed in procuring evacuations. The circumstance of a slight darting pain having been experienced by the patient in the right inguinal region, on getting out of bed on the day that he was taken ill, and that on coughing the hernia descended on the left side, but could not be made to protrude on the right, led to the conclusion, that the right hernia, with its investing sac, had been reduced *en masse* by the patient, and that the obstruction existed in the neck of the sac on that side. The author accordingly operated on the right side, in the evening of the second day. The inguinal canal having been freely laid open by a division of the tendon of the external oblique muscle, the sac, which was much thickened and closely embraced the intestine, was opened. It contained a small knuckle of congested intestine. A membranous band, distant as far as the finger could reach, was divided, and the strangulated intestine was then reduced. The patient afterwards recovered.

The author concludes the paper with a brief notice of twenty similar cases, recorded by British and Foreign surgeons, and remarks, that a consideration of these cases cannot fail to suggest the necessity of the most careful examination being made in every instance where symptoms of internal strangulation are present.

Account of two Cases of Aneurism in which there was neither pulsation nor abnormal sound. By T. A. Barker, M.D., Physician to St. Thomas Hospital.

In the first of these cases there was a large aneurism of the aorta, commencing about two inches above the heart, and extending a little beyond the origin of the left subclavian; through the whole of which space the artery was at least three times its natural diameter.

In the second case there was an aneurism of the right renal artery, of the size and shape of a heart of ordinary bulk.

In the first case the aneurism was not detected during life; and, in the second, it was discovered only the day before death; although a *post mortem* examination did not reveal any cause of the absence of the ordinary symptoms.

The cases are considered remarkable not because large aneurisms existed without being detected; but because neither pulsation could be felt, nor abnormal sound heard, although certain symptoms had led to the strong belief that aneurisms existed in the arteries where they were afterwards found; and repeated and careful examinations were made with the expectation that unequivocal symptoms of aneurism would be detected.

Observations on Fissure of the Palate. By Alexander Nasmyth, Esq.

The interesting paper lately laid before the Society by Mr. Fergusson "on the Anatomy, Physiology, and Surgical Treatment of Fissure of the Palate," has induced the author to submit his views on the Mechanical Assistance which may be offered in cases where such surgical treatment may be unadvisable or not submitted to.

The author corroborates from his experience the accuracy of Mr. Fergusson's statement, that of late years English surgeons, generally, have abandoned cases of fissure of the palate, and left their patients to apply for mechanical adaptations. After applauding the superiority of a formation or restoration of the parts to a natural state over every other kind of assistance from art, and admiring the important step towards the improvement of the purely surgical operation made by Mr. Fergusson, the author takes a review of the mechanical contrivances which have been had recourse to, both in this country and abroad, distinguishing between those for congenital fissure, and those for fissure arising from disease. He shows wherein those contrivances have been found to fail—states the inconveniences inseparable from mechanical adaptations, also those consequent on the surgical treatment—describes the nature of the cases which indicates the propriety of mechanical interference, and those which forbid such interference—simplicity and durability being the great desiderata sought to be obtained in these adaptations. He also describes the contrivances by which he has attempted to arrive at those ends, explaining what may be reasonably expected from following out his views; and he shews that, in cases of fissure arising from disease, perfect deglutition and articulation may be confidently promised: that in congenital cases deglutition may be perfectly established, and very great aid afforded to articulation; and that articulation in congenital cases particularly requires time and perseverance on the part of the patient, great care and exactitude on the part of the practitioner, but that those requisites secured, great benefit may always be promised, if not distinct and perfect articulation anticipated.

Statistics of Bethlem Hospital, with Remarks on Insanity. Part II. By John Webster, M.D., F.R.S., &c.

After referring to his previous paper, published in the 26th vol. of the Society's Transactions, the author makes some remarks respecting the period of the year, when mental diseases were most prevalent, when the greatest number of patients were cured, and when the largest proportion of deaths occurred at Bethlem Hospital. These points he illustrates by a table compiled from the official registers (which shows, that most lunatics were admitted into the institution during the second and third quarters of the last twenty-two years, most were cured during the third and fourth quarters, whilst the largest number of deaths were met with in the last, but especially in the first quarter of the above series of years). The author next alludes to the occupation of insane patients, and states, that sixty-six per cent. of the inmates of Bethlem Hospital are now employed. This employment of the insane is found to have a very beneficial influence in their treatment, and tends materially to diminish the necessity of using personal coercion in the management of lunatics; in proof of which, the author states, that five years ago, the weekly average of persons under restraint was thirteen, whereas at present, when the system of employing the insane patients is more developed than formerly, during

some weeks, only one, and occasionally, not even one individual is in restraint. The author subsequently gives a synopsis of twenty-eight autopsies recently performed at Bethlem Hospital by Mr. Lawrence, thus making 100 *post-mortem* examinations of lunatics, if the seventy-two dissections previously reported are taken into the account. The diseased alterations of structure are succinctly described in the twenty-eight cases now brought before the Society, of which the following may be given as a summary. In twenty-five, there was infiltration of the pia mater. In twenty-four, turgidity of the blood-vessels. In nineteen, effusion into the ventricles. In twelve, fluid was found at the base of the brain; besides other varieties of morbid appearances. In twenty-two cases, the organs of the chest were diseased; and in thirteen, the abdominal viscera were more or less affected. In conclusion, the author makes some general observations on the facts contained in his paper.

THE FATAL RESULTS OF OPERATIONS

(To the Editor of the Medical Times.)

SIR,—Being much struck with the judicious observations you have made on the fatal results on the great proportion of surgical operations, and of the unpardonable desire *pure* surgeons have to perform them, I am prompted to subjoin an extract from the works of the celebrated John Bell, to which my attention was directed on a late occasion by Mr. Lawrence, and I am fully persuaded that the present is above all others, a most favourable opportunity to draw the attention of the profession to this point, the more especially as it is at this moment deeply interesting to the community.

I myself am one of those old-fashioned practitioners who have long thought that these *pure* surgeons, as they ironically style themselves, ought to be responsible in a court of justice for their wholesale dealings with human life, for surely it is no apology after killing a man with a scalpel, to say that its application was the *only* chance of saving him, when every man of common sense and experience would avow that there was *no* chance.

HUMANITAS.

"The passion of acquiring character in operations is surely full of danger. It is fit for those only to profess, who have no higher claim to public esteem. * * Those qualities which relate to operations and other public exhibitions of skill are of a very doubtful kind, while the duties of humanity and diligence are far more to be prized; they are both more amiable and more useful." Again. "That affectation of dexterity, or doing operations quickly is a pitiful ambition in those who use it; but you will invariably observe, that none except those who are deficient in moral courage, either find it requisite or think it necessary to resort to such conduct; and that a man who feels himself equal to the task he undertakes, proceeds deliberately and calmly, steadily bearing in mind the great object—relief to the patient." *Discourses on Surgery, by John Bell.*

NEW COLLEGE OF GENERAL PRACTITIONERS.

To the Editor of the Medical Times.

SIR,—Had a single argument been wanting to establish the imperative necessity for an *independent* College of General Practitioners, the recent memorial of the College of Physicians to Sir Jas. Graham, which you published in your valuable journal last week, furnishes it.

It likewise supplies strong, and with other data, irresistible arguments for sweeping away the proposed measure of a preliminary board and making in its stead the College of General Practitioners THE portal by which every future member of the profession should enter.

Thus, Sir James Graham's plan would be simplified, while one of his leading objects, that of having only one mode of ingress into the Profession, would be retained, and to each member would be ensured a comprehensive acquaintance with the various branches of professional knowledge.

Let our New College be an independent one, based on a representative organization, having from self interest illustrious names among its examiners, and a complete curriculum of education. Let each candidate undergo a thorough examination, and he will then enter on his profession, stamped with competency to its varied requirements, and a healthy impulse will be given to the whole medical body.

For my own part, when I consider all these circumstances, and others equally weighty, I come to the conclusion that the best title for the new College would be "The Royal College of Surgeon-Apothecaries," and that, for *each member, Surgeon-Apothecary.*

Under the *new auspices*, annexing the title Apothecary to that of Surgeon would cease to be in the least degree derogatory.

The public, more especially the provincial public, would understand these terms infinitely better than the long roundabout titles at present proposed, and they would also be more available.

In the country at least, the term General Practitioner would require a century to give it currency with all classes of the community.

Moreover the College of Physicians and the College of Surgeons would each be deprived of their present grounds of objection to the title of our Institution.

As for the College of Physicians being entrusted with the *medical examination*, and the College of Surgeons with the surgical examination of candidates for the diploma of the new college—such a proposition cannot for one moment be admitted; it would indeed *well suit their* purpose, that they might send men as examiners whose names could confer no lustre and lend no weight; it would *well suit their purpose*, that they might keep their new and vigorous rival fettered, hand-cuffed, stamped with inferiority and *dependent*.

Sir James Graham deserves high praise for patient and pains-taking attention to the cause of Medical Reform, and he will not we confidently hope, disappoint our expectations that our interests will be amply secured.

We *long* for the bill to be passed in a way that will satisfy us, and if it does, we shall be ever grateful to Sir James for sweeping away the Augean difficulties, which have so long obstructed Medical reform, and which so loudly proclaim its necessity.

I have the honour to be Sir,
Your humble Servant,
A qualified Surgeon & Apothecary,
of 12 years standing.

STATEMENT OF THE COLLEGE COUNCIL.

To the Editor of the Medical Times.

SIR,—I send you the following digest of the recent "statement" of the Council of the College of Surgeons, for the use of such of your readers as do not feel inclined to read and reflect on the original article:—

Paragraph 1. Assures us that they (the Council) are the guardians of the Surgical Profession. How well they have discharged their trust, let the old Members and the new Charter tell.

2. Lets out the secret, if secret it could be called, that Sir J. Graham's primitive Physic and Surgery Bill, and the College Charter, were one and indivisible—a wheel within a wheel.

3. Laments that Sir J. Graham is at length aware of the deep designs of the Council, and will no longer aid and abet in carrying out their avaricious and exclusive policy. And this, they say, is a sad breach of faith; no doubt *they* do; but their members are thankful for their narrow escape.

4. Lets loose the dogs of war. The Council cannot conceive what right such degraded and ignorant wretches as General Practitioners, who charge the public no more than they can afford to pay, have no "free days," and supply their own medicines, instead of sending their prescriptions to druggists on the *per centage* system, can have to a charter or college; and assures us, that notwithstanding their own certificates to the contrary, such practitioners can be no more than Apothecaries, and will make very bad Fellows of any institution.

5. The Council do not know exactly what to think; but have a strong suspicion that they and their Fellows are likely to come off "second best" in fair competition with the General Practitioners.

6. Makes it appear that the Council are ignorant of the nature of the preliminary examination, and consider that it is to be of a professional nature, medical and surgical. Perhaps we are no better informed; but a general opinion prevails, that it is to be merely classical, and would be much better performed by twelve schoolmasters. The same system has always obtained at the Hall and College of Physicians, and it is only the College of Surgeons that has hitherto required that its Fellows and members should exhibit no human knowledge beyond surgery and anatomy.

7. Expresses well-grounded fears that no Fellow of the College of General Practitioners will think it worth his while to become a member or Fellow of the College of Surgeons: and this, they say, will take a great deal of grist from their mill.

8. Is comprised in this extract: "It will not escape notice, that the proposed Corporation, in *assuming* the name of a *College*, has no *legitimate* claim to a title, *properly* used to designate any institution of which the essential object is the *promotion of science and learning*." Heaven preserve us! that we should ever have lived to lay claim to the title of learned and scientific men!

9. Graciously grants permission, that if the General Practitioners are not pleased with the present Apothecaries' Hall, they are at liberty to establish another.

10. Tells us what we too well knew before, that such of their members as, twenty or forty years ago, went through the highest routine of studies, passed the highest examination, paid the highest fees, and obtained the highest honours, it was then in the power of the College to ask or bestow; and who were then examined by such surgeons as Cline, Cooper, Abernethy, Blizard, and Home, are now at liberty to acquire a *higher honour* by submitting to an examination by their fellow-students Brodie, Lawrence, Stanley, and Co., who have some doubts whether their masters were capable of examining. And this not gratuitously and for the honour of their profession, but for a further fee of *ten guineas*.

The document concludes as it began; the Council lauding themselves for the *faithful* discharge of their duties; not having the fear of their last manifesto before their eyes, in which they branded themselves with the infamy of having taken money from their members under false pretences, by giving them examinations that were a farce, and certificates that were a fallacy.

I am, Sir, your obedient servant,
June 24, 1845. F. D. B.

GOSSIP AND NEWS OF THE WEEK.

A Sign of the Times.—The Sheffield Medical Book Society at their meeting on Saturday, 28th June, unanimously decided to reject the *Provincial Medical and Surgical Journal* from their list of periodicals. This occurring on the eve of the visit of the Provincial Association to this town, is not a little ominous. (Authenticated to us by a respectable medical resident.)

Amos Jowett was admitted a licentiate of Apothecaries' Hall on the 28th of June, 1845.

The following gentlemen were, on the nomination of the Board of Censors, selected last week from the list of Licentiates, and received the honour of the Fellowship of the College of Physicians:—Dr. Jenks, of Brighton, Dr. J. Latham, Dr. Golding Bird, Dr. Bence Jones, Dr. Seth Thomson, Dr. Pereira, Dr. Pittman, and Dr. Patrick Black. Considering the reputation and talents of the gentlemen promoted, the selection does not do the College much honour.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine at University College.

We now come to the diagnosis of intermittent fever. The symptoms are of a marked character, and the accession of the fever occurs towards the evening or towards the morning. The accessions are accompanied by disorder of the urinary organs, as in the cold stage of ague, but there are other symptoms of fever; dryness of the tongue, and thirst; headache, rigors, and pains in the loins, and in some cases there is delirium. These are some of the symptoms of the cold stage. They are followed by the hot stage, in which the patient is oppressed with heat; the pulse is hard and full, and the headache continues. Then comes the sweating stage, in which the perspiration is extremely profuse, and affords the patient considerable relief.

The causes of intermittent fever are various circumstances which weaken the system; poor living, irregularity of diet, mental anxiety, and more particularly cold, but not extreme cold. These may excite the disease where it has previously existed. Many who have suffered from a severe fever, feel something of an accession of ague, whenever the wind blows from the East, or whenever they take cold. The exciting cause of intermittent fever is mainly if not exclusively malarious poison, which arises from stagnant water, marshes, and damp clay soils. It occurs most commonly in the spring and autumn, but often prevails throughout the summer. There are two points to be explained in the nature of intermittent fever:—one is the character of the series of phenomena that occur,—what it is—on what does it depend? the second, the reason why these series of phenomena occur periodically at such stated periods. Cullen supposed that the malarious influence which was the exciting cause of the fever, was at first sedative to the nervous system, accompanied by spasm of the extreme vessels, creating the cold stage, and the re-action caused thereby in the heart and arteries, led to the hot, and subsequently to the sweating stage. The assumption of spasm of the extreme vessels is altogether gratuitous, for there is nothing whatever to cause any such spasm in inflammation or fever. With regard to the second point, Cullen ascribed the periodicity of the fever to the general law of the animal economy, as exhibited in the diurnal returns of sleeping and waking; that is a tendency to the periodical recurrence of the phenomena, and the diurnal returns of the appetite and the secretions. This periodicity is observed to a great extent in many other diseases, and many other fevers. This view has been adopted by other writers without acknowledgment; Broussais and others have applied it to gastro-enteritis, but he does not explain why that disease is peculiarly intermittent, but only adduces other cases in which there are intermittent inflammations, and likewise the fact that inflammation of the enteric mucous membrane is one of an intermittent kind. It is true that we find many diseases to be intermittent, but it is *in* malarious districts that they become so, and under these circumstances a sort of febrile paroxysm is produced. Now if you take into consideration the mode in which these things act, you will arrive at an explanation of the general law of the periodicity of the attacks, as well as of the mode in which they occur. I have mentioned that the earliest effects of malarious poisons are sedative and depressing, injuring the bodily powers, oppressing them, and more particularly affecting the capillary circulation, and the secretions: whether it does so affect the capillary circulation and secretions, by an influence exerted through the nerves, or through the blood itself, by changing its quality, we do not know: this is not made out. But we see that the constant result of the operation of this causes the great changes produced in the capillary system. We find that the essential operation of malarious poisons is to produce great external constriction and great internal congestion. The blood accumulates from some cause or other in the internal organs to a great extent, before the fit actually occurs, sometimes for a series of days without any reactive power, and when the congestion reaches a particular degree, then the re-action occurs, which terminates in the hot stage. But before you come to the cold state, you will see the manner in which malaria will operate, and the manner in which sometimes its bad effects will be thrown off. Sometimes some secretion will take place; diarrhœa will occur, and then lymph is thrown out, and the person does not suffer from ague. So, too, under the slow influence of the poison, the person suffers not from cold, but from some internal disorder, such as hepatic congestion. Sometimes where there is a predisposition to a rheumatic attack, or epilepsy, or asthma, all these are effects created by the malarious poison before the fit is determined. But if it goes on to a greater degree in persons without these predispositions, the cold fit is actually produced; the bodily powers seem momentarily quite oppressed by the influence of the poison, and when internal congestion reaches the greatest degree, re-action begins, and convulsion, affecting the nervous centres. Shivering, which is only a slight convulsion, takes place; the other parts of the excito-motory system are called into action, and vomiting, and more or less difficulty in breathing ensue. As the re-action increases, the circulation becomes more hurried, the blood flowing more and more to the surface, and thus the hot stage is developed, which continues until by exhaustion of the powers the crisis takes place; perspiration, and abundant urinary deposits; free secretion from the alimentary canal; and then the symptoms subside: the morbid matter has ceased for a time to operate, the balance is restored, and the patient, except being weak, is in a state of comparative health. But the morbid poison is still in the system, and begins to operate sooner or later. In proportion as the bodily powers are strong, the longer do they resist the disorder, and the intermission may be more complicated. When the fit does recur, the re-action may be more energetic, and by its energy throw off the poison and its effects for a longer period. On the other hand, if the bodily powers are weak, and there are symptoms of constant disorder, the poison keeps up this disorder, and the patient is continually ill. This is what we find in different inflammatory fevers. Another effect of this continuance of the action of the poison where the patient is weak, or the poison strong, is that there will be not only distinct febrile paroxysms produced, but the structures will be ultimately affected; the congestion continuing in the intervals of the fits, there will be the consequences of those congestions which I have many times pointed out under the various changes of structure. It is under these circumstances that the chronic form of ague takes place, and diseases of the liver and spleen, and various other disorders of the viscera occur. On the other hand, if the disease is of more recent occurrence, instead of hypertrophy, the congestion may lead to the production of inflammation, and in this case the ague is complicated with inflammatory diseases, and it is in this case sub-intrant ague, which is nothing more than the congestions producing ague being re-acted on. This takes place mostly in persons of a sanguine temperament, and in whom irritations or causes of irritation exist; as, for instance, under the influence of cold, the mode of diet, &c. Under these circumstances, the congestions become inflammatory, and gastritis, hepatitis, pneumonia, and so forth, may be the result. There are changes produced by malarious poison, besides paroxysmal changes, and persons in malarious districts, who are accustomed to the operation of the poison, are more liable to attacks of ague, than they are to the continued effects of the poison, internal congestions leading to structural changes of different kinds. There are many affections which may be mentioned, such as rheumatism, neuralgia, gout, headache, asthma, dyspepsia, paralysis, and many other forms of disease which may be excited by the action of malarious poison. A great many of these are connected with internal congestion, and may arise from inflammation, and more particularly from an impaired state of the secretions. Dr. Prout holds the opinion that malarious poisons so far change the chemistry of the body as to produce changes in the texture; but this is merely hypothesis. These effects take place in different ways in different subjects, produced chiefly in parts previously weak, and it is observed that persons who live in a malarious country, and who escape ague, die at an advanced age of the various visceral affections I have before adverted to.

The great indications in the treatment, are, to counteract the sedative influence of the poison; to get it out of the system, and likewise to remove its effects, and any morbid effects arising from reaction. As the strength of the poison varies, and as the amount of the reaction varies in different cases, the treatment must also vary much in different cases. The treatment must be divided into that connected with the paroxysm itself, and that connected with the prevention of its recurrence. With regard to the paroxysm, it may be considered as a struggle between the vital powers of the body and the malarious poison, and the vital powers are therefore to be exalted in the first instance, but afterwards they will require to be moderated. Hence in the cold stage, which is the time when the vital powers are lowest, and beginning to react, the re-action may be promoted by heat and

stimulant diaphoretics; a warm bath with stimulant medicine, and, owing to the predominance of nervous irritation, narcotics are often of use. Narcotics and stimulants together are generally the medicines for ague in the cold stage; a mixture of laudanum and ether—half a drachm of laudanum to a drachm of ether—should be given at the commencement of the cold stage. As soon as the re-action begins, the treatment is to be that called refrigerant, to promote the determination of blood to the surface. Various saline medicines that act on the secretions, and increase the secretions from the skin may be given, combined with antimonial medicines, the operation of which is directly on the arterial system. This is the chief treatment in the hot and sweating stages, together with measures to increase the secretions of the alimentary canal. Where the re-action is accompanied by plethora, it may be useful to draw blood, the more so if there are symptoms of local inflammation. In the sweating stage little need be done further than mild stimulating treatment. It may be necessary to accelerate the occurrence of re-action, by emetics given at the commencement; sometimes a fit of vomiting occurs spontaneously, which appears to have a similar action. Other means have been found likewise to stop the fit or to modify it considerably. The application of ligatures or a tourniquet to the large arteries, has in many instances accelerated the re-action. The pressure should be kept up for two or three minutes. It operates by directing the force of the circulation from the internal parts, and removes the congestions that have already formed, but its great efficacy is in the cold stage when the circulation is most depressed. The same thing has been done by blood-letting in the cold stage, certainly with some relief, but it is very absurd, practically speaking, to produce a temporary advantage at the actual expense of the blood. We know that blood is wanted to sustain the system under the continued effect of the disease. In the intervals, the great object is to remove any remains of congestion or inflammation left by the fits, or by the influence of the poison, and likewise to act on the secretions continually. There are various measures to remove the congestions, and the tendency to that state. Emetics, and active mercurial purgatives are very powerful means of removing internal congestions, and are to be given in proportion to the amount of the congestion. If there is hepatic congestion, it will be necessary to use mercurial purgatives, with leeches or cupping; if pectoral congestion, bordering on inflammation, then it may be necessary to use blood-letting. As soon as the congestion, and tendency to inflammation are removed, the great object is to increase the tone of the vascular system by the use of tonics. The great effect of tonics is to improve the tone of the vascular system, and to prevent the effects which directly arise from the poison. This is the great reason why intermittent fever is so much more tractable than any other. There is a period in which the re-action does not exist, and in which there is in most cases no material complication to interfere with the exhibition of tonics, which may be given most freely. This is not the case with regard to continued fever. Bark and its preparations, and arsenic are the chief medicines to be given in these cases, and they are to be given in as large doses as the stomach can bear, care having been taken previously to remove any considerable congestion existing in the abdomen, and care is necessary in the exhibition of bark and quinine, that there be no complications of fever, and that the fever itself shall have been subdued for the time. They may be given on the termination of the sweating stage in doses of three grains up to a scruple, every three or four hours in the intervals. In gastric affections, where there is no inflammation, the preparations of bark may be given, but they should be combined with mercurial purgatives, otherwise they may prove too stimulating to the alimentary canal. The presence of mere congestion in the liver and other parts, without signs of irritation, is no counter-indication to the use of tonics; and it is remarkable how, where there is no inflammation, it has an influence on the tonic property of the vessels themselves. If the various viscera be not only congested, but there are some signs of inflammatory action present, and the secretions are much involved, then it may be necessary to use measures to increase the secretions by preparations of mercury, and where there is inflammatory action, the less stimulant and anti-periodic medicines may be used; arsenic in doses of six minims increased up to twelve, every four hours, and if there is nausea or griping, tincture of henbane, or tincture of opium may be useful. The sulphate of zinc, or the hydrophosphate of ammonia has been given with some effect. Diseases connected with these congestions are often curable by the antiperiodic treatment, but it is of great consequence in all these cases to see that the secretions are kept free; mercurial medicines are useful for this purpose in intermittent fevers. It is of great consequence to remove the patient from the malarious district, and if this is not done there is less chance of a speedy cure. It is of great importance for persons inhabiting malarious districts to avoid exposure to the wind blowing from the marshes, particularly in the evening and morning. The apartments should be kept warm but well ventilated. Persons should avoid going abroad when they are predisposed to receive the poison, and they should also avoid exposure to malaria on an empty stomach, and they should live well and regularly, and be well clothed. If any deviation from the general health should be observed in persons living in malarious districts, the secretions must be kept free, and quinine may be given.

LECTURES ON DISEASES OF THE HEART.

By D. J. Corrigan, M.D., Physician to the Whitworth, Hardwicke and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

PERICARDITIS.

We come this evening to the consideration of pericarditis, or inflammation of the sero-fibrous membrane investing the heart. We shall first consider its pathology, then its diagnosis, and finally its mode of treatment.

The pericardium is a sac of the sero-fibrous class of tissues investing the heart, its office being to secrete a fluid called liquor pericardii, which lubricates the heart, and allows it to play freely within the pericardium. Pericarditis may exist uncombined with any other disease, or it may be complicated with pneumonia, pleuro-pneumonia, endo-carditis, or valvular disease of the heart. Looking at the pericardium in the dissecting room, you could not imagine that it possesses such power of distension as pathology discovers to us. This membrane is identical in structure with the pleura, and inflammation of it may terminate in any of the ways in which pleuritis does. Thus, we may have in pericarditis, effusion of serum with coagulable lymph thrown out on the surface of the heart and pericardium, or effusion of serum and pus; or lastly, a variety of effusion which has been termed hæmorrhagic: the name clearly explains its nature. When coagulable lymph is effused on the surface of the heart and pericardium, it becomes in some cases organized; fibrous bands shoot across, connecting one with the other, which when ruptured give the heart a peculiar granulated appearance, which from its resemblance to the outside of a pine-apple, has procured for the organ in this state the name of the "pine-apple heart."

In these jars are some preparations illustrating this form of heart disease, but such things soon spoil, being acted upon by the spirit, and eventually are unfit for their primary purpose: that of illustrating the changes produced in parts by disease.

Inflammation of the pericardium may prove *immediately* fatal, or death may ensue within twenty-four or forty-eight hours after its accession, or life may be prolonged under it for a period of six weeks, as happened in the case from which this cast has been taken; or the disease may run on between three and four months, as happened in a case which proved fatal about twelve or fourteen months ago at the Hardwicke Hospital. I mention these facts to disabuse your minds of errors with which they may be imbued, by placing confidence in the assertions laid down in books, where this disease is said to be very quickly fatal. I mention them, that disregarding all ideas of the sort, and throwing aside pre-conceived opinions, which would lead you to believe, that because this disease may have existed for a certain time, your efforts at relieving it must prove futile, you may be led to employ the efforts of art, and perhaps successfully too, for the relief of this disease: a disease which, no matter what books may say to the contrary, I have found from experience to possess as great a claim to the character of chronicity as many other diseases commonly so regarded. I think that a disease wherein we may employ our remedial measures for three or four months, may well be called chronic.

When the termination of inflammation is by the effusion of sero-purulent fluid, or serum, the pericardium sometimes acquires an enormous bulk. Here, in this cast (showing one on the table) you see it rising completely up to the *fourchette* of the sternum, pressing upon, and causing œdoma of, the lung at that side. In the case which I spoke of, as having proved fatal within the last fortnight, the effusion was fully twice as great as in this cast. In other cases which prove fatal, the effusion is sometimes but small in quantity. In cases where the fluid rises high in the chest, bronchial respiration is heard in the portion of lung above its level. It is easy to understand why the fluid in the pericardium, or rather the distended sac itself, should rise high in the chest, as the sac can be distended only in two directions; either directly upward, as in this cast where it has risen as high as the sterno-clavicular articulation, or to the right side, which you perceive also distended in this cast. Downwards it cannot descend, owing to the resistance given it by the tendinous portion of the diaphragm; and it cannot go backward owing to the situation of the heart.

Now for its symptoms and diagnosis: pericarditis may arise from exposure to cold, or from any other of the many causes of common inflammation; and it frequently arises where no cause whatever can be assigned for its origin. It is very frequently produced by over-exertion in young persons—recruits on march, for instance, who, unused to severe walking, attempt to keep pace with veteran soldiers, particularly if to this over-exertion is superadded the depressing effect of hunger. But the form of the disease which has attracted most the attention of physicians, is where it arises during the existence of rheumatism, whether as metastatic, or merely as an accessional item to swell the list of the organs previously implicated.

While on this topic, I may as well here, even at the risk of digressing from the immediate subject of the lecture, make a few observations on some points connected with rheumatism, these also having a bearing on the subject. We may naturally ask ourselves, why in rheumatism affecting the joints (fibro-serous structures equally as the pericardium) we seldom or never find effusion taking place into their cavities, while in pericarditis it is such a general result? I think that the question admits of a very easy answer. We must recollect that in rheumatic inflammation of a joint, we have a specific cause of disease existing; this may also exist in inflammation of the envelope of the heart: but if to this specific cause we also add the common one of inflammation, if while the joint is labouring under specific inflammation, we make the patient take active exercise, what is the consequence? Lymphy inflammation is excited from both causes, and fluid is effused within the joint, or the inflammation may reach to such a height, as to cause ulcerative absorption of the cartilages, and finally of the bones themselves composing the articulation. This state of things exists in the heart; no matter what intensity or form of inflammation may exist upon itself or upon its lining membrane, it must do its work ceaselessly. This of course adds to the existing inflammation, while in cases of rheumatism of the joints, instinct forces the patient to have recourse to the utmost quietude, and consequently we seldom or never find effusion as a sequel of inflammatory action produced within their cavities.

It is a very common opinion, that rheumatic pericarditis never takes place but as a metastatic

disease. This opinion, if you believe it, will be productive of the most prejudicial practical results; nothing can be more erroneous than this idea. The rheumatic inflammation may be disappearing from the extremities, when your patient may be seized with pericarditis, or the rheumatism may attack the joints with the utmost severity, and you may not have it present; but bear in mind, that pericarditis may exist and proceed, *pari passu*, with the most intense form of articular rheumatism.

Pericarditis may be advantageously divided into three stages, every one of them possessing marks peculiar to, and characteristic of, itself; and when called on hereafter to treat the disease, you will find them of very great importance in regard to its treatment. Previously to entering upon the diagnosis of pericarditis, I would wish to call your attention to a very important fact, and as a preface to the remarks I am about to make, I shall take the liberty of using Bichat's beautiful and eloquent language on a similar occasion to his class. "Why," he says, "trust to books for information when the great volume of nature is opened before you? Why trust to copies while you possess the originals? As well might a painter, anxious to arrive at excellence in his art, trust to sorry and imperfect prints of the works of the great masters, when the glorious originals are before him, inviting his attention." In like manner I say to you, why trust to sorry representations of disease, when the originals invite your attention? Why trust to books, to I may say the almost total exclusion of hospital practice? Far better would it be for your own practical information's sake, and for the future welfare of your patients, if the hours which you now devote fruitlessly, though with the best intentions on your part, to the history of diseases as laid down in books, were spent in a hospital, at the bedside of a patient, there delineating from nature, every, the most minute trait in the picture of disease, thereby acquiring an amount of information so extensive and accurate, that years of book-learning could not make you possessed of its equal. I have been led to make these observations by the absurdities which surround the history of disease in works which come into your hands as class-books. Turn to any Cyclopædia of Medicine—Copland's for instance—to the article Pericarditis, and what information does it give you on this head? It tells you that the action of the heart may be frequent or slow, regular, irregular, or laborious, strong or weak, and that the pulse may be hard or soft, regular or irregular, quick or slow, full and bounding, or soft and compressible, strong or weak. In fine, after reading the article in question, you rise from its perusal with your ideas of the disease as much in the dark as ever, while any information about it which you might have previously possessed, is mystified by the incongruous train of symptoms which may attend upon it. Now, to what is this owing? To the following fact, that the majority of works on the practice of medicine are, I shall not say written, but compiled by men who know but very little of the diseases which they pretend to teach the knowledge of to others. We must suppose that they know something, however, of the disease, and even this trifling knowledge though it be, would be of service to the student, if properly communicated; but, the hurry and confusion of publishing a work puts them so much beside themselves, that from such a work the student in vain attempts to glean correct information. A fact, illustrating what I have just now stated, has lately come within my own knowledge. For a medical work, published some time ago (and which, I am sure, is often in your hands,—its name I am not going to mention), two or three persons in this city were applied to, to write the articles on diseases of the heart. Whether it was that pressure of business prevented the gentlemen applied to from doing so, or that the publishers of the work conceived they *could get the job done* at a cheaper rate by others, certain it is, that the persons first applied to never penned the articles in question. In consequence of which they were written by a person who, I am confident, in the whole course of his professional life, never had under his care a single person affected with heart disease; and, I am equally sure, that in his hospital practice he never watched the progress of half a dozen such. Is it to be wondered at then, that from medical compilations the student should glean anything but information concerning diseases, and knowing this, is it at all strange that I should impress upon you the necessity of reading for yourselves from the great book of nature, and throwing systematic books, in a great measure, overboard? To be sure, you must read something, but I think that in the practice of physic and surgery, hospital observation and clinical instruction are the best means of acquiring a knowledge of disease in all its phases.

I shall now proceed to lay before you the symptoms of pericarditis in its different stages, faithfully drawn from observation, commencing with the first stage, which we will suppose to have set in with a person labouring under rheumatism. You go to him in the morning, you find his rheumatism getting better, and that he is, in every respect, much improved; you examine the heart, and you find it natural. Your patient has been taken worse suddenly in the evening, or perhaps in the middle of the night; you are sent for; what appearance does he now present? The countenance puts on an expression of the most intense anxiety, the alæ nasi are dilated, the respiration is hurried, and irregular, as in persons who have suddenly met with a great shock, the lips livid, the skin cool, or cold, and perhaps bedewed with perspiration, the pulse weak, thready, and small, while on examining the heart, you find it beating tumultuously, and irregularly, as if every fibre of it were contracting one upon the other. This state of things may continue for an uncertain period of time, three, six, twelve, or twenty-four hours; if your patient survives for twenty-four hours, he is safe from the first stage. During the continuance of this, it has not unfrequently happened that patients, on making the trifling exertion of getting up in bed, have fallen into a syncope, which has proved immediately fatal, thus giving rise to sudden death, while labouring under acute rheumatism.

Let us examine what it is that takes place here, or if a knowledge of what produces this train of symptoms can have any bearing on the treatment of the disease. Nature, at the onset of this affection, is labouring under the depressing influence of the sudden shock produced on the constitution, by the attack of inflammation in an organ of such vital importance as the heart. All the symptoms which I have detailed as characterising the first stage, are so many evidences that the constitution has suffered a grievous injury. Look to what takes place when a person meets a severe local injury: have we not exactly the same symptoms of shock, differing, it is true, in intensity, on account of the less important character of the part affected? Do we not find this shock take place on the accession of fever, or inflammation of any organ or part? For the rigors which usher in these last affections are still of the same nature as the terrible train of symptoms which ushers in pericarditis. We shall presently find that a knowledge of this fact will prove very advantageous in our treatment. This stage having lasted three, six, twelve, or twenty-four hours, as the case may be, the second stage sets in. The cheeks regain their wonted colour, and, perhaps, become flushed; the pulse becomes, perhaps, full and bounding. In this disease you can place no reliance whatever upon the pulse as an index to guide you in your treatment. The action of the heart is now felt strong and tempestuous; the stage of shock has passed away, and has been succeeded by inflammation. At this period a curious symptom is observed; if you ask the patient where he complains of pain, he immediately refers its seat to the epigastric region. Pressure upwards upon the space under the xiphoid cartilage causes pain. This might lead you to the conclusion, that the disease present might be gastritis, complicated with hepatic inflammation.

In the third stage, when effusion has set in, then percussion becomes useful. It now becomes an object with us to ascertain whether the effusion be large or small in quantity, and what its character may be. Have we any means of ascertaining these points? We have; as also of determining the important point whether the effusion be the result of pleuritis, or whether the dulness of sound over the region affected be the result of pneumonic inflammation. In pericarditis, when the effusion rises high in the chest, as in this instance, the line of demarcation between healthy respiration and dulness of respiratory murmur is not very well marked; it is somewhat indistinct. The reason of this you may know from this cast, in which the fluid contained in the pericardium has insinuated itself under one of the lobes of the right lung, thereby rendering the seat of the fluid not exactly definible by the stethoscope. The thick part of the lobe which overlaps the fluid gives out a clear murmur; this, according as the lobe gets thinner and thinner, towards the edge, gradually becomes more and more faint, until it merges at length into complete loss of respiratory murmur. From pleuritic effusion it may be distinguished by the following character:—suppose the pleuritic effusion to have displaced the heart to the right side: if the patient lie upon his back, in such a case no appreciable change will be produced in the situation of the heart; it still is felt beating in its abnormal situation; while, if the effusion depend upon pericarditis, such a manœuvre, by causing the fluid to gravitate backward, will enable the heart to be heard beating in its usual situation, though somewhat more faintly in sound, owing to the bad conducting power of sound which the fluid surrounding it possesses. In this third stage we have another curious phenomenon; we have bronchial obstruction, in consequence of fluid being poured into the minute bronchial ramifications, by the pressure exerted upon them by the pericarditic effusion; this may even cause pneumonia. In all these cases we find the respiration oppressed, and the countenance all through presents the same expression of anxiety which strongly marks the onset of the disease. From pneumonia it may be distinguished with ease, by the negative characters which it presents: thus, we have not the pneumonic "rale crepitant," nor its peculiar viscid rust coloured expectoration, and also, we want the most generally decisive test of pulmonary inflammation—that which I have laid particular stress upon when lecturing on pneumonia, namely, the peculiar pungent sensation of heat conveyed to the hand of the physician by the skin of the patient.

A symptom exists in pericarditis, called "frottement," which might lead an inexperienced stethoscopist to suppose that he had heard "bruit de soufflet." The two sounds are somewhat similar, but the difference between both having been once pointed out, can never be forgotten. I shall first explain to you how *frottement* is produced in this disease, and afterwards make you acquainted with the distinction between it and "bruit de soufflet." When lymph is effused upon the internal opposing surfaces of the heart and pericardium, so as to render each surface rough, which had been previously smooth, this sound is produced in consequence of the two rough surfaces rubbing against one another at each motion of the heart. In any case when you are in doubt whether the sound you hear be "bruit de soufflet," place the patient leaning forward, so as to throw the fluid effusion to the front and lower part of the pericardium. This position is one frequently adopted by the patient himself, as being productive to him of greater ease than any other. If while in this position you examine the heart, and find the former irregular sound inaudible, you may conclude that it is *frottement* you have heard; place him again in a horizontal position, and it immediately becomes audible: whereas if the sound be "bruit de soufflet," no change of position which you may suggest can at all interfere with its production. It is easy to understand why a change of position should cause or remove the sound of *frottement*. When your patient leans forward, a layer of fluid is thrown between the heart and pericardium, which prevents their attrition, and when he lies on his back, this disappears from the front, and gravitates to the back part of the pericardium, between the fifth and sixth ribs, forming a collection of fluid at each side of the

heart. I have remarked before that pericarditis may co-exist with endo-carditis. This may exist as valvular disease of the heart, or in another form of which I shall have to speak hereafter. Of the co-existence of both diseases, we can have no positive proof, but if we hear "bruit de soufflet" steadily, when the fluid is being absorbed, and the patient advancing toward recovery, under these circumstances we may infer that organic disease of the heart exists. Though we may hear "bruit de soufflet" irregularly during the existence of pericarditis, yet we must not from this alone be led to think that organic disease of the heart exists. We have already seen, that irregular action of the organ will produce the sound in question: this is heard frequently in pericarditis where not the slightest trace of heart disease exists. It was not audible in the last case of mine, neither was it in the case from which this cast was taken.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN,

By J. Bouillaud, D.M.P., M.A.M.,

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Lecture IV.

Meningitis.—Definition.—The denominations of ataxic fever, cerebral fever, and arachnitis have been in turn given to this disease, for which I consider meningitis by far the most appropriate. It sometimes happens, it is true, that the arachnoid alone being affected, it may contain serosity and pus, or offer more or less numerous spots, covered by pseudo-membranes; but these cases are very uncommon, and in most of those hitherto recorded, it is very probable that the phlegmasia was not limited to the serous membrane; besides which, the principal, if not the exclusive, seat of the disease is in the cellular tissue subjacent to the arachnoid, or in the pia mater. As to the dura mater, it participates in the affection only after some length of time, and in consequence of its contiguity, since it is only in chronic cases that it is found to be thickened, degenerated, or covered with cartilaginous or osseous plates and finally, even the bones of the skull may present certain lesions.

Divisions.—Meningitis may be general or partial, and may affect, separately or simultaneously the membranes covering the upper part—those covering the base of the brain, or lining of the ventricles. Dr. Foville has described with particular attention the variety which affects the parietal surface of the meninges; it is, however, very seldom seen independently of the phlegmasia of the other portions of the membranes, and when it does exist it is generally produced by external violence —such as wounds or fractures of the upper part of the skull.

Pathology.—The lesions observed do not differ essentially from those of inflammation in general, presenting only some peculiarities owing to the structure and the functions of the affected tissues. The first or acute stage is characterized by redness, which may be carried all at once to such a degree as to resemble an effusion of blood in the interior or on the surface of the tissues, being, notwithstanding, more considerable under the arachnoid, and in the pia mater. In the generality of cases, these two membranes do not present mere arborescent spots, more or less numerous, but they are turgescent and tumefied. Now, the only symptoms wanting to characterize inflammation as described in a pathological point of view, are heat and pain, but as these are phenomena purely physiological, they cannot be perceived after death. When thus affected, the tissues lose their cohesion, so much so that the pia mater, the arachnoid, the choroid plexus, and the lining of the ventricles are excessively friable, and may be torn with the greatest facility. This is what has been designated under the generic term of ramollissement, and is entirely analogous in its mode of formation to the softening of the brain and of all parenchymatous organs. In this stage the membranes are sometimes covered with granulations; these, however, are met with in chronic meningitis, or in a peculiar form of the affection, which of late has specially occupied the attention of writers on this subject. I mean meningitis tuberculosa.

The surface of the arachnoid and the ventricles are merely lubricated in the normal condition by a serous fluid, but no liquid is accumulated in their cavities, and if any be found at the *post-mortem* examination, it was probably formed during the last struggles of departing life. A secretion ought never to be considered as the product of inflammation, except when the chemical properties of the serosity, or of the secretion are changed. Now in most cases, the cavity of the arachnoid, or that of the ventricles is found to be distended by a considerable quantity of serosity, somewhat less transparent than in the normal condition. This is the real transition from the healthy to the inflammatory state. These active dropsies form a "*protophlogosa*," if such an expression be admissible, out of which the least augmentation in the symptoms is sufficient to form a real phlegmasia.

The symptoms of this "*protophlogosa*" are the same as those of ordinary inflammation, and they differ only by the character of the secretion. Thus in the former the ventricles and the arachnoid are full of a serosity varying, as already stated, but very little from the normal serum; whereas in the latter the liquid is thicker, viscid, opake, generally infiltrated under the arachnoid, or between the layers of the pia mater, where it is found in a semi-concrete form like jelly. The arachnoid and the ventricular membranes seem to be infiltrated, and to owe their thickness, and their puffy condition to this substance, which often fills the ventricles and the cavity of the serous membrane. In the former, the fluid separates into two parts, the one liquid and limpid, the other flocculent, amorphous and pulpy. These remarks suffice to show that there is not a great difference in the mode of formation of the *two degrees* of the same affection, although in considering only the pathological lesions they appear to be so different. In fact, in one, the acute dropsy (*protophlogosa*) remains stationary, furnishing an abundant liquid, whose qualities never change unless the symptoms increase in intensity from the disease being converted into real inflammation; in the other (*phlegmasia*) the serosity is lactescent, generally thick, and readily changed into pseudo-membranes, which in most cases are organised and offer numerous reddish streaks indicating the formation of new vessels.

If the disease, instead—as is most frequent—of terminating fatally with rapidity, is prolonged from three to six weeks, the pseudo-membranes being perfectly organised, and forming a part, as it were, of the arachnoid, the inflammatory symptoms decrease in intensity, the fluid secreted is not so turbid, is thinner, more limpid, and more abundant, and presents the characters of the former; finally, hypertrophy succeeds the inflammation. Dr. Foville, in an article on meningitis, has described cases in which the false membrane lined the entire cavity of the arachnoid, so as to form, as it were, a new cavity, and I myself last year had an opportunity of studying a very remarkable case of this description. May it not be admitted that with the exception of the false membranes, many cases of hydrocephalus have no other origin than that just mentioned: for often very milky layers may be observed adherent to the internal surface of the serous membranes, as after dropsy. The disease, however, is not always limited to these lesions, as suppuration may succeed to the injection, thickening of the membranes and secretion which is produced in the first stage: in some instances I have found healthy phlegmonous pus covering the pia mater, and sometimes the internal surface of the cavity of the arachnoid, or of the ventricles; it is likewise frequently seen under the arachnoid between the layers of the pia mater. The spot it occupies may be ascertained by pressing lightly on the serous membrane, as it is thus made to change its position.

Besides the anatomical lesions just described, granulations often more or less organised, and real tubercles, may be observed, situated on the surface of the arachnoid, or in the interior of the pia mater; it must, however, be remembered that it is not in every case that they exist, but chiefly, and perhaps exclusively in persons of a lymphatic constitution, who are also frequently affected with tubercular peritonitis, pericarditis, or pleuritis. I do not coincide in opinion with the authors who consider that the tubercles precede, and are the cause of meningitis; on the contrary, I think that they are always preceded by the inflammation, and that if once developed, if the phlegmasia yields to nature or to an appropriate treatment, they may remain for years without producing any lesion, in the same way as the granulations consecutive to an intense and neglected endocarditis. Now what is the nature of these tubercles, or granulations, which it must be confessed have been studied too superficially, and which most authors attribute, without being able to explain why, to a peculiar affection, one *sui generis*, whose real cause they will not admit? This is one of the most vast and most important questions, with respect to pathogeny, that can be examined, since it tends to explain not only the nature of tubercles of the meninges, but likewise tubercles in general. I do not hesitate to assert in the most positive manner that those who consider tubercles to be of a peculiar nature, and who refuse to admit that there is any relation between inflammation and these productions, and are shocked at my opinion, are in error; as I think what I state to be effectually proved, nay more, that all who will take the trouble to study the disease with attention, will be of the same opinion. I therefore announce as an established fact—1° That inflammation, and inflammation alone, is the efficient cause of tubercular deposit. 2° That this inflammation has its seat in the lymphatic system, determining there the secretion of matter, *sui generis*, which constitutes the tubercular affection. This assertion is supported by the generally recognised and admitted fact, that tubercles chiefly affect individuals of a lymphatic constitution. It may, however, be argued that tubercles are developed idiopathically, and in a primitive manner, and in proof thereof the transmission of the tubercular disposition, from parent to child, as an hereditary legacy may be urged; to this I will reply, without the fear of being proved to be in error by accurate observers, that tubercles are never transmitted, but the temperament which renders the individual apt to contract the tubercular affection—the predisposing cause—that is to say the lymphatic constitution—is constantly transmitted; for it is well known how few exceptions there are relative to the hereditary transmission of a temperament. The same remarks are applicable to inflammatory diseases, and the various organic diseases which may follow them. These affections are the upanage of the sanguineous temperament, and certainly no one would dare assert that pneumonia, for instance, is hereditary, it being only the constitution which predisposes to it that can be transmitted. But before practitioners were acquainted so accurately as at the present day with the relation which exists between chronic organic diseases and the acute inflamation which preceded them—before it was known that these chronic organic diseases, as well as the anatomical lesions which characterize them, are the same, somewhat changed and organised as those of the previous acute inflammation;—before this period what was the opinion entertained relative to these very lesions; or, to speak only of those of one organ, the heart, what was said as to the cause of its disorders? Aneurism was considered as one of the would-be hereditary affections, as tubercles are at the present day. However, hereditary transmission was not supposed to be the only cause capable of producing aneurism; other accidental ones were, perhaps, necessarily admitted; now it is the same with respect to tubercles, for those who think that they are hereditary are obliged to confess that, in certain cases, this mysterious germ developes itself spontaneously and accidentally, without their being able to say why or under what influence, except that in the majority of cases the individual is of a lymphatic temperament. Thus, this constitution, more or less developed, creates a greater or less predispo-

sition to contract the affection, so that, unfortunately, too often an individual may be attacked by a tubercular disease without any other member of his family having suffered from it. This, in my opinion, is the fundamental, and perhaps the only predisposing cause of tubercles.

ON THE SUPPOSED ADVANTAGES OF A KNOWLEDGE OF ANATOMY TO THE ARTIST.

By Dr. Knox, F.R.S.E., F.R.C.S.E.,

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(Continued from page 208.)

III.—Sir Charles Bell.

When comparatively a young anatomist, but even then an artist of excellent taste, high aspirations, and the utmost delicacy of feeling, Sir Charles Bell published the first edition of his very beautiful work "The Anatomy and Philosophy of Expression, as connected with the Fine Arts." The second edition appeared as a posthumous work; it was revised and to a certain extent remodelled by its excellent author very shortly before his sudden death. Of this work it cannot be said that it offered any new views, promulgated any bold theory, or added any new and substantial proofs to the existing theories held respecting high and ancient art; or placed the importance of anatomy to the artist in any stronger light than what had been already done repeatedly by previous writers. Sir Charles had no new views on these subjects which I can discover; there is a vagueness, moreover, a wandering from the point, in his discourses an indirectness in his manner of stating what he thinks, which it must, I think, be conceded by all who attentively peruse his beautiful volume, irresistibly forces on the conviction of the reader the belief, that Sir Charles Bell had no clear idea of "the Theory of the Antique Statue;" that "he had wandered in search of truth, and had missed his way." However this may be, he maintained the extreme importance of a knowledge of anatomy to the artist; this point I shall examine here. As an artist and an anatomist in a certain sense, Sir Charles is entitled to a double share of our consideration. Sir Charles thought, and has expressed the opinion, that "Institutions, much more than climate, influence the faculties of man." The opposite was the theory of Hippocrates, and is a very ancient and much disputed dogma; it was discussed in its utmost latitude by Hippocrates, who assigned a share of influence to each, a greater share probably than either merits. Institutions are to a certain extent merely formed by races of men; those formed by despots never last long, unless they happen to govern men who are naturally slaves. The Anglo-Saxon of the United States shook off with the very earliest opportunity the military despotism which Britain attempted to exercise over his country, as she does over all her colonies: the blood of the race showed itself at once—had it been a Russian Colony, its dismemberment would never by any chance have happened. Climate influences man but little, and institutions not at all; they are the mere result of his own mind; they are effects, not causes. The idea that "the ruin of the Greeks might be owing to the conformation of the brain," Sir Charles calls ridiculous, and yet it is extremely difficult to see to what else it could be ascribed. He further adds, "the Greeks were not extirpated by the Roman conquests; the skulls of a people do not change." But it would not be difficult to show that the modern Greeks differ widely from the ancient Greeks, the men of Thermopylæ and Marathon; these have been extirpated, no doubt, not by the Romans, but by mere physiological causes. The cozening, cowardly, lying Greek of modern times is the Asiatic Greek, not the European. Look at the busts of the ancient Greeks which have come down to modern times, and say if in modern Greece you find these forms and faces? No one has ventured to say so. Where do you find in any of these ancient busts, of Hippocrates, for example, of Pericles, of Thucydides, of Aristotle, the convex physiognomy, half Jew, half Coptic, of the modern Greek, the projecting eye, the full heavy Egyptian lip, the semilunar forehead and face, the arched nose and full nostrils, beautiful in youth but sadly altered in age? Never. The ancient Greeks have most unquestionably disappeared: it matters not whether by the Roman conquests or otherwise. In a few centuries the Celtic race may in our Scottish highlands be entirely displaced and disappear, slinking away before the heavy, lumbering, but laborious and steady Saxon; then may some future Sir Charles say, how is this? The Celts were never exterminated by the British? See how institutions have changed their nature; from being warlike, sudden, and pugnacious, on the point of honour, and reckless, they have become cautious, slow of movement, persevering, accumulative! Sir Charles says that "the skulls of a people never change"; then they must have been constructed differently at first, a reflection on which Sir Charles does not venture, for it is admitted that different races of men have differently formed crania; and if the crania of nations (Sir Charles means races, of course), "do not change," then they must have *originally differed*—but Sir Charles does not venture to say so; indeed, the remarkable distinctions in races Sir Charles always shuns discussing. He fancied that "the Celtic Gaul of the Romans is now diminished to the remnant living in the mountainous districts of the extreme west of Europe." It is almost inconceivable that Sir Charles could have visited Central France, and more especially the districts of the Rhone, and failed to observe that the inhabitants are perfectly identical with the present inhabitants of northern Scotland and Wales. The Romans found the Celt on the Rhone and in Paris, and still in all his original character he occupies the same *locale*, unaltered, and unalterable by human contrivances; that is, human laws, institutions, and government. Annually, this inhabitant of Celtic Gaul becomes more and more, instead of less and less Celtic; now invading Africa, or threatening the Rhine and frontier; blustering at Ancona and Tahiti, and ready and willing to fight with any nation, savage or civilized.

But to return from a digression, caused by the discursive nature of "the Essays or Discourses" of Sir Charles, I shall endeavour, although it is by no means an easy task, to ascertain, 1st, what really were Sir Charles's ideas as to the nature of high art, and the essential character of Grecian or Antique beauty, and of beauty as it exists in nature—a distinction which has long been made, but with which I do not agree? 2d, What were his ideas as to the importance of a knowledge of anatomy to the artist? Much has been written, observes Sir Charles in his Essay IV., concerning "the ideal in art;" here is Cicognana's definition, as quoted by Sir Charles: "The ideal in art is nothing more than the imitation of an object as it ought to be in perfect nature, divested of the errors or distortions which secondary causes produce." He takes for granted that man, like everything else, has degenerated from the original design of nature, and that we ought to present his form as when he rose a newly created being, before misery, famine, cold, or excess of heat, had influence upon his frame. Perfect forms are no longer to be found in nature, but the Venus and Apollo, the Athletæ and the Hercules of ancient sculptors; these are perfect, recomposed into a beautiful whole. This theory of Cicognana, seemingly favoured by Sir Charles, does not merit a serious refutation. It is sufficient to observe that it is wholly hypothetical, and without a shadow of truth. To suppose men degenerated is an indirect attack on civilization and its presumed benefits; these, indeed, may not be many, still civilization has benefited a few: these few have not suffered—perfect forms should therefore be frequently found. And so they are, though Cicognana denies this; the term, recomposed, here used by the ingenious Italian betrays the old theory of Pliny and of others who preceded him; the recomposing or composing perfect figures formed of the perfect or finer portions of others. I have already endeavoured to show this theory to be untenable—besides, it is quite absurd to talk of "the beauty of the Farnese Hercules": this is an obvious abuse of language; the term Beauty can only be applied to the female form, and to the stages of youth, male and female, which represent her form: or, which comes to the same thing, those juvenile forms which the beautiful and perfect woman retains until that period when years seize on the frame, disfigure and distort it: producing a hideous obesity concealing all form, or betraying the skeleton—the presence of the still more dreaded skeleton and naked sinews—the frightful suggestive emblems of mortality and dissolution; dissolution, the end of all—dissolution, from which the mind, even the perfectly uninformed mind revolts, by an instinct in the formation of which reason takes no part. "No living head ever had the facial angle of the Jupiter, the Apollo, the Mercury, or the Venus."* This hasty assertion may easily be refuted by observing hundreds daily in the streets, whose profile is equal in all respects to the Venus, the Mercury, or the Apollo. The head of the Jupiter is ideal. A very prevalent idea (also adverted to by Sir Charles) is, "that there is in the face a character of nobleness observable, depending on the development of certain organs which indicate the prevalence of the higher qualities allied to thought, and therefore human; now this is merely a remnant of the old doctrine of association of ideas—that is, if it really mean anything more than this, (which I much doubt) namely, that the human species sees human qualities, be they noble or not is of no moment, in human faces only, and not in that of any other animal; man looks at man as one animal does at another; his feelings are towards his own species only. Now, in respect to knowledge of anatomy as essential to the artist,—to the good artist, Sir Charles thinks that such knowledge must not only be important to him, but essential. I have looked in vain for the arguments on which this opinion is based—anatomy, he thinks, may prove a remedy for tameness and mediocrity among artists; genius, inherent genius, is the only remedy for tameness and mediocrity—this is my opinion. Artists surely may draw what they see: let them attend to "the visible;" it alone charms. Leave the invisible to science; will the artist acquire vigour by caricaturing the human form or face? Will he improve the hand by letting the skeleton appear through the skin-clothed instrument? If anatomy were really essential to the artist, the comparative anatomical studies of the Landseers must have exceeded those of Baron Cuvier. Does any one believe that Paul Potter dissected a bull, before he painted that inimitable "Bull" of the Hagen collection? or Cooper? or Cuyp? or Rubens, who painted lions, but never dissected any? Neither ancient Greek nor ancient Roman artist knew anything of anatomy: this is an unquestioned fact, which admits of no kind of doubt.

Whilst a knowledge of anatomy must be, and of course is, useful to every human being, its profound study might wholly unfit the artist from representing nature "as she is;"—he would thus depart from the first principles of his art, the object of which is and always must be, to place before the cultivated minds "the beautiful in female form;" "the noble and dignified in man," as distinct from woman; the picturesque and grand in nature associated with an inherent feeling of awe and wonder; the grotesque and the amusing, addressed to the associations flowing from habits of education and external circumstances foreign to, but engrafted on our natures. Such must, I think, have been the opinions of those vested with the privilege of nominating to lectureship, on Pictorial Anatomy in artistic associations or academies. Sir Charles Bell was directly refused the lectureship of the London Academy; he was indirectly, (I may almost say directly), refused that of Edinburgh. *Anatomists* of every shade of reputation were refused these appointments; the patrons selecting as the person best qualified to infuse a taste for "high art" into the rising generation of artists, two general practitioners in the arts of physic and surgery.†

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* Bell.

† It is deeply to be regretted that Sir Charles consented to the destruction of about thirty small volumes of MS. notes, written by his brother, Mr.

In conclusion, it may, I think, be justly remarked, that the work of Sir Charles Bell contains no strict analysis of the theory and beauty in the Antique marbles: and that he himself had no other view but what was founded on the old doctrine of the "association of ideas," to which he occasionally adds the still older ideas of "adaptation and design." In early life both brothers, John and Charles, commenced drawing the human figure dissected; taught to believe that in this way they might best acquire a knowledge of design; an ancient prejudice, an ancient error: from which the stronger mind of the elder brother John immediately emancipated itself (though at the age of 70,) the instant he contemplated the ancient statues of Greece now collected in modern Italy—the younger brother, Sir Charles followed, but could not, or would not, set his mind free from the trammels imposed by authority on his early youth.

John Bell, during his tour in Italy. Melancholy thoughts arise in the mind on reading such statements; here was one brother destroying the MSS. of another, the general scope of which, it is now evident to me, he did not understand.

AN ESSAY ON THE VARIOUS FORMS OF ASPHYXIA, OR SUSPENSION OF SOME OF THE PRINCIPAL POWERS OF ANIMAL LIFE, WITH GENERAL RULES FOR RESUSCITATION.

By Dr. Chas. Clay, Piccadilly, Manchester.

(Continued from page 271.)

Having made these general observations, I shall now proceed to the consideration of those circumstances generally regarded as tests of death, respecting which I have already stated that *no one* or *two* can be relied on, with the exception of putrefaction. To be of value, most of them must agree with each other; then correct conclusions may be arrived at.

The first circumstance I shall notice is the

SUSPENSION OF RESPIRATION.

Cessation of the respiratory powers, is an important item in distinguishing real from apparent death, and particularly when pulsation cannot be detected; of itself, however, it is more to be depended on than the apparent want of circulation, as its absence cannot possibly be continued for many minutes together without death occurring; and when it has really ceased for any time beyond a few minutes, there is no possibility of restoring the powers of life; on the contrary, provided there is respiration, *however feeble it may be*, though pulsation has apparently been absent for a considerable time, restoration may be effected, so true it is that

"Life is in the breath."

However feeble the powers of respiration may be, it is imperatively necessary to know that it *really exists*; when there has been great prostration of strength previously, considerable difficulties present themselves to a general observer, however, distinct the proofs may appear to those who are accustomed to such inquiries. The first duty, therefore, is to lay bare the chest and narrowly watch the surface, both in front view and in profile, when, if respiration really exists, it must necessarily produce the elevation and depression consequent on the enlargement and diminution of its internal capacity, produced by respiration. In this movement the ribs are slightly elevated, and the breast-bone pushed forward. The application of a mirror to the mouth as expressed in the beautiful quotation at the head of this chapter from the inimitable Shakespeare, is a test of no value, for if the mirror be warmer than the expired breath, the latter cannot possibly be condensed upon it, and the perspiration from the hand of the person holding it may affect its surface, so as to lead to a wrong conclusion. The mirror test has also been applied to persons in common syncope, without sullying its surface. Expiration through the nose with the mouth shut is much less liable to affect a mirror than when expired through the mouth. It has been a common practice with the vulgar to place a vessel of water on the chest, by the movements of which respiration is ascertained: it is certain the movements of the water might be sooner detected by a common observer than motions of the chest itself; but it must be borne in mind, that to put any weight on the chest, however trifling, whilst respiration is carried on *so very feebly, would be to extinguish it altogether*; instead of adding any weight, it is better to remove every encumbrance from the chest, to allow of free expansion and contraction. Equally unsafe is the test of feathers, light down, &c. placed on the mouth and nostrils. Prince Henry had reason to repent his precipitancy, by his depending on the want of motion in the feather placed at the mouth of his father. It is scarcely possible to place a body where respiration can be carried on, without slight disturbances existing in the surrounding atmosphere sufficient to produce motion in bodies so light, without respiration being present at all, and thus lead to wrong conclusions. Dullness or opacity in the eyes has also been spoken of with confidence as a test, but when it is known to be formed in cases for many hours before death, and that persons often recover after its formation, as also, that some persons' eyes have a peculiarly opake appearance without any serious disease existing to affect life; and, lastly, it must be recollected that, in many cases, even after death, this opacity does not appear at all, but on the contrary, the eyes are brighter and the power of contracting the pupil is retained for a time, as in cases of poisoning by hydrocyanic acid; a circumstance to be accounted for, by the suddenness of the death of an individual, perhaps in the prime of life, enabling the body to retain the power of organic sensibility for a longer time after death. Opacity of the eyes, therefore, is not to be received with too much confidence.

Coldness, and want of pulse, are also fallacious when taken by themselves; this is exemplified by the state of collapse in cholera asphyxia, in which the pulse is often not to be detected, and the coldness is almost equal to that of ice, and yet, from this state many have recovered.

Drowned persons are particularly cold, and pulseless, yet many are resuscitated. On the contrary, warmth is not altogether indicative of life, for in many cases of sudden death, viz., from apoplexy, the body is unusually warm for many hours after death, and instances have been related of sensible warmth being detected after two and three days. Paleness and lividity though often indicative of death, may yet be seen during life, as in the case of cholera asphyxia, where the fingers are bluely livid to an extreme, and the face, if not livid and blue, is ghastly pale. Rigidity is a valuable test, and can be relied on with much greater certainty than any other, with the exception of putrefaction; yet it may be mistaken for, and confounded with rigidity from other causes than death. In syncope and catalepsy there is rigidity, but it is not the cold rigidity attending death; on the contrary, it is accompanied by warmth. Rigidity arising from death is not immediate, but comes on gradually, whereas from disease it arises with the disease. In convulsive affections, where the rigid limb is altered in position, it will have a tendency, and often will resume its former state, whilst the rigid dead limb remains where it is placed. The only rigidity liable to be mistaken for death, is that of persons frozen; but there are differences which at once distinguish it, and which a practical observer may easily discover. A frozen person is rigid all over the body—the surface feels hard and stiff as a board, and the fatty matter of the breasts is equally hard; very forcible pressure on the skin with the tip of the finger leaves a hole which is long in filling up again. When the limbs are moved, a sort of crackling noise is heard, as though from small particles of ice in the fleshy substance of the limb. In the rigidity of death from other causes it is chiefly confined to the limbs. The breasts and belly retain a considerable degree of softness, and no crackling noise is heard when the limbs are altered in position. Indeed, few can mistake the cold clammy, dank feeling and rigidity attendant on death. When the above statements are duly considered, it will be acknowledged the only certain signs that a person is really dead, are the absence of respiration, and putrefaction. This brings us to the consideration of the nature of putrifaction itself. It is evident we can form no conclusions respecting putrefaction as to time; as has been already shewn the commencement of this process varies by many days according to the circumstances existing at, or previously to, death. What then are the signs by which putrefaction may be known? The following are the general circumstances attendant on this process in the order in which they occur. The body becomes softer and of a darker colour, there is greater degree of moisture, offensive odours are exhaled, which, after a time, have an ammoniacal smell; various parts appear dissolving, and rapidly changing in colour, becoming soft and gelatinous. There cannot remain a doubt of death under such appearances as these. From the various historical facts quoted, it is quite evident the length of time required to produce these changes is uncertain, depending much on the condition of the body as to disease or general health, age, and the manner of death. If we take a person in the prime of life, in full health, and dying very suddenly, the changes would occur generally at the times here stated, but they are not to be implicitly relied on. Chemical decomposition usually commences about the fourth or fifth day, when the skin on the palms of the hands and the balls of the thumbs begins to whiten. From the sixth to the eighth day, the backs of the hands and the soles of the feet whiten, and the face becomes softer and of a faded white. About the fifteenth day the face swells, and is reddish; a green patch is observed in the hollow pit, at the point of the breast bone; the inside of the hands and feet are quite white and wrinkled; the surface of the chest reddish. From the twenty-sixth day the face becomes darker, eyelids and lips swollen, neck green, and a dark spot as large as the hand, edged with green, on the centre of the chest; genitals distended with gas; hands and feet have the appearance of being parboiled; lungs distending the chest. About the fortieth day the skin detaches itself, and first at the connection of the hand with the wrist. At two months' end the body is covered with slime; face brown and enormously swelled; lips swollen and separated; teeth exposed. The most natural parts of the body at this time are the skin of the abdomen arms, and legs. Though I have given these signs of putrefaction, it will be only just to remark, that the duties connected with this work will have ceased long before these appearances are seen, indeed, it is only with the earliest premonitory symptoms of putrefaction, such as are analogous to appearances on the living body under certain circumstances, that the question of real or apparent death has any thing to do, for on the slightest indications of this revolting process all hopes of life are at an end. Hippocrates states, that real death is known by the face as follows; forehead wrinkled and dry, eye sunken, nose pointed and bordered with violet coloured or black circle, temples hollow, ears sticking up, lips fallen, cheeks sunken, chin wrinkled and hard, skin of a leaden tinge, hairs of the nose and eye lashes sprinkled with dust. These signs however are of no value taken separately since many of them are observed twenty four, or even forty eight hours *before death*, and many of them also are not observed in real death when it has been sudden. It is also necessary to remark that retention of life is less remarkable in man, than in the inferior orders of the animal kingdom, although the extraordinary cases adduced in the early part of this chapter would seem to furnish arguments to the contrary. It is, however, evident from all well ascertained facts, that the lower we descend in the scale of creation, the more remarkable is the power of retaining life under peculiar circumstances—or, in other words, those animals which appear to have the least development of animation whilst in their usual state of existence, present to us the greatest difficulties in the ascertainment of real from apparent death. For instance, one of the *rotifera*

(wheel animalcule) has been known to be from three to four years in the form of a shrivelled dead point, which may be broken in pieces with the point of a needle like a crystal of saline matter, and yet a drop of water will restore it to life and vigour. The preservation of life by hybernating animals, after lying for months in a state of torpor closely resembling death, is too well known to require further comment.

Having made these general observations, which are necessary to be advanced by way of caution against premature interment, and encouragement to those employed in the humane act of resuscitation, *not to withhold their exertions* in cases almost hopeless, whilst the slightest evidence remains to cast a doubt, as to whether the case be one of real death, a few concluding observations as to what must, and what must not, be done, will finish this, in my opinion, important chapter. More minute directions will be found under the head of each particular case of asphyxia as I proceed: the following brief remarks, therefore, will be of a general nature. In ascertaining whether life is extinct or not, we must first test the respiratory organs, by exposing the chest, allowing it space and freedom to dilate and contract, and removing from it every encumbrance or weight in the shape of clothing or otherwise; apply the ear or a stethoscope to various parts of the surface by which the action of the lungs in breathing, and the motions of the heart may be detected, if they exist, though carried on in the feeblest manner; narrowly watch the chest to ascertain its movements; feel for the pulse at the wrists, ankles, temples, but particularly by applying the ear over the region of the heart. As corroborative proofs, though of themselves valueless, I would add, test the mouth and nostrils with light bodies, as down, feathers, &c. It must be recollected in testing the circulation, that the pulse being absent is not to be received as conclusive, as in cases of cholera it is often absent from the limbs, though life is known to be present. The eyes must be examined as to their dulness and opacity (corroborative only), and whether the pupils will contract at the approach of a strong light, still bearing in mind that in real death from poisoning with prussic acid, the pupils of the eyes have been known to contract for some time after death at the approach of a strong light.

The temperature of the body must be noticed, taking care not to be deceived by the livid coldness of asphyxial cholera, or the warmth after death from apoplexy.

Paleness and lividity must be attended to, with the precaution of bearing in mind the ghastly paleness and blue lividity of the asphyxial cholera.

Rigidity must be particularly attended to, and great care taken, lest it be confounded with that of frozen persons, or that from convulsive diseases, when the limb restores itself to its former position; after forcible alteration apparent death only is to be suspected. The general stiffness of the body when frozen, its hard unyielding feel, and the crackling noise when moved, is very different from the common appearances of death. The rigidity of death comes on slowly, is confined chiefly to the limbs, has a peculiar cold dank feel; many parts of the body remain soft till it is beyond dispute dead. The surface of the body when pressed with the tip of the finger, pits, but fills up again slowly, though much more quickly than when frozen. The limbs lie in whatever position they are placed. If, after careful examination of these particulars, there is any doubt, let no persuasion induce you to consent that the body shall be interred, until signs of putrefaction are manifest, on which I have before treated at some length, when all doubt must cease, and when it may be truly said:

"So man lieth down, and riseth not till the heavens be no more; they shall not awake, nor be raised out of their sleep."

From what has been already said, it will be easily conceived what must not be done.

1. You are not to allow crowding anxiously round the body, destroying the small chance of respiring wholesome air. 2. You are not to put the body in an apartment where there is little or no free circulation of air. 3. The chest must be freed from all encumbrances, and nothing added by way of tests, such as the absurd custom of placing vessels of water to ascertain its movements, the very weight of which would, in all probability, destroy the small remains of respiration at a time when if it is carried on at all, *it must be with extreme feebleness.* 4. You are not to waste too much time in testing, but come to your conclusions as rapidly, and with as much certainty as the circumstances of the case will admit of, in order that if any remnants of mortality remain, they may be fostered by speedy means, properly applied, for their restoration according to the nature of the case. 5. Confidence is not to be placed individually on any one or two tests (with the exception of putrefaction); they must all, or nearly all agree with each other, before interment is consented to. And, lastly, let the exertions for resuscitating be rather over than under done; let them be continued rather too long, than fall short, it being a painful reflection to suppose *a few minutes more* might have accomplished the restoration of life: and as the difference of exertion for a few minutes extra, is trifling, and the reward (if successful) beyond all calculation, the best motto then is to persevere *a little beyond the last hope.* I feel the importance of these observations in their full force, and cannot but imagine, if carefully *acted up to*, the rare occurrence of live interment would be still more rare, if ever it could really happen.

My next subject will be the general Cause of Death, Artificial Respiration in Adults, New-born Infants, Syncope, &c. &c.

EXTRA UTERINE FOETATION.

Dr. Joseph Edmundson, of Carrick-on-Suir, has sent us the following case:—On Tuesday evening last, at ten o'clock, I was requested to visit a poor woman, named Kuvan, who had been in labour since four o'clock on Sunday morning (sixty-six hours).

She stated to me that this was her fifth pregnancy, that the full term of gestation had expired, but that she never had experienced such severe labour in any of her former confinements. Her countenance was expressive of great anxiety; extremities cold; tongue white and dry; pulse 130; very weak; abdominal tenderness, and great prostration of strength; no discharge of liquor amnii; vagina cool and moist; os uteri dilated to about the size of a crown piece. I thought I felt a head presentation; not having passed any water for several hours, I introduced the catheter, and drew off about ℥xij. of turbid fœtid urine.

I then left her, having directed her to use some stimulants, and to have heated bricks immediately applied to the feet.

Two o'clock.—Pulse 125; somewhat stronger; abdominal tenderness increased, particularly at the left side; os uteri in the same state; but I could not detect any presentation; slight hæmorrhage, about ℥iij. of blood, or perhaps a little more. On inquiry I was told that she had had one short violent pain, and that the uterus had not acted since; that the pain was succeeded by vomiting. I now looked upon it as a case of ruptured uterus; the prostration of strength was such that I did not feel myself justified in attempting to turn; I administered a small dose of tinct. opii and spt. ammon. aromat. to check the vomiting, and ordered the stimulants to be continued.

I visited her every two hours, until one o'clock, p m. Wednesday; the pulse was then a little firmer, but no other change had taken place; I determined to give her a chance, and make an attempt at turning the child. There had been no return of hæmorrhage; the vagina rather hot, but still moist and dilatable. Without much difficulty I introduced my fingers and thumb (as far as the metacarpus) into the uterus, but could not succeed further; the uterus was acting powerfully, notwithstanding my having given a dose of tinct. opii previously to, and having repeated it whilst attempting to turn. I was obliged to withdraw my hand, and desist from any further attempts; she sank rapidly, and died at half-past six o'clock the same evening.

I was requested at nine o'clock (two and a half hours after death) to remove the child, for the purpose of having it buried separately.

Having made an oblique incision in the left side of the abdomen, I discovered an extra-uterine fœtation. A fine full-grown female child was lying on the left side, between the intestines and the peritoneal lining of the abdominal parietes, the head being placed in the left iliac region. The infant was perfectly formed, and of the usual size, having lived to the full period. It had not undergone the slightest degree of decomposition, but the face was swollen and greatly contused.

The left Fallopian tube was ruptured to the extent of about two and a half inches; the uterus was greatly hypertrophied, being about the size of a fœtal head of the sixth month; the cavity in the uterus was about four inches long, and contained some clotted blood; the placenta appeared to be about the usual size.

From the time I had seen her, I could not detect any stethoscopic signs of fœtal life, and the mother told me that Monday was the last time she was sensible of the existence of the child.

DR. KNOX ON THE NOSTRILS OF THE HORSE.

Dr. Knox, in an elaborate paper on the Nostrils of the Horse, published in the *Veterinary Record*, describes a structure which he first observed in the great Northern whale, and which has an analogue in man. Having commenced by discriminating between the external opening of the nares, and the cavity which he calls the *vestibule*, Dr. Knox proceeds as follows:—"Now, from this vestibule towards the back and upper part there lead *two orifices* in the horse, both of which are indistinct during expiration or the collapsed state of the parts; nay, perhaps, are even closed hermetically, under some circumstances (as when the head is placed entirely under water); these orifices are, first, a superior one leading to 'the cavity of the false nostrils,' and a second opening differently shaped, and more like an enlarged slit, or wide fissure, leading into 'the cavity of the true nostrils,' this being the name I gave to the remaining part of the tube. This 'cavity of the true nostrils,' then, has two openings, one leading into it, the other out of it; one anteriorly into the 'cavity of the vestibule,' the other posteriorly into the pharynx. Attentive observation shews, that the two openings I have just spoken of, as leading from the vestibule backwards, are, to a certain extent separated from each other by a remarkable prolongation of what has usually been called integument, running apparently from near the edge of the external orifice to the inferior turbinated bone; that is, quite across the vestibule. When the *vestibule* is fully dilated, this singular fold is seen to rise up, and by so doing it renders much more apparent the inferior orifice leading into the cavity of the true nostrils; but in the collapsed state, this prolongation sinks down, and the orifice, that is the anterior opening of the true nostrils I speak of, is no longer visible. It is easy to see, that the orifice by which the false nostril communicates with the vestibule is bounded by, and the lower and inner wall of the cavity itself is partly formed by, the fibrous and elastic prolongation already alluded to, which, on being traced, leads to the anterior extremity of the lower turbinated bone to which it is attached. Even without dissection it may be ascertained to be a fold of mucous membrane rolled on itself, and containing evidently two structures,—a true cartilage, also turbinated or rolled on itself, posteriorly; anteriorly, a fibrous cord, also elastic. Into this spur-like cartilage and prolongation there is inserted a powerful, though short, semicircular muscle (the nasalis brevis of veterinarians), attached by its other extremity to the maxillary and intermaxillary bones. The action of this muscle is to withdraw the spur-shaped cartilage and its prolongation from the position it usually occupies, filling up nearly the slit-shaped opening leading from the vestibule into the true nostrils, by pulling it upwards and outwards upon the edge of the anterior maxillary bone; in this it is greatly aided by the other muscles acting as

dilators of the nostrils, or, to speak more precisely, *dilators of the vestibule*, whose influence, however, is chiefly exerted on the cartilaginous alæ. Whenever I ceased pulling on the muscle, the spur-shaped cartilage with its prolongation returned into its place, shutting up more or less completely the anterior opening of the true nostrils, or that leading into the vestibule. It must be particularly kept in view, that the fibrous prolongation of the spur-shaped cartilage is by its anterior extremity attached to the great alar cartilage, whose slightest motion therefore affects it."

Dr. Knox now divided the head vertically, and removed the septum narium with the left nostril, so as to obtain a view of the interior of the right nostril. "Looking at the right cavity from its inner side in the way I now speak of, it was evident that, whilst undisturbed or in the collapsed state, the spur-shaped cartilage closed in the extremity of the lower meatus of the nostrils; but when raised up by its appropriate muscle, it left this meatus free, shutting in the anterior part of the meatus above it. This curious play was admirable and striking. As covered by mucous membrane undisturbed, it looks like a continuation of the lower turbinated bone, and in one sense no doubt is so; but on stripping off the mucous membrane, a cartilage is discovered, which I have likened to a spur or sickle. This cartilage, which is of considerable length, extends from near the anterior extremity of the lower turbinated bone to a line corresponding to the extremity of the nasal bones. A fibrous and mucous prolongation extends from its anterior extremity quite to the great alar cartilage, thus completely crossing the vestibule." Dr. Knox has also "discovered another muscle so placed as to enable the horse forcibly and on emergencies to pull back the sickle or spur cartilage, so as more completely to block up the orifice it is intended to protect. This muscle is distinct and large, of a triangular or fan shape, with well-marked fleshy fibres: arising from the inner side of the inter-maxillary bone, it is firmly attached to the spur cartilage about the middle. On imitating its action by pulling at it, I found that it depressed very strongly the spur-shaped cartilage and its prolongation; that it was, in fact, the direct antagonist of the nasalis brevis placed on the exterior of the apparatus; that the latter draws the cartilage upwards and outwards; the former, or the internal, as forcibly drew it downwards and backwards."

Dr. Knox supposes this fibro-cartilaginous structure to fill the important purpose in the whale of acting as a bolster to plug up entirely the cavity of the nostrils, when that animal is exposed to the great pressure caused by its mode of life. When it comes to the surface to breathe, the bolster is withdrawn by a muscle answering to our dilatores narium, and this is the first act of respiration. "The arrangement in the horse is somewhat different; but by means of the muscle I have described, the horse, in all probability, possesses the means of cutting off temporarily all communication between the vestibule and the great or true chambers of the nostrils. This may aid in protecting him somewhat from dust and flies. This, which in the whale is constant, regular, and complete, may be in the horse and man only an occasional occurrence; it being always remembered, however, that the first act of respiration in him, as well as in other animals, is to dilate the vestibule and its orifice, and to withdraw, by this very dilatation, from the entrance of the true nostrils the spur-shaped cartilage and its prolongation, placed there for its protection." Dr. Knox will, in a future memoir on this subject, consider the means of protection afforded to the human nostrils.

We are informed, that the prize placed at the disposal of the President and Fellows of King and Queen's College of Physicians, by the Lord Chancellor of Ireland, has been awarded to Dr. Joseph Williams, of Tavistock Square, London, for the best essay "on the Use of Narcotics, and other Remedial Agents, calculated to Produce Sleep in the Treatment of Insanity."

PROGRESS OF FRENCH SCIENCE.

FROM OUR OWN CORRESPONDENT.

Academy of Medicine; Sitting of the 17th June. M. Caventou in the chair.

On Pellagra.—Dr. Gibert addressed a letter, in which he states that the case of pellagra, observed for the first time in Paris in 1842, at the Hospital St. Louis, though published by his leave by Dr. T. Roussel (then *interne* under him) in the *Revue Médicale*, was compiled under his superintendence, it being mentioned at that time by him to the Academy, and subsequently placed at the disposal of Dr. Jolly, who recorded it in his report. Consequently, it is not correct to state: 1° that this fact was published a year before that observed by him in the same hospital; and 2° that it was not known by Dr Jolly, reporter of the Committee named by the Academy.

On Pestis.—Dr. Aubert Roche writes to request the committee named to examine the documents relative to the plague to present its report; this is especially necessary from the fact of the Minister of Agriculture and Commerce having stated at the Chamber of Deputies, that the law on quarantines could not be modified until the Academy of Medecine had given its opinion. Dr. Rochoux: Since government seems disposed to introduce some amelioration in the quarantine laws, it is the duty of the Academy to promote it as much as possible, and to hasten this, the Committee ought to present its report as soon as convenient. Dr. Dubois of Amiens: The Committee does all it can to comply with the wishes of the Minister. Dr. Ferrus stated that the reason why the report was delayed was not on account of the want of will, but owing to the difficulties attendant on the subject, and added that in spite of the numerous reclamations, the Committee will examine this important question with all the care and attention it deserves.

On Wounds of the Liver.—Professor Gerdy read a report on a memoir of Dr. Roux, of St. Petersburgh, on wounds of the liver; the author, said the learned reporter, indicates two means by which the hæmorrhage may be stopped, and the effusion of blood evacuated without giving rise to fatal peritonitis. Conclusion, to thank the author for his communication; to place his name on the list of candidates as correspondent, and to insert his memoir in the Bulletin. M. Dupuy mentioned that one of the best styptic means he knew of was cerebral substance added to water, and injected in the veins; that it acts in a similar way to corrosive sublimate, by coagulating the albumen: it is, however, far more efficacious. Dr. Dubois of Amiens proposed sending the memoir to the Comité de Publication, and inserting the report in the *Bulletin*. After some further remarks from Dr. Castel and Professor Gerdy, the two first conclusions as presented by the reporter, and the third, modified by Dr. Dubois of Amiens, were adopted.

Paris, June 26, 1845.

On Diseases of the Eye, by Professor Velpeau.—*Chronic Iritis*—This affection is still involved in much obscurity. It has seldom been studied, except as a sequel to acute iritis, although it is not uncommon to observe patients in whom the disease seems to commence in the chronic form. Thus, sometimes the pupil becomes deformed, assuming an angular or oval shape, loses its mobility, and presents radiated filaments like threads, extending from the lens to the iris, or small cloudy flakes, when the patient has never been affected with inflammation of the eye. These appearances must evidently have been preceded by the insidious and slow development of the phlegmasia, and muscæ volitantes are very often, in my opinion, owing to this cause. In these cases, the iris seldom offers its natural hue, it is as if shrivelled. I have likewise sometimes seen a slight ring of a very pale red colour, and in all these cases I think that iritis exists, though they have been classed among the amauroses. *Symptoms*—The characters by which chronic iritis may be distinguished are: deformity and immobility of the pupil; change of colour, with sometimes a mist before the eye; presence of filaments, flakes, or stripes; photophobia, epiphora; no action of the pupil, when exposed to alternate light and shade. These symptoms ought never to be neglected, the more so as the disease often develops itself unperceived, or is confounded with amaurosis. *Causes*—Are but little known; the affection proceeds slowly and insensibly, and is often only discovered when it has lasted some time. It is for this reason that the causes were supposed to be constitutional. Thus, Larrey in France, and the German and English oculists supposed that it was always produced by constitutional syphilis. Now, though it is often true that it is observed in persons who have been affected with lues venerea, yet mercury rarely effects a cure, contrary to the conclusion which ought to be drawn from this fact. I have prescribed an antisyphilitic treatment in a great many cases, but though I did not find it often efficacious, still I do not mean to say that syphilis may not be considered as one of the causes of the disease, for in studying lues venerea with care, we often find, that it leaves after it certain modifications in the system, even notwithstanding the cure has been obtained by a most methodic treatment. For instance, if we examine what takes place in the urethra after one or several attacks of gonorrhœa, we may remark, that stricture exists, though the primitive disease had long before disappeared, leaving after it lesions on which the treatment has no effect. Do buboes, though cured, hinder engorgements or adhesions from persisting? These pathological conditions will not always disappear, even when the syphilis has been successfully combated. These remarks are equally applicable to iritis, since analogous phenomena take place; for if anatomical lesions are produced by syphilis, so iritis is followed by inflammation of the eye, and when it lasts some time, by flakes and filamentous adhesions between the iris and the capsule of the lens, and if the sight be restored, it is only in those cases in which the iris has not undergone any alteration, and does not offer the flakes and adhesions just alluded to. It may, therefore, be concluded, that even although it is proved beyond a doubt, that syphilis is the cause of the iritis, still there is not proof sufficient to permit our asserting that it may be cured by a course of mercury. Finally, as to the non-restoration of the organ to its normal functions, this is not peculiar to iritis, for it may take place in keratitis, as stated in a previous lecture. *Treatment*—When speaking of acute iritis I stated, that two remedies principally seemed to have a very beneficial effect; this, unfortunately, is far from being the case in the chronic form, which is far more serious, and more difficult of cure. The treatment I have adopted in this disease is: leeches to the temples, or on the mastoid processes, sometimes a small quantity of blood from the arm; purgatives; revulsives, which are more efficacious in the chronic than in the acute form of iritis; the most useful are temporary blisters on the forehead, just above the orbit; cupping at the nape of the neck; sinapisms on the lower limbs; the apparatus invented by Dr. Junot; issues or setons on the nape of the neck; moxas behind the ears, or what is still better, and which I strenuously recommend to the attention of the profession, an issue just below the occipital tubercle. I have found it more advantageous than the seton, as there is in this spot a mass of fatty cellular substance, continuous with that of the dura mater, and at the same time, it is more convenient, as it may be hid by the hair—a circumstance much to be desired, especially in women. There is another remedy which ought to be employed with those just mentioned, and which possesses great efficacy in chronic iritis,—I mean belladonna, which, as I have already stated, must be prescribed in a peculiar mode, in order to reap all the benefit possible from it. The object being to dilate the pupil, it must be given at intervals, not in a continuous manner, for this substance becomes inactive when it has been administered some time, unless the dose is increased so as to render it dangerous. If, then, it is administered at the same dose, it soon ceases to act, and the dragging produced by the dilatation of the iris gradually diminishes, and finally disappears. On the contrary, if an interval is allowed to elapse between each dose—a week, for instance—it produces a salutary effect on the iris, and by means of this intermittent dilatation, very often the adhesions caused by the disease are de-

stroyed. If the irritation is still intense, emollient collyria and ointments, containing opium and mercury, must be had recourse to, not forgetting, however, that the pathological alterations caused by chronic iritis, do not always disappear with the disease: this makes it so dangerous. As to the phlegmasiæ of the other membranes of the eye, they are so obscure that the opinions of practitioners vary considerably. I, therefore, could say little or nothing practically useful respecting them, and consequently prefer recapitulating, in a few words, all that has been stated on diseases of the the eye, with which I will close this course. *Recapitulation*—The various phlegmasiæ of the eye may be divided into: 1° Inflammation of the lids; 2° Inflammation of the conjunctiva; 3° Inflammation of the cornea; 4° Inflammation of the iris. 1° *Inflammation of the lids*, or *blepharitis*—(*a*) of the inner surface, subdivided into mucosa, granulosa, and glandulosa; (*b*) of the edges, subdivided into folliculosa, furfuracea, exulcerosa. 2° *Inflammation of the conjunctiva*, or conjunctivitis—(*a*) c. simplex, characterised by an arborescent violet red—membrane mobile—colour deeper in the oculo-palpebral furrow; (*b*) c. neonatorum, characters, swelling, secretion of yellowish or greenish pus; (*c*) c. blenorrhagica, same characters as the preceding, except that it commences usually on the ocular conjunctiva, whilst the former commences on the palpebral. 3° *Inflammation of the cornea*, or *keratitis*, subdivided into general, partial, ulcerated, and diffused—characters, epiphora, photophobia, pain, radiated redness. 4° *Inflammation of the iris*, or *iritis*, subdivided into acute, chronic, and specific—characters, circle surrounding the pupil slightly red, pain in the head, change of colour of the iris, irregularity of the pupil. The treatment is, in blepharitis mucosa, emollients, purgatives, venesection; blepharitis granulosa is very difficult of cure—sulphas zinci, sulphas ferri, azotas argenti; blepharitis glandulosa, more serious than the first, less so than the latter—styptic ointments and collyria. Conjunctivitis requires the use of azotate of silver, especially the purulent form, in which this salt must be used in the form of strong solutions. Keratitis, collyria, and ointments are of very little use; but general and local bleeding, revulsives, such as setons, issues, blisters to the forehead; calomel may be employed with advantage. Finally, as to iritis, I have described it too recently to need any repetition.

Caries of the Vertebræ (Pott's Disease)—Case recorded by Dr. Serrier, ex-Chef de Clinique of the Marseilles Hospital.—M. ætat. 18; husbandman; of scrofulous constitution; entered the Hotel Dieu, Marseilles, on the 11th of Jan., 1845. Four years previously he received a violent blow with a stick on his loins, which caused him to faint and remain insensible for ten minutes; this was followed by intense pain and impossibility of walking erect. Five or six months after, a hard tumour, formed by distortion of the lumbar vertebræ appeared for which he sought medical aid; four moxas were applied, and an appropriate internal treatment was prescribed, which only caused a slight improvement, for soon after a tumour appeared at the superior and anterior portion of the right thigh, which increased rapidly in size, and obliged the patient to enter the hospital. When examined, the following symptoms were remarked: a tumour of an ovoid form just above the groin, extended from the anterior superior spinous process of the ilium to the middle of the thigh in the direction of the sartorius muscle; fluctuation very manifest, skin natural colour; on placing the patient on his abdomen, it was found to reach backwards to the buttocks; a tumour of a similar nature at the upper part of the left thigh; curvature of the lumbar vertebræ two inches in length; when walking, the body leans forwards, the right lower limb is dragged, and the tops of the toes turned inwards. 15th January: about 1lb. of a white, creamy, healthy pus was drawn from the tumour—19th, abscess; has filled again the skin being thin, a new opening was made; pus flaky, not so natural—29th, death. *Autopsy.*—Tubercles at the apex of both lungs; abscess in the spleen; digestive canal sound; psoas muscles replaced by two large fluctuating tumours, which when opened allowed an immense quantity of greyish fetid pus to escape, walls two lines thick and lined with a blackish, velvety looking false membrane. On the left side the tumour commenced at the upper insertion of the psoas muscle, whose fibres were completely destroyed; opposite to the crural arch it became smaller, but increased afterwards in size, and extended along the upper part of the thigh to the trochanter minor; on the right side the lesions were of a similar nature, but not to such an extent: the sides of the two last dorsal vertebræ were slightly wasted; the body of the first lumbar quite soft; those of the second and third had completely disappeared; those of the fourth and fifth nearly so, and the latter contained a considerable quantity of softened tubercular matter.—(*Gazette des Hopitaux.*)

On the Treatment of Venereal Vegetations; by Dr. Vidal de Cassis, Surgeon to the *Hospital du Midi.*—The difficulty with which these vegetations are cured, and the frequent refusal of the patient to allow excision, cauterization or ligature (generally very painful,) caused Dr. V., to prescribe the following powder:—

R. Alumin. usti Pulv. junip. pr. sabin. aa. ʒij. ft pulvis, bis in die applicand.

The quantity of the former must be increased until it is double that of the latter. The vegetations are sprinkled with the powder, and except when they are on the parts covered by the prepuce, a simple dressing must be applied. The result is first dryness, followed by withering and loss of cohesion, so much so, that on touching them they crumble away without the least pain. Finally, though this method may not be applicable to every case, still as it does not cause pain, diminishes the number of the vegetations, (which is sometimes considerable) and perhaps will facilitate any future operation, it ought not to be neglected.—(*Annales de la Chirurgie.*)

On Calculi of the Nostrils (*Rhinolithes*—Graaf, *Dacriolithes*, Desmarres.) By M. Demarquay, *Aide d'Anatomie* at the Faculty of Medicine, Paris, *interne* of the hospitals, &c. The author, after giving the analysis of the mucus of the nose according to Berzelius: composition—

Peculiar substance	5·33
An extract soluble in alcohol, and an alcaline lactate	0·30
Chloride of sodium and potassium	0·50
An extract soluble in water with traces of albumen and a phosphate	0·35
Soda	0·09
Water	93·37

And that of the tears, according to Fourcroy and Vauquelin: composition—water, 0·99; solid matter, 0·01: considers—1° *The history.* In this chapter all the authors who have published cases on the subject are enumerated—Jos. Mathias de Gardi in 1502; Thomas Bartholinus in 1654 (two cases); Clauder in 1685; Kern 1700; Vitus Reidlinus in 1706; Wepfer in 1727; Ruysch in 1733; Plater in 1736; Horn in 1788; Dr. Savialcs in 1814; Dr. Graeffe in 1828; M. Thouret, jun. in 1829; Dr. Axman same year; Sir B. Brodie in 1844, and the case of Professor Blandin, which was the cause of the researches of the author. In some a foreign body formed the nucleus—generally a cherry-stone—in others nothing. 2° *Seat.*—These calculi are developed in the right as well as the left nostril, in the upper meatus as well as in the lower; and though, perhaps, more frequently in the latter, still they may commence higher up, for instance, in the frontal, and perhaps, in the maxillary, sinuses, and thence descend into the fossæ narium. They may fill up the nostrils, push the septum towards the opposite side, and even destroy it. Their size is from that of a lentil to a pigeon's egg; their number varies; generally there is but one, but sometimes several exist at the same time; their surface is always uneven. 3° *Composition.* Analysed—1° by Dr. Axman—

Animal matter, albumen, mucilage, fibrin, fat, osmazome	0·35
Phosphate of lime	6·8
Carbonate of lime	3·25
Carbonate of magnesia	1·25
Soda, muriate of soda, and oxyde of iron, traces.	

2° By Prout, in Sir B. Brodie's case, which contained mucus and phosphate of lime. 3° By M. Bouchardat. Professor Blandin's case, mucus; phosphates of lime and magnesia; carbonates of lime and magnesia; chloride of sodium; traces of carbonate of soda. These analyses show that their composition is very similar to that of the mucus of the nose and the tears. 4° *Causes*, in general, very obscure; Graeffe supposed them to be produced by a rheumatic or gouty constitution; this, however, is more than doubtful; by the modification produced in the secretions by chronic inflammation of the nostrils, or lachrymal glands; narrowness of the nostrils, especially of the meatus inferior; foreign bodies. 5° *Symptoms*—dryness of the nostrils; sense of weight and stoppage; difficulty of breathing, sometimes intense; intermittent pain in the forehead; inflammation of the neighbouring parts; abundant mucous, and often purulent, discharge; in the latter case the odour is so offensive that the disease may be taken for ozæna; swelling of the affected side; eye filled with tears, if the lachrymal ducts become obstructed or participate in the inflammation; this is more apparent when the obstruction occupies the meatus inferior; it must, however, always be remembered that the phlegmasia may be the cause, not the effect; finally, whenever it is within reach of a sound, or a polypus forceps, the dull characteristic sound may be obtained by percussion. 6° *Diagnosis*, in general, not difficult, as the calculus may be easily discovered by an attentive examination. 7° *Treatment.*—The first thing to be done is to remove the calculus; this may be effected with an ordinary dissecting forceps, or a polypus forceps; it must be extracted with great care, on account of the inequalities of its surface, and sometimes on account of its size,—this accomplished, the consecutive symptoms must be combated by emollient and discutient injections; finally, if it appears to be owing to a general cause, this must undergo appropriate treatment. (*Archives de Medecine.*)

Cauterization of the Mucous Membrane of the Vagina, as a Cure for Leucorrhœa. By F. Devay, M.D., Physician to the Lyons Hospital.—According to the author, whenever in chronic leucorrhœa the usual local and general remedies fail, the practitioner may be certain, when the cause does not extend beyond the vagina, (which alone will be studied in this article) that there is a considerable lesion of the mucous membrane of that canal, or an hypertrophy of its tissue, and especially of its follicles. This affection is apparently atonic in its nature, and brings with it a laxity of the mucous membrane, and though not productive of immediate danger, always creates disturbance in the health, and, weakens the patient. On examination with the speculum, spots of a livid red and sometimes slightly blue colour, covered by a thick mucus, are to be perceived here and there on the surface of the vagina, and the follicles form visible lacunæ. This affection may be produced by a local or general cause: *local*—here it is consecutive on blenorrhagia; chronic inflammation; granulations of the cervix uteri; the presence of a pessary; an accouchement, &c.; *general*—lymphatic temperament; predisposition to contract catarrhal affections; habitation of a low and damp room, deprived of the sun's rays; cold continually applied to the feet or body generally; constant irritation of one of the pelvic viscera. To obtain a cure, Dr. Devay recommends cauterization with the azotate of silver, first proposed by Dr. Ricord, who employed it in chronic vaginal blenorrhagia with slight lesion of the membrane—in that complicated with lesions of tissues, erosions, ulcerations, &c.; in the acute form sometimes at the commencement, or at a somewhat later stage. The mode in which cauterization is performed, is as follows: the speculum is introduced and the cervix uteri exposed to view; this must be touched with the lunar caustic if requisite, after which as the instrument is withdrawn, the portions of the vagina which present the red spots must be gently cauterised by applying the nitrate once or twice to them; this is repeated a second time; finally the speculum having been removed, the labia must be separated, and the orifice of the vagina cauterized; no consecutive inflammation

was produced, although the operation was repeated once or twice a week. During the intervals, injections of cold water, or a very weak solution of acetate of lead were used. By this mode of treatment a cure was obtained, on an average in a month or six weeks. Six cases are recorded as proofs of the efficacy of this method.—*Gazette Medicale.*

Academy of Sciences. Sitting of the 22nd June.—M. Elie de Beaumont in the chair.—Received. [illegible] ort on the Coast Survey, and reports [illegible] trustees of the Philadelphia Gas Works, presented by John C. Cropon Esq., the former in the name of Professor Bache, the latter in his own.

Improvements in the Navigation of the River Clyde. By W. Bald, Civil Engineer, F.R.S.E., F.G.S.L., &c.—The author after enumerating the reports presented on the navigation of the Clyde, the impediments that have been removed; the amount of shipping; the number of boats employed in deepening and improving the river—and the quantity of sand, mud, &c., taken away, states that the improvements are due, 1° to the construction of jetties which determined the width of the channel, and increased the cleansing power of the river, (commenced in 1768). 2° to the construction of longitudinal dykes, (commenced in 1799) by which the velocity of the water was equalized, thereby removing and preventing the formation of shoals and pools. 3° To the dredging steam boats and diving bells, in removing all kinds of shoals, banks, and bars from the navigation, which the jetties and longitudinal dykes could not accomplish by increasing the cleansing power of the river.

On the Culture of the Sugar Cane in Andalusia. By M. Ramon de la Sagra, Corresponding Member of the Academy.—Two kinds of cane are cultivated on the coast of Andalusia from Almeria to Marbella, near the Strait of Gibraltar. 1° The smaller kind cultivated in the West Indies, and before the conquest in Spain, and the Canary Islands. 2°. the larger species brought from Otaheite in 1816. The quantity of sugar contained in the cane is on an average from ten to twelve per cent., of which, two-fifths are white, or brown sugar, and three-fifths molasses. Four millions of pounds are annually made on the nine remaining plantations, *i. e.*, 800,000 lbs. of white sugar, 800,000 lbs. of brown sugar, and the remainder molasses. A greater portion of land is about to be cultivated, so that it is to be hoped that the coast of Andalusia will, ere long, produce sufficient sugar to supply the wants of Spain.

Academy of Medicine. Sitting of the 23d of June.—M. Caventou in the chair.

On Pestis.—Dr. Tanchou addressed a letter on this subject, in which he states, that far from coinciding with those who request the Committee to hasten their report, he considered it advisable to consult not only city, but likewise country practitioners, military and naval surgeons, and travellers, as well as all persons who, by their knowledge on the subject, may elucidate the question which is an important one, inasmuch as it may permit the importation of a disease into France, and become a scourge to the country. Furthermore, he thinks it surprizing that the legislature is on the point of suppressing the lazarettos, without taking into consideration the services they have rendered, without examining whether it is not sufficient to modify our sanatory laws, and without considering whether it would not be more advisable to attack the scourge at its source, conjointly with other foreign powers. Finally, he concluded by saying, that the Academy ought not to allow the medical body to be deprived of the right of giving its opinion in this question, and to permit no one's taking this right from them without rendering them responsible for the dangers which may result. Dr. Prus remarked that, notwithstanding the desire of the Academy to hear the report of the committee, it was impossible for it to proceed with greater rapidity;—that, very recently, important documents had been received from Egypt, and others were daily expected. Finally, that the subject would be examined with all the care and attention requisite.

On an Epidemic of Typhoid Fever.—Dr. Poiseuille read a report on this subject. After mentioning the numerous deficiencies which exist in the memoir, the reporter concluded by proposing an answer to the Minister of Agriculture and Commerce, that it contained nothing new nor worthy of attention. Dr. Rochoux, from the description given of the disease considered that there was an error of diagnosis, M. Dupuy was of the same opinion, the more so as no *post mortem* examination was performed, and as the author himself stated that the epidemic followed the course of the river. Might it not have been intermittent fever? Dr. Dubois of Amiens, asked whether the term, error of diagnosis, might not be suppressed, considering that it was addressed to a colleague. Dr. Rochoux persisted in retaining it. Dr. Gueneau de Mussy gave some topographical details relative to the localities in which the disease was found, which were contrary to those of the author. Conclusions adopted.

The chairman informed the Academy, that Dr. Gaetani Bey, chief-physician of the Viceroy of Egypt, was present.

On Typhoid Fever.—Dr. Gaulthier de Claubry read a memoir on this subject, in which he endeavoured to prove—1° That typhoid fever and typhus are identical—2° That the former like the latter is contagious. After demonstrating the analogy between the symptoms and pathology of the two, the author quoted, in favor of contagion, cases from his own practice, the opinions of Drs. Chomel, Louis, Moreau, Andral, and Jolly, and stated that as the disease attacks an individual but once, and as it is very frequent during childhood, most adults may expose themselves to its influence without danger. Dr. Rochoux did not agree with his colleague, since, in his opinion, the two diseases differ essentially.—1° *In their causes.* Thus, how is typhus developed? By vitiation of the air by a number of individuals, in a small space, and by contagion. This has been admitted by all writers from Thucydides, who gave an admirable description of the Athenian Plague, down to the present time. Now, nothing similar is observed in dothinenteritis. it reigns in the gilded apartment as well as under the peasant's thatched roof,—in the best as well as the worst hygienic conditions. As to contagion, it does not exist, for no instance has been recorded for the last thirty years in the Parisian Hospitals. Typhus attacks all ages; Dr. Delaroche died at 70, Titian at 90; dothinenteritis is seldom seen after 50. The former appears suddenly, seizes upon the inhabitants of the country, as well as on strangers; the latter, on the contrary, is chiefly observed in large towns, and especially among young people, recently arrived, who are not yet seasoned.—2° *In their symptoms.* Who ever remarked in dothinenteritis the peculiar characteristic delirium of typhus, the brilliancy of the eyes, the petechial eruption; this last being very different from the purple or roseate spots observed in dothinenteritis. —3° *In their mode of development.* The rapidity with which typhus goes through its stages is sometimes terrible, since it may end fatally in thirty-six, twenty-four, twelve, and sometimes in four or five hours. Dothinenteritis is much longer; it lasts, on an average, twenty-one days, whereas typhus requires only fourteen days.—4° *In their pathology.* None of the facts are conclusive; as to those published previous to 1811, they are more than doubtful. —5° *In their prophylactic treatment.* By flight we may preserve ourselves from typhus; this is impossible in dothinenteritis. Finally, Dr. Rochoux considered the denomination of typhoid fever to be a scientific misfortune. Dr. Gaulthier de Claubry did not like to hear Dr. Rochoux cast a stigma on all the facts published previous to 1811, for it was at that time that the work of Petit and Serres appeared, establishing the knowledge of this subject. Among modern authors Landouzy may be quoted. As to the other objections, they were refuted in a work published by him on this disease; and it is therein shewn that the intensity of the symptoms is not sufficient to cause the two affections to be considered as non-identical; consequently he maintained his opinion to be correct. Dr. Merat remarked that Corvisart, Bayle, Dupuytren, were in 1811 at the head of the anatomical school, he therefore considered that the opinions of that period were deserving of more attention than Dr. Rochoux seemed disposed to accord them. Dr. Castel, after quoting sentences from Lancisi, Rœderer, and Wagler, stated, that, in his opinion typhoid fever may present all kinds of forms, become contagious by its intensity and by the number of cases, and as to the identity which exists between the two diseases under consideration, it may be said to exist in every species of fever. This discussion will be resumed at the next sitting.

Eclampsia Puerperalis.—Dr. Hullin, of Mortagne, read some practical remarks on a case of this affection, cured by repeated baths and cold affusions on the head; the accouchement, though it did not cause the convulsions to cease, still rendered them less intense.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.
Honorary Physician to the Spanish Embassy.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

On the Urine and Blood after the Internal Use of Iodine. After small doses of iodide of potassium, or of iodine, the urine becomes paler; after larger doses it has a darker yellow, often a yellowish brown colour, and is clear of a weak or normal acid re-action, soon however becoming alkaline and turbid; uric acid, ammonia, and ammoniaco-magnesian phosphate being deposited as sediment. The specific gravity is frequently below the average. The urea is generally increased in quantity; the uric acid varies according to the more or less inflammatory condition of the patient. The chlorides are found in greater number as well as the salts of ammonia, and the extractive substances (phlogistic and azotised urea); the quantity of iodine administered is found almost immediately afterwards in the urine. Analysis of urine in constitutional syphilis after the exhibition of iodine and iodide of potassium for three weeks. The patient, ætat. 38, had suffered in 1829 from gonorrhœa and bubo, in 1838 from pains and swellings in the bones, which yielded to the decoction of Zittman; in 1841 similar pains returned in the clavicle, and were combated by mercury; in 1843 they reappeared, and did not yield to the exhibition of that mineral. The bones of the nose becoming also affected, the patient took one scruple of iodide of potassium, then ten grains of that salt, with five grains of iodine, and lastly one drachm of the iodide with one grain of iodine, his principal diet being fruit and roast meat. Analysis of the urine on the 22nd January;—a normal quantity of a dark yellow, inodorous and naturally acid urine was secreted, the specific gravity of which was=1015; (the patient had taken two scruples of iodide of potassium in three ounces of distilled water.) Nitric acid neither showed *albumen*, nor biliphacine, but with chromic acid it showed a marked iodine reaction, as well as of xyloidine. The urine contained in 1000 parts;

Water..................	974,80
Solid Substances	25,20
Urea	7,737
Uric Acid	0,310
Extractive Matter and Sal-Ammoniac	6,433
Salts (uninfluenced by fire, and Iodide of Potassium)	10,520

On the 26th of January (the patient had taken till then two scruples of iodide of potassium with half a grain of iodine in three ounces of water) the urine was very dark yellow, quite clear, of normal smell, secretion diminished. Reaction slightly alkaline. Spec. grav. 1021; it contained:—

Water..................	954,40
Solid Substances	45,60
Urea	13,82
Uric Acid	0,51
Extractive Matter and Sal Ammoniac............	12,15
Salts (unacted on by fire) and Iodide of Potassium	19,32

On the 31st of January the specific gravity of the yellow alkaline urine, discharged in the morning

=1017, the urine discharged at night =1021. Within twenty-four hours 24,5 ounces (850,0 grammes) were discharged; 200 grammes having been evaporated, the residue was dissolved in water, filtered, the filtrate washed and mixed with ammonia (till the liquid displayed strong alkaline re-action) and precipitated with nitrate of silver; the precipitate washed with liquor ammoniæ, dried and weighed. Thus, 0,94 of iodide of silver was obtained, containing 0,507 of iodine; thus, 1000 parts of urine contain 2,535 of pure iodine, or 3,323 of iodide of potassium. The 850 grammes consequently contain: iodide of potassium, 2,824 grammes, or in 24,5 ounces, 38,689 grains. The iodine being always found in urine in the form of iodide of potassium, the author calculated the half grain of iodine as iodide of potassium. The patient had taken hydriod. potassæ, grains 40,656; thus, 38,689 grains being discharged by urine, only 1,967 grains entered the blood, and was discharged by the saliva, perspiration, &c. If the patient perspire strongly, more iodine is undoubtedly discharged by evaporation. *Iodine in the blood.* The blood of patients who had taken an average quantity of one scruple of iodine was examined. If the author added starch to the serum of the blood, and then nitric acid, or *vice versa*, he did not find any iodine. But when he dropped the serum with nitric acid on chromate of xyloidine, a fine violet-colour was exhibited; a similar phenomenon was found after the serum was freed from albumen by boiling and filtering. From the circumstance that the reaction of iodine is more manifested, if hæmato-globuline be combined with the serum, the author concludes, that the salt of iodine is more communicable to the former than to the serum. The quantity of iodine in the blood is so small that it cannot be determined, even when large quantities are taken, and found very soon after in the urine. This leads again to the conclusion, that this remedy is more readily excreted than taken into the system. Even the microscope shews no particular change in the blood. (*Dr. Heller in Heller's Archiv fur Physik, &c.*)

Method of Discovering very small Quantities of Iodine in the Blood.—By the usual method of employing nitrate of mercury, the chlorine of the common salt contained in the blood is undoubtedly also precipitated. 1. *On the iodide of amylum.* Many erroneously believe the starch to be coloured violet by iodine as iodide of amylum, whereas it is only a mixture of an *indefinite* quantity of starch with iodide of amylum. This is easily recognised under the microscope, when uncoloured globules are seen near the violet ones. The real iodide of amylum is obtained by dissolving iodide of mercury in dilute muriatic acid by means of heat, precipitating it by tincture of iodine, and washing the precipitate with water. The author did not always see the violet colour ensue on mixing starch with pure tincture of iodine, but it appeared on adding a small quantity of nitric acid when a little gas, probably nitrous acid, was evolved; thus some oxygen must have united with the starch or the iodine: the former cannot be the case, because in mixing amylum and nitric acid, xyloidine is formed without disengagement of gas; perhaps a suboxide of iodine is formed. Iodide of starch has of course a less effect than a corresponding quantity of pure iodine. 2. *On the re-agents of iodine.* The author added to xyloidine (prepared by mixing starch-paste with concentrated nitric acid) an excess of nitric acid, and a few drops of neutral chromate of potash. Bichromate of potash is formed forthwith, and the fluid becomes yellow, and soon after bluish green. If a solution of iodine, or a liquid containing iodine, such as a drop of iodised urine is now added, a violet colour is immediately produced; this will soon disappear if the quantity be small, but will re-appear on repeating the process. By adding a larger quantity, a permanent blue liquid is formed; if you add a very large quantity of iodide of potassium, either no colour is formed or a reddish one, and the real blue only becomes apparent on the addition of nitric acid. Gas is also disengaged by pouring a saturated solution of iodine on the test. With it, iodine is even discovered in the native water of Hall, in artificial sea water, &c. Xyloidine is also a very sure test of iodine. (*Dr. Heller in Heller's Arch. f. phys. u. pathol. Chemie. u. Mikroskopie. I.* 1. 1844.)

Remarkable Effect of Emetics, as regards Increased Absorption, and in consequence, Removal of Pseudo-Structures. The author found in the scrotum of his son, six years of age, along the right spermatic cord, a tumour 2" long and ¾" thick, of uniform hardness, elastic and without pain. It had only shown itself three or four days previously. The surgeon who was called in, considered it to be sarcoma, and proposed to remove it by an operation. Before this, however, could be performed, the child was attacked with catarrhal affection of the respiratory organs, which induced the author to administer an emetic: (Tart. antim. gr. j. oxym. scillæ, et. aq. rub. idæ. aa. unc.) After the child had vomited several times, the tumour was found to be smaller by a third. The emetic was therefore repeated the next day, and the swelling again diminished. After this treatment had been continued for eight days, no traces of the tumour could be perceived. (*Dr. Fisher in Oesterr. Medic. Wochenschrift.*)

Drastic Effect of Narcissus Poeticus. (White Narcissus.) A person having stolen four bulbs of Narcissus, had them prepared with common onions as vegetables, and partook of them, with his wife. A quarter of an hour afterwards, both were seized with sickness, retching, burning pains in the stomach, delirium, syncope, cold perspiration, and a general trembling of the limbs. After taking lukewarm water, the wife vomited easily. When she had vomited several times, the above morbid phenomena diminished, and copious watery stools ensued with violent colic, giving relief. An oily emulsion with opium soon restored the patient. The husband had partaken more freely of the poisonous substance, and therefore the symptoms were more violent: lukewarm water did not cause vomiting, an emetic was administered in consequence (Ipecac. et vitriol. alb.) And even after abundant vomiting had ensued, giddiness, fainting, trembling, and coldness of the limbs continued during the greater part of the night, with a small trembling pulse. On the second day, symptoms of gastro-enteritis appeared, which rendered an antiphlogistic treatment necessary, and it was not until the fifth day that the patient was out of danger. (*Dr. Pfau of Lemberg, Ibidem.*)

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, July 5th, 1845.

Case of Compound Fracture of the Leg, extending into the Ankle-joint; under the care of A. Ellis, Esq., F.R.C.S.I., one of the Surgeons to Jervis-street Hospital.

Michl. Craughwell, aged thirty, was brought to Jervis-street Hospital during the night of the first of July, having sustained a compound fracture of the tibia, about two inches above the ankle-joint, and extending into it; the fibula was broken at about four inches from its lower extremity. The wound over the tibia was considerably lacerated, involving the anterior tibial artery, the hæmorrhage from which—rather profuse—it had ineffectually been attempted to arrest by a medical gentleman, previous to the patient's admission. The vessel was now tied immediately, and no further hæmorrhage took place. His account of the accident was very unsatisfactory; he had been thrown, he said, from the box-seat of the vehicle which he had been driving, and on reaching the ground had twisted the foot of the injured limb: something more was evidently wanted to account for the lacerated condition of the wound with the protruded and comminuted state of the tibia. On examining the case at his morning visit, at nine o'clock, it appeared to Mr. Ellis, that from the nature and extent of the injury, amputation must necessarily be resorted to, and having requested a consultation of his colleagues at two o'clock, the immediate necessity of the operation was agreed to by all the surgeons of the hospital, and the limb was then removed by the double circular incision, at the usual distance below the spine of the tibia.

The condition of the patient was rather favourable to the performance of the operation, the shock from the accident having been trifling, his constitution vigorous, and a perfect willingness on his own part to submit to the advice of the surgeon. His progress since then has been most satisfactory; in an hour or two after the operation the pulse rose considerably, was full, bounding, with a remarkably corded feel, scarcely yielding to any amount of pressure, and leading to the impression that bloodletting would be called for. At his evening visit, however, Mr. Ellis found that those symptoms had considerably subsided, and that the amendment might reasonably be attributed to a pretty free oozing which had taken place from the stump since the last visit. On the night of the second instant, there was a good deal of restlessness, but this did not continue, or require any particular interference. An alkaline effervescing mixture was ordered, which was very grateful to the patient; and the bowels not having been moved for a day or two, an oily draught was administered. On the morning of the fifth, the stump was looking well and free from tension, the pulse ninety-six and soft. On examining the limb after its removal, fragments of the broken tibia were found in the substance of the muscles, and in addition to the fracture already alluded to, a portion of the articular extremity of the tibia was broken off; the bones of the tarsus were uninjured. Some clinical observations arising out of the case, to be delivered by Mr. Ellis on a future occasion, together with any further points of interest that may arise connected with it, will be referred to at another time.

Subcutaneous Section of the Hamstring Tendons; by J. Woodroffe, M.D., F.R.C.S.I., Surgeon to Jervis Street Hospital.

John Pilsworth, ætat. 13, admitted on the 6th May, with disease of the knee-joint of three years' standing; was brought by his friends in the expectation, that the limb would be amputated. His whole aspect presented the most marked scrofulous characters. From the appearance of the limb, and on an accurate examination of it, Dr. Woodroffe concluded, that the disease was chronic inflammation of the synovial membrane and inter-articular cartilages.

The flexor tendons were contracted to such a degree that the leg formed an acute angle with the thigh, but it was clear that no anchylosis existed, as the joint admitted of motion to the extent that the contracted tendons would allow, and this circumstance induced Dr. Woodroffe to try the effect of dividing them. Alterative doses of hyd. c. creta, and the application of ung. potassii iodid. to the knee, had the effect of improving the state of the joint, as well as the general health, and a subcutaneous section of all the flexor tendons was then made by Dr. Woodroffe, with a knife similar to that used by M. Guerin.

Extension gradually increased from day to day, as the joint permitted, was then practised, and the results have been most completely satisfactory, the limb being now in a perfectly extended state. The operation, it must be observed, was not followed by any inflammation of a serious nature.

Anchylosis of the joint in the extended position of the limb, may now be hoped to be effected, but Dr. Woodroffe seems to doubt much that an issue so favorable will follow, and dreads that progressive disease in the joint will ultimately lead to a necessity for amputation. A question now arises whether, though the constitutional taint be so strongly manifest, ulceration of the cartilages really exists; if not, is anchylosis an event to be sought for by keeping the limb in a constantly extended position?

Treatment of Chorea by the Use of Cannabis Indica.

This medicine has been administered with great success by Dr. Corrigan, in some cases of chorea, at the Richmond Hospital, the details of which are given in the *Hospital Gazette*. The subject of the first case was a girl, aged 10, in whom the muscles of the upper and lower half of the body, together with those of the tongue and face, were engaged. It had been of five weeks' standing on her ad-

mission, at which time she was ordered gtt. v. tr. can. Ind., ter in die; considerable amendment had taken place in eleven days, and the dose was then increased to gtt. xv., ter in die. This quantity she continued to take for a little more than five weeks, when she was discharged cured.

In a second case, that of a girl, aged 14, in whom the affection was confined to the left side of the body, it had commenced a month before admission, and after an oil draught, with turpentine, had been given, she was put upon doses of eight drops of the tincture three times a-day. The quantity was gradually increased to gtt. xxv. ter in die, the patient complaining of headache and lightness of the head after each dose. At a period of six weeks from the time of her admission, she was discharged cured.

A third case, occurring in a girl, aged 16, had been of ten years' standing at the time of her admission. She had been subjected to treatment at two hospitals previously, with slight amendment on each occasion. The affection here was more marked in the muscles of the arm than in those of the lower extremities, the patient being able to walk steadily. The affection in this case was ascribed to fright, but in neither of the foregoing ones could the patients attribute it to any particular cause. This girl took ten drops of the tincture, three times daily, and was discharged at the end of a month.

Dr. Corrigan also records the case of a lady, who had long suffered from severe neuralgia of the face, neck, and head, arising from cold. On several occasions she had found relief from the use of tonics, and the application of liniments.

From a very severe attack following influenza, Dr. Corrigan ordered gtt. xx. tr. can. Ind. ter die. The first dose, however, produced the following effects:—inability to swallow in half an hour after; could not keep her eyes open, though perfect consciousness of all that was passing around her remained; she then fell asleep for some hours, and on awaking felt a slight twitch in the left cheek. This occurred on the 19th of April last, since when she has been quite well.

In his observations on these cases, Dr. Corrigan goes into the question of the cause of chorea, and remarks, that from its greater frequency in females, it might be supposed to depend on the condition of the uterus, but that the disease is most often met with between the age of 7 and 14. He objects to its connection with cerebral derangement, because, he says, the subjects of the affection are remarkably intelligent, and the functions of the brain are undisturbed during the attack. It cannot, he considers, be traced to disorder of the digestive functions, as these are commonly in good condition, and accompanied sometimes with ravenous appetite—a feature that was present in the third case of chorea, alluded to above.

Viewing the negative and positive symptoms of the disease, then, he says, it may be looked on as a mere functional derangement of the motor nerves, either of the brain or spinal column, more frequently seen in females, because of the more excitable condition of the nervous system in them. Dr. Corrigan contrasts the effects of the Indian hemp with that of aconite, the action of the former being primarily on the motor nerves, its influence, he inclines to think, being transmitted along these to the sensorium and nerves of sensation, as in the case of tic douloureux, just alluded to in the lady, while the action of aconite is exactly the converse.

Speaking of the peculiar advantages of Indian hemp as a sedative, he assures us that even in over-doses it does not produce the dry tongue or derangement of the digestive organs, such as is seen to follow the use of opium; its effects on different individuals, however, he remarks are very variable, in the case of the lady for instance, twenty drops of the tincture caused temporary loss of power in almost all the muscles, followed by sleep, while a similar dose has been taken by other patients three times daily for weeks with impunity and advantage.

Dr. Corrigan thinks that in all cases ten drops may be given three times a day, increased after the third day to twenty or even thirty drops, but more than this he has never ventured to give; by mistake fifty drops were given instead of five to patients labouring under rheumatism and arthritic pains, for whom he had ordered the latter dose. In these cases the overdose produced severe headache, and what some of the patients described as white sight, but gave no relief to the pains.

Dr. Corrigan also alludes to the advantages derivable from the moderate use of electro-magnetism, when in the progress of treatment, the patient apparently on the point of recovery suddenly ceases to advance; this he has not known to occur in the treatment by Indian hemp, but frequently under the use of other remedies.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the principal articles of interest in two numbers of the *Lancet*.]

Utility of microscopic investigations.—Dr. Hughes Bennett, while treating of the importance of histology in diagnosis, observes that not long ago a man was admitted into the Royal Infirmary at Edinburgh, with complete paralysis of one side of the body, and partial paralysis on the other. He died, and on examining the brain to determine the nature of the lesion, nothing whatever could be seen, but on considering the symptoms, and the suddenness of the paralysis of both sides at once, Dr. H. Bennett was induced to re-examine the structure of the pons Varolii and medulla oblongata, and found in the former undoubted evidence of the existence of inflamed softening, combined with numerous exudation corpuscles. In another case, one of abscess in the arm, its approaching resolution was diagnosed from the appearance of fibrinous granules in the urine. M. Vogel, of Munich, in two cases, one of malignant disease, and the other of supposed malignant disease, availed himself of the aid of the microscope in forming his diagnosis with great advantage. In the first case, an ulcerated tumor near the angle of the jaw, the discharge, on examination, was found to consist, first of an amorphous matter, with blood corpuscles, and drops of fat; secondly, of crystals of cholesterine; and thirdly, of numerous cells, about one fiftieth of a millimeter in diameter, containing a large nucleus and a nucleolus. They were not flat, but globular. The character of these cells led him to pronounce the tumor malignant, an opinion which its increasing growth, the death of the individual, and a *post-mortem* examination confirmed. The other case was that of a woman, fifty years of age, of cachectic appearance, who had an ulcerated breast of six months standing. The ulcer was about an inch from the nipple, sunk deep into the substance of the organ, and about the size of a walnut. Its edges and the surrounding substance were firm and indurated. The glands in the axilla were slightly enlarged; the other breast healthy. It being requisite to ascertain the real character of this ulcer, before proceeding to an operation, an examination of the fluid upon the surface of the ulcer was made under the microscope, and exhibited, first, pus-cells, which on the addition of acetic acid, presented the usual granular nucleus. Secondly, there were several flux scales, presenting all the characters of pavement epithelium. Thirdly, there were cells of an elongated form, similar to those observed in granulations and cellular tissue in an early stage. From these circumstances it was diagnosed that the ulcer was not malignant, and it subsequently disappeared under the use of common applications.

Inflammation, ulceration, and induration of the cervix uteri.—Dr. J. H. Bennett states that when the inflammation and induration are the immediate or even proximate result of miscarriages, difficult labors, or of deep lacerations of the organ, there is frequently more or less inflammation of the uterus itself. If metritis is present, general antiphlogistic measures, such as bleeding from the arm, &c., may be indicated. So active a treatment, however, will seldom be found necessary. Generally speaking, the patients have been exhausted by flooding, by mucoso-purulent discharges, or by previous medication, and are not in a state to bear very energetic measures. Complete rest in bed, diluents, tepid hip-baths, emollient injections, poultices to the abdomen, and a few leeches to the hypogastric or iliac region, will nearly always subdue the general inflammation of the uterus in the course of a few days, so as to admit of examination with the speculum, which must not be attempted as long as the uterus itself is acutely inflamed. As soon, however, as the inflammatory symptoms have subsided, the examination should be made, as nothing will then so much tend completely to allay the irritation of the uterine system, as cauterisation of the ulcerated surface which, instead of exposing the patient to metritis, as has been asserted, seems to exercise the same beneficial effect over the surrounding uterine inflammation, that cauterization of an ulcer of the cornea exercises over ophthalmia. When the inflammation and induration affect the cervix only, general antiphlogistic treatment is scarcely ever required. Superficial cauterization, injections, rest, and light diet, will often cure the ulceration, and resolve the induration, the latter being generally occasioned and kept up by the former. This, however, only occurs when the nutrition of the engorged cervix has not been deeply modified by the subacute inflammation of which it has been the seat perhaps for months or even years. Not unfrequently, especially in very chronic cases, the hypertrophy only diminishes to a certain extent under this treatment, and even that very slowly, and then remains stationary, whether the ulceration heal or not. The cervix uteri continues to be the seat of general chronic inflammatory induration, and while this is the case, the patient cannot be said to be cured, as she still suffers from the uterine prolapsus, sensation of pelvic, heaviness, and bearing down, severe lumbar pains, constipation, vesical and rectal irritation, &c., and is liable to a relapse of the ulceration, with its attendant symptoms. As this chronic induration is exceedingly difficult of removal, the treatment must be directed from the commencement with the view to effect its cure. Complete rest is indispensable. In addition, if there be much hypogastric pain, large thin linseed poultices, frequently changed, should be applied to the part, and tepid hip-baths used twice a day. The cauterization of the ulcerated surface should be practised by the acid nitrate of mercury, or caustic potash. Emollient and astringent injections should also be thrown up. Attention must be paid at the same time to the bowels, and to the general health. If under this plan of treatment, the ulcer presents a more healthy appearance, and the hypertrophy of the neck appears rapidly to decrease, it may be continued, as it will probably prove quite sufficient to effect a cure. If this should not be the case however, other remedies must be had recourse to, the most efficacious being the application of leeches directly to the cervix uteri. Their application is easily effected, and they are most certainly extremely useful in subduing deep-seated chronic inflammation in this region. The following is the easiest way to apply them; after introducing an ordinarily conical speculum, wipe off the mucus which covers the cervix with a little lint or sponge, and then place the leeches in the interior of the speculum. Over its external orifice place a bit of linen, which depress with the finger into the speculum. In the concavity thus formed, place some lint or cotton, and then with the forceps push the whole towards the uterine neck. The linen carries the leeches before it, and presses them against the os uteri. On pulling out the linen and the lint, with which the speculum was plugged, in the course of about ten minutes, it will nearly always be found that all the leeches have taken. They generally fill well in this situation, and the flow of blood is often considerable after they have fallen. Six, eight, ten, or twelve leeches may be applied at once, according to the effect to be produced, and they should be re-applied (query, fresh ones used?) several times, at intervals of five, six, eight, or ten days, when necessary, until the desired effect is produced. The leech-punctures always heal readily. Their bite is not felt by the patient, unless they fix on the vagina, which they cannot do if the

speculum is properly introduced. The instrument must be held by the patient, or by the nurse, while the leeches are on. They generally fall off, but it is sometimes necessary to bring them away, after they have filled. If all these measures fail in causing resolution of the hypertrophied cervix, after trying the effects of time, and frictions with the hydriodate of potash and other solvents, the engorged cervix should be deeply cauterized either with the Vienna paste, or by the actual cautery. The eschar which forms in either case is much deeper than when the fluid caustics are used. The inflammation which accompanies its separation is also much more intense, and generally propagates itself to the entire cervix. The result is, that not only is the hypertrophied cervix diminished by the extent of the slough which separates, but that the healthy inflammation set up in the chronically indurated tissues gradually melts them as it were; so that often, on its subsiding, the hypertrophied cervix has regained its natural size. When this result is not obtained by the first cauterization, a second or third seldom fails to reduce the uterine neck to its normal dimensions. With the disappearance of the hypertrop,hy; also disappear the symptoms which it occasioned; the uterus returns of itself to the position which it naturally occupies in the pelvis, and the cure is really accomplished. The Vienna paste, which is composed of equal parts of quick-lime and hydrate of potassa, is applied to the uterine cervix in the following manner:—A large conical speculum must first be introduced, and the engorged cervix made to enter its orifice; or, should the cervix be too voluminous, the speculum must be firmly pressed on the part which it is intended to cauterize, care being taken not to enclose between the rim of the speculum and the cervix a fold of the vagina. About as much of the paste as would cover a fourpenny piece, must then be placed on a triangular piece of diachylon plaster, one end of which is inserted lightly in the cleft extremity of a small stick. The caustic paste is then carried by means of the stick, to the cervix, and applied to the centre of the part comprised by the orifice of the speculum. With the long forceps cotton is placed carefully all round the spot on which the caustic is applied, so as to protect the neighbouring parts completely; the stick is withdrawn, and the speculum is two-thirds filled with cotton or lint which is firmly pressed against the uterine neck. The speculum is then extracted, the cotton which fills it being forcibly pushed back in the vagina with the forceps, as it is pulled away, so that the vagina remains thoroughly plugged. If all this be carefully done, it is impossible for the caustic to fuse, and injure the vaginal parietes. In about fifteen or twenty minutes, the cotton or lint must be gradually withdrawn by means of a bivalve speculum, and an eschar of the size of a shilling, or rather larger, will be found where the caustic was applied. The vagina should then be washed out with a little tepid water, complete rest in bed enjoined, and emollient injections employed until the separation of the slough, which takes place from the sixth to the eighth or tenth day. This application of caustic, while it excites more inflammation than the more superficial, is rarely productive of metritis, or of inflammatory action to such an extent as to require local abstraction of blood. The application of the actual cautery is practised by M. Jobert de Lamballe, the neighbouring parts being protected by an ivory speculum. The application is said not to be productive of much pain, and to be very successful. We need scarcely remark that such practice must be confined to the continent; English women would not submit to it, and the surgeon who should be earnest in recommending it, would soon pay the penalty by the loss of his practice.

Obstetric action of opium and ergot of Rye.—Mr. Purefoy says that in cases of irregular and imperfect contraction of the uterus, he has experienced decidedly good effects from the employment of opium, whilst the ergot has been used under similar circumstances without any good effects.

Laceration of the knee-joints.—A chlorotic girl was admitted into the Leeds General Infirmary, with lacerated and penetrating wounds of both knee-joints from machine injury. There was a lacerated wound, about three inches long, outside the patella, penetrating into the joint, which would easily admit a finger under the patella. There was also a large contused and lacerated wound inside of the left knee, the integuments of which were much destroyed; the vastus internus muscle was much lacerated; the patella very much ground down, as if rasped by a rough file; there was an opening into the joint an inch and a half long, whence the synovia escaped, and mingled with the external coagulum. The wounds were dressed with dry lint, and coverd with oiled silk, and the patient kept perfectly quiet on her back. Opiates were exhibited at night for a few weeks, and general irritation kept down by appropriate medication. Suppuration ensued in a few days, and the wounds ultimately cicatrized. In consequence of the contraction of the integuments, the left leg could not be bent to a greater extent than to a right angle with the knee.

Bebeerine.—Mr. Tilley says this anti-periodic is isomeric with morphia. Its formula is:—

Found	C	72.22	35	72.11	calculated.
	H	6.62	40	6.77	
	N	4.30	2	4.82	
	O	17.02	6	16.30	

Its formula is therefore the same as that of morphia; its atomic weight is also the same. The number found as the atomic weight of the platinum compound of bebeerine is 6390.2; that of morphia (calculated) is 6255.7; a close approximation for bodies of such high atomic weights.

Pericarditis.—Dr. Taylor details the case of a young man previously in bad health, who was affected with acute rheumatism, the heart being healthy at the time of the attack, in whom pericarditis came on the day after the rheumatism ceased, accompanied by sharp pain in the left side, dyspnœa, irregularity of the pulse, and a systolic bellows murmur at the apex of the heart. The disease proved fatal in seventy-two hours. The examination of the body shewed recent adhesion of the pericardium everywhere but at the apex; the lower and back part of the left lung hepatized, and there were recent adhesions between the pleura of that side and the diaphragm. The morbid sound in the cardiac region is supposed by Dr. Taylor to have been a friction sound, closely resembling the mitral murmur. It was limited to the apex of the heart, which part alone of the pericardium was found to be free from adhesions at the post-mortem examination.

Puerperal fever.—Mr. Symonds divides this disease into three varieties, which he respectively designates the phlegmonous, the erysipelatous, and the remittent. The first of these, the puerperal metritis of writers, he treats by free general, and local bleeding, large bran poultices, free catharsis, and emesis, by means of calomel and colocynth, with tartar-emetic in the form of mixture, followed, after their action is fully established, by grey powder with ipecacuanha, with citrate and nitrate of potash and hydrocyanic acid or laurel water. If the pain and tenderness continue in spite of these measures, a blister of tolerable size may be applied to the hypogastric and umbilical regions. Mr. Symonds does not approve of Dr. Armstrong's plan of giving large doses of opium subsequent to the first bleeding. The second forms the true puerperal fever of writers, the erysipelatous, as Mr. Symonds and other practitioners have designated it, and is an exceedingly fatal disease. From some facts that have come to his knowledge, Mr. Symonds would be led to try the combined effects of bleeding, blistering, and quinine, given in small and quickly repeated doses. The third, the remittent, seems to be a compound of the other two forms, and presents a distinct remission and exacerbation once in the twenty-four hours. The *methodus medendi* is strictly, though moderately antiphlogistic. It seldom requires copious depletion, but leeches to the temples, and a blister to the neck may be needed to relieve pain in the head, after venesection. After an ipecacuan emetic, and a mercurial purgative, the grey powder with ipecacuanha, and the citrate and nitrate of potash with prussic acid may be relied on. The bowels must be attended to. When the febrile symptoms are subdued, quinine may be given with good effect.

Anterior obliquity of the uterus.—Dr. Pellegrini has published in the *Annali Universali di Medicina*, the particulars of a case in which labour was complicated by anterior obliquity of the uterus. According to Baudelocque, Velpeau, and others, anterior obliquity of the uterus never presents any obstacle to parturition, and is easily remedied. Baudelocque indeed affirms that the greatest inclination of this kind does not derange the mechanism of parturition, and that he has assisted at many labours which were concluded with facility, where the uterus was inclined so strongly forwards, that the abdomen fell like a sack on the knees. In October, 1840, Dr. Pellegrini was called to a woman who had been in labour for twelve hours—she was ætat. forty; had already borne four children, and for upwards of a year had been subject to gout. The abdomen formed a great sack, which hung down upon the thighs; and, although the woman was in the horizontal position, the fundus of the uterus touched the knees. The woman informed Dr. Pellegrini that her abdomen had begun to fall down in the fourth month, but that it caused her no alarm, for the same thing had occurred in her previous pregnancies without any bad effects. On the present occasion the midwife who had been with her had in vain attempted to replace the uterus: the contractions were strong, and directed from below upward; the membranes had been ruptured several hours. On vaginal examination the head was found presenting at the brim; the uterine orifice was widely dilated, directed to the vertebral column, and the posterior surface of the uterus had become the anterior. It was, of course, impossible for parturition to go on in this way, all endeavours to raise the uterus were unsuccessful, and when these attempts were prolonged, the patient was seized with convulsions. Dr. Pellegrini then thought proper to attempt turning: in this he succeeded, but the fœtus was dead, and the mother died four days afterwards of *metro-peritonitis*. Not even when the fœtus was extracted could the uterus be replaced, for a large mass of intestines immediately descended on the organ, and kept it still lying on the anterior surface of the thighs.

TRANSACTIONS OF LEARNED SOCIETIES.

Royal Medical and Chirurgical Society, June 24, 1845. Dr. Chambers, President, in the chair.

The following papers were read:—

On the Ophthalmia of Puerperal Women, by Robert Lee, M.D., F.R.S., &c.

After alluding to similar cases which have been recorded by Dr. M. Hall and Mr. Higginbottom, in the thirteenth, and by Mr. Arnott and himself in the fifteenth volume of the Transactions of this Society, the author relates two others which have since occurred to him, the details of which are given in the paper. He observes, that these cases present another opportunity of proving by dissection that the ophthalmia of puerperal women is the consequence of inflammation and suppuration of the uterine veins, or that there is a close relation between them; they also serve to confirm the accuracy of his former observations on uterine and crural phlebitis, and to demonstrate that in phlegmasia dolens, the inflammation commences in the uterine branches of the hypogastric veins, and extends from them into the iliac and femoral trunks of the affected side.

The particulars of a case of *pytyriasis nigra* were then detailed in a communication by Mr. Teevan. The patient was a young lady from Belfast, who, with the exception of the complaint under notice, was apparently in good health. The disease affected the forehead and eyelids, and commenced by a sensation of tension and heat, which was followed in a few minutes by the secretion of a blackish fluid, which gave the upper part of the face the appearance of having been daubed with Indian ink. The case was supposed to have been one of imposture, but Mr. Teevan convinced himself, by careful watching, that such was not

he case. The patient had, on her first arrival in town, consulted Dr. Chambers, and other medical men, before she placed herself under Mr. Teevan's care. She ultimately recovered from the disease, but, apparently, not in consequence of the treatment which was adopted, which was merely palliative.

Dr. Mayo enquired whether the catamenia were regular prior to the occurrence of the disease?

Mr. Teevan replied that they were not absolutely deficient, but they continued for a day or two only at a time. He had not examined into the character of the discharge himself, but had enquired particularly respecting it of the mother, who said there was not anything wrong about the secretion, as far as she could judge.

Dr. Chambers had seen the patient upon one or two occasions. When she first came under his notice, while the forehead was bedewed with this singular secretion, she looked as if belladonna had been smeared over the parts; as if, in fact, she had been under the care of an oculist, but on looking at it through a powerful microscope, it did not present a smooth or homogeneous appearance, but seemed as if the cuticle was broken up, like ichthyosis in miniature. He at first thought the patient was an impostor, but after the minute examination which he made, he was led to change his opinion.

Dr. Mayo thought, from the strange tricks that nature occasionally plays, that the disease might be looked upon as a singular instance of vicarious menstruation.

Dr. Chambers observed that Bateman had never seen a case of the disease, and had referred to Willan for its description. He, (Dr. Chambers) however, doubted very much whether Willan had ever seen it, as he said it was confined to children brought from the West Indies, and in them it appeared in the extremities only. This account did not at all tally with the particulars of the case under notice.

Dr. Williams asked the author of the paper whence he considered this black secretion was derived? whether it came from the sweat-glands, the sebaceous follicles, or where else it originated? It did not appear to resemble a modification of the cuticle, or ichthyosis, but was rather like a sebaceous secretion, such as is met with in various parts of the system. It resembled in appearance and character the pigmentum nigrum of the eye, and the fluid in melanosis. He thought it would be very interesting to know from what structure the exudation proceeded?

Mr. Teevan had watched the appearance of the exudation several times; he at first thought it resembled the blackness under the eyes of chlorotic females. It was, however, rather moist, and was removable by ablution. He was unable to answer Dr. Williams' question.

Dr. Chambers remarked that when this secretion was examined under the microscope, it presented the appearance of a thin black lamina, which had cracked as it dried. He could not detect any evidence of the presence of sebaceous follicles in it, and the skin was not in the least spotted after it had been removed. The girl looked very healthy when the eruption was out. She was rather good-looking, and had not any chlorotic indications about her.

Dr. Gregory inquired whether any local application had been used, and if so, what were the effects produced. He asked particularly whether any acids or alcalies had been applied, or whether a solution of nitrate of silver had been had recourse to?

Mr. Teevan replied that both the nitrate of silver and the decoction of oak-bark had been used, but without any effect in checking the exudation.

Dr. Chambers inquired if the surface of the skin beneath the exudation appeared to be healthy?

Mr. Teevan said, that the skin was perfectly healthy; neither Dr. Hodgkin, Dr. A. T. Thomson, nor himself, could detect any change in it whatever. No force was required for the removal of the exudation, either by oil, or soap and water. The appearance of the exudation was preceded by irritation, pain, and tension of the parts, and its frequent removal rendered the skin somewhat irritable.

Mr. Toynbee said it appeared from the examination of the secretion by means of the microscope, that it was composed of sebaceous matter, and pigmentum nigrum. Mr. Toynbee had had opportunities of examining small round jet-black masses developed upon the skin, and he had distinctly ascertained them to be made up of black pigment, granules, and sebaceous matter.

Dr. Chambers said that the black matter in the follicles of the face in acne punctata was often thought to be particles of dust, but it was also found in the follicles of the intestines.

Mr. Toynbee said, in favour of the opinion, that the black matter in these cases was composed of pigmentum nigrum, and not of extraneous matter, that it might be stated that the colouring granules were of an uniform size and shape.

The Society then adjourned till the commencement of the next session in November.

Royal Medico-Botanical Society, April 24th., 1845. H. Cope, Esq., jun., in the chair.

Dr. Cooke, the Professor of Toxicology, delivered a lecture on Stramonium.

As the datura stramonium has been much praised by many writers for its efficacy in relieving the paroxysms of asthma, and has been condemned by others as either inert or absolutely poisonous, it is a matter of importance to ascertain, if possible, the cases in which a drug, confessed by most of those who have employed it, to possess great powers, is likely to prove beneficial.

The powers of the drug may, perhaps, in some measure, be dependent on the manner in which it is employed. The forms usually adopted are the powdered leaves, gr. i.; the powdered seeds, gr. ½; the extract, gr. ¼; the tincture, m. xii.; and the herb or the capsule cut up and smoked.

The leaves and seeds only are in the "London Pharmacopœia;" the Dublin and Edinburgh Colleges admit the herb.

Much also depends, as in other vegetable medicines, upon the time of the year at which the plant is gathered: upon the care and knowledge employed in drying it for use, and upon the length of time which has passed between the gathering and administering it. The whole of the odour of the plant (probably dependent on a volatile oil) is dissipated by the process of drying, but the bitter taste (dependent on resinous matter) remains. The *herb* should be collected when the plant is in flower (July), be dried at a gentle heat, and by a current of dry warm air.

Presuming that these indications have been attended to, we may, perhaps, lay down the doctrine that experience has shown stramonium to be serviceable in cases of pure spasmodic asthma; and injurious in all cases attended with much congestion, or any inflammation. Stramonium is most particularly contra-indicated in persons of plethoric habit, tending to apoplexy. It is very seldom, too, that stramonium does more than afford temporary relief. Dr. Bree states, that he did not find a single case, out of eighty-three, permanently benefitted, but that twenty-four were injured by it. This was by smoking. From the rapid manner in which the effect is produced on the system by smoking any of the powerful narcotics, it seems highly probable that this mode of exhibiting stramonium is most likely to produce an immediate cessation of the urgent symptoms, as dyspnœa and pain about the chest (probably from muscular spasm), with consequent anxiety. It is probable, also, that the tincture or extract would be more likely, if regularly administered during the remission, to prevent the recurrence of other paroxysms. Stramonium has great power as an anodyne and anti-spasmodic; in fact, closely resembling belladonna in these properties.

The bad effects of stramonium are very serious, and unfortunately often come on suddenly, giving the remedy an appearance of being accumulative in its action. When improperly employed in asthma, it increases the dyspnœa, produces muscular tremblings, and temporary, or even permanent paralysis. In some cases it has produced syncope, which, from the frequent concomitance of disease in the circulatory system, has been fatal.

Stramonium has been much employed externally to relieve muscular and other pains, and with much success. The best mode of applying it is as a poultice.

The beneficial action of stramonium in asthma and other diseases is much increased by combination with diuretics. In this way also, the chances of its acting injuriously if administered in unfit cases, is greatly diminished. In many instances the smoked stramonium has been materially assisted by strong coffee taken internally.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers who are in arrear since Midsummer, are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared to us. Our rule is to be paid in advance.*

M.R.C.S.—*We are not aware when Dr. James Johnson relinquished the* Quarterly Journal, *he so long conducted with so much credit to himself. We do not know the number of the* last *part that was published. M.R.C.S. has been quite misinformed.*

A.B.—*The secessions from the National Association are under a hundred, we believe; far less than could have been surmised in reference to any medical association so numerous. Supposing that there was even no organized opposition, yet with such conflicting opinions in the profession, and an association so plain spoken, the marvel is, that at so important juncture so united a body could be maintained. Nearly five thousand practitioners in continued communion with seventy-two representatives, is the best vote of confidence that could be passed. The additions to the Association weekly have been far greater than was required to compensate the losses.*

K. S. (Medicus) *is thanked—but his one subscription suffices.* £150 *instead of* £2000—*a reduction of about ninety-four per cent. on the* gentleman's *own estimate—is surely sufficient.*

Censor *recommends us to hold up to ridicule and censure the illicit habit of some medical practitioners, who exhibit in the windows of their shops or surgeries all the* insignia *of a disgusting and indecent species of practice. If the Council degrades surgeons—surgeons, it is affirmed, do it still more for themselves. Censor proceeds:—*

"No enemy can degrade them as they degrade themselves. Walking along C——n Street yesterday, I was attracted by a gaudy window, in which, among other delicacies, were exhibited copaiba capsules tastefully disposed in colored saucers, and a row of suspensory bandages hung on a line which extended the whole length of the window, each article ticketed with its name and value, (the rate of prices being, in most instances, lower by half than the sums charged by a Chemist.) From a brass plate on the private door of this bazaar of indecencies, I ascertained that the upper part of the house was used as a seminary for young ladies.—Yes, a seminary for young ladies—a garden for the cultivation of that freshness and purity of thought in which the crowning charm of the sex consists. It cannot, I presume, be questioned that, incomparably, the highest duty of a teacher's important vocation is to keep the youthful mind remote from all contaminating influences, unacquainted with every species of impurity; "Nil dictu fœdum visumque hæc limina tangat intra quæ puer est." But is this practicable where the door, through which pupils enter the school adjoins a shop-window ostentatiously dressed out with apparatus for males, who have been in company with diseased women of the town? The inquisitiveness of young girls is well known; and imagine a father hearing his daughter inquire the use of that long thing with tapes and a net-work bag which she had seen in C——n Street!

Dr. Rigg's *card has already received our censure. No member of a respectable profession should advertise after so tradesmanlike a fashion.*

Aspirant.—*No such observations have been published, except in our reports of Dr. Williams' Lectures. We cannot say in which number the subject is treated of by that Physician.*

Pamphilion.—*It is opposed to principle and etiquette, to prescribe through the pages of a medica*

periodical. A medical gentleman should be consulted.

A Pupil (Shaftesbury).—*The question in debate is a matter between the pupil and his master. If the master consents to the pupil's remaining two years of his time in town, and will deliver him up his indentures, on those conditions, there is no occasion for any further proof of his having completed his apprenticeship.*

An Old Subscriber.—*Medicine chests may be obtained of any wholesale druggist, and of an almost endless variety of quality, size and price.*

Our esteemed correspondent, Dr. Lewins, the late Censor of the Royal College of Physicians, Edinburgh, addresses us on the Seton case. Dr. Lewins severely reproaches The Times (*daily newspaper*) *for its impertinence in controverting the opinion of the jury expressed in Mr. Liston's favour. Dr. Lewins appeals to the authority of his " old friend" Mr. Liston's surgical repute, and to the support and concurrence of the two General Practitioners acting with him, as demonstrative proof of the impropriety of the* 'Times' *censure of his operation. He quotes Lord Robertson's flattering opinion of Mr. Liston's surgical skill and tact, and narrates, with great frankness, a case of his own, where, possibly for want of the operation, a patient died from hæmorrhage, the result of a rupture of a branch of the iliac artery. A quotation from Dr Armstrong is given, recommending surgeons to act for their patients' weal, careless of their own personal repute; and it is affirmed that if Seton had died without the operation, Liston would have equally been blamed, the poor surgeon thus standing before the public like the dupe before the thimble-rigger, " tails you lose, heads I win." Dr. Lewins finally gives the whole weight of his professional authority to the propriety of Mr. Liston's conduct in the Seton case.*

Nec temere nec timide *has written us a letter, agreeing pretty nearly with one in another column, on the approaching elections at the College of Surgeons. He insists on the Council maintaining their pledge of keeping a strict neutrality, and advises the Fellows to vote for the first able Fellow proposed. We have only one remark to make. Is the first* able *Fellow a just and sensible medical legislator? If so, will he do himself, and us, and the Fellows, the service of publishing his profession of faith? Let the Fellows support the Fellow who will advocate the largest ameliorations.*

—O.—*The communication on parasitic animalcules has already appeared in the* Medical Times.

A Student.—*We are now making arrangements for the appointment of arbitrators, who are to decide on the Students' Prize Reports. We propose the board to consist of two General Practitioners, one Physician, and one Surgeon.*

M.D.—*One of the cases recently reported from the practice of Dr. Rigby in our columns, exactly meets our correspondent's query. The recovery was a splendid tribute to that eminent physician's discernment and skill.*

M. R. C. S.—*The announcement respecting the decision of the Council to apply for a Supplementary Charter, is undoubtedly accurate. To what extent the proposed changes will reach nobody can surmise. The Council are about the most incomprehensible body of hesitating, shifting, and changing legislators known outside the walls of St. Stephens.*

Mr. Graham, the Registrar-General, has favoured us with a copy of a very convenient certificate book, to serve as a professional record of cases of death, with their causes. He proposes to supply a copy gratis to every qualified Practitioner. We need not urge on our brethren the immense advantages that would accrue to medical science if each gentleman would avail himself of Mr. Graham's suggestion, aided as it is by so handsome a facility.

We advise Scott *not to meddle with edge-tools.*

We consider A General Practitioner *to be certainly entitled to mileage when attending courts of law. The fee per diem differs in different courts.*

Lionel Lincoln *has mistaken our meaning. We meant him no unkindness.*

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES,"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s.—An allowance is made to the trade.*

THE MEDICAL TIMES.

SATURDAY, JULY 12, 1845.

———Dum loquimur fugerit invida
Ætas. HORACE.

THE kaleidoscope is not more fruitful of changes than the brains of those who have charge of the Medical Bill. On Monday evening Sir Robert Peel, in announcing the Government measures, which were about to be postponed or abandoned, declared that the Physic and Surgery Bill was to be reprinted, with alterations, and then re-introduced: if not met with opposition, it was to be passed during the present session. The announcement was received, we are told, with peals of laughter, general and long-continued. We are not surprised at this uproar of Parliamentary cachinnation on a subject the laughers know as much about as the legislation of Kamschatka; but we are surprised that Sir James Graham should have hazarded, by unnecessary concessions, so natural and needless an expression of opinion. The enormous and countless difficulties surrounding Medical Legislation, in which, as in Alpine mountains, each high summit attained but gives a clearer view of those higher yet to be crossed; these difficulties of themselves were but too likely to fling any statesman grappling with them, in a false position in the eyes of those who, ignorant of the subject, could make no allowance for an incomplete or imperfect success. But when Sir James Graham, after obtaining that large professional support, which, while proving his measure good, secured its success, and guaranteed its popularity, flung away the victory that lay within his hands, and commenced a new series of negotiations, he committed himself to a course of procrastination, compromise, and concession, which could not ultimately fail of bringing him to defeat and ridicule. Out of an excess of 'obligingness, which, while esteeming, we cannot but condemn, the Minister has annihilated his own measure. He sought to have his Bill passed with—what cannot be ever had—the concurrence of every respectable party in the Profession; and to achieve his great object of giving this impossible satisfaction, it must be admitted that he has shown the utmost heedlessness of personal considerations, even in that House of Commons, where personal standing is almost everything. We dissent wholly from the *policy* pursued by the Minister: but it would be unfair and unhandsome in us to deny that he has shown a good faith and self-denying integrity in our service, that must for ever—successful or unsuccessful—commend him to our kindliest esteem and gratitude.

The Bill, with its new *alterations*—we wish we could be sure they were *emendations*—was to be submitted to Parliament this evening, (Thursday.) That it will be passed this session we have not the slightest hope. However good it may be, there will be opposition, and that opposition, however discreditable, will suffice at this late period of the session to prevent the measure passing through the trying ordeal of a House of Commons' Committee.

The great alteration in the proposed Bill, if we are correctly informed, refers to a second examination of the General Practitioners. The opposition of the College of Surgeons, strengthened by a partial cry by a few General Practitioners for a continued connection with that body, led to the proposal of a Board of Examiners, composed in equal parts of Physicians and Surgeons, which should give the General Practitioners with a second examination a second *title*. Sir James argued thus: "You seek a College for yourselves, governed on the representative principle. I give you that. A power of supervising your own curriculum free from all control. I give you that. The privilege of testing to the utmost point a candidate's competency to practice. That also I give you. But the College of Surgeons must not be ruined; and especially must it not be ruined when thousands of your body are willing for the further honor of its Surgical diploma to pay a second fee, and undergo a second examination. Instead of leaving their membership of the new College to their own option, and thus keeping up a double class of General Practitioners, let every General Practitioner after having his competency tested, undergo a further examination before the joint board, and be at once a Fellow of the College of General Practitioners, and Member of the College of Surgeons. The expense may be greater—the trouble increased—but the candidate will stand the better before society for the double ordeal, and the order of General Practitioners will have the dignity of the class maintained."

We own that this train of argument is sufficiently plausible—especially when there are so many who think that the members of the new College of General Practioners will stand the higher in public estimation for a continued connection with the College of Surgeons, but for ourselves we should be content as General Practitioners to stand or fall on the single examinations of the College at our own head. If men will have the vanity to wish for a second title, where one should suffice, it does not follow that the State should yield to their foible; but the truth is, the present arrangement is very cleverly adjusted to keep up an old Institution, by an adroit use of our weaknesses. Under the cover of a sham examination, attesting what has been already efficiently demonstrated, we get a title we covet, and the Old College gets a sum it cannot do without. The arrangement is evidently only a temporary one, and on that account, perhaps, the less to be deprecated; for till the New College make a high standing for itself, it will not be the worse for an arrangement, by which each of its Fellows becomes, *ipso facto*, a Member of the College of Surgeons.

It is supposed that under this plan the admission fee will be about thirty guineas; a portion, perhaps a fourth going to the support of the Hunterian Museum; another to be divided between the Physicians and Surgeons, and the remainder, probably a half, remaining with the College of General Practitioners.

At one o'clock this morning (Friday) nothing had been done with the Bill; it will, probably, be discussed to-night, or postponed to next session. In its present stage further criticism would be premature.

Accipiat sane mercedem sanguinis, et sic
Palleat, ut nudis pressit qui calcibus anguem.
JUVENAL

A dear-bought bargain all things duly weigh'd,
For which a thrice concocted blood is paid,
With looks as wan as his, who, in the brake
At unawares has trod upon a snake.
DRYDEN.

IT will be remembered that our disquisition upon tea was suggested whilst treating of its particular use by medical students. We intended to mention it only incidentally, as a means very commonly employed, amongst others, for the prevention of sleep; but a belief that a more enlarged treatise would be void neither of amusement nor of edifi-

cation, led us into a digression which we hope again to make when we come to discourse upon other popular subjects, such as alcoholic stimulants, tobacco, &c.. It remains for us at present, however, to say what are the further means resorted to by students whose ambition prompts in them the desire to be watchful over much.

We are told by Seneca, that Parrhasius, the famous painter of Ephesus, bought one very old man out of the Olynthian captives, whom Philip of Macedon conveyed home for sale, and when he had the poor fellow safely, beat and variously tortured him, that he might, from the agony and writhing of the sufferer, the better express the figure and features of a Prometheus, he was about to paint. Our intention towards our readers is the exact opposite of the wicked old painter's towards his slave. We mean, as aforetime, to represent the miseries which people have voluntarily entailed upon themselves, to the end that, by these examples, and the suggestions of our own judgment, we may the better obviate the continuance and propagation of injurious practices. We are much attached to the didactic, or preceptorial style; it furnishes the best opportunity possible for making one's subject lofty and one's self important, but we are not quite so certain as to the usefulness of it. It might do all very well for the philosophers of old, who took up so much time in learning and digesting matters, that when they *did* venture upon an *ipse dixit*, their opinion might be considered little short of immaculate. Plutarch says that the life of a vestal virgin, was divided into three portions: in the first, she learned the duties of her profession; in the second, she practised them, and in the third she taught them to others. That was just what the philosophers did—a man was never permitted even to ask a question until he had for a certain length of time listened in the academy, nor was he, until long after this, permitted to express an opinion about anything. Thou best, busiest, and wisest of all bees, from whose gatherings we have culled many a drop of honey, sweeter and more nutritive than any now hived—dear old Plato, the crack "bee of the Athenians," would that thy injunctions prevailed just now! What an amount of foolery that we hear uttered, by great men and little ones, would have been checked, had Plato's suggestion been made "lynch law." What a treat to snip a bit off the tongue of a scolding wife who defied kindness to cure her—what a *burning* example to mark a blackguard's lip with a brand of infamy, and make him careful of his words for ever—what a luxury to pitch-plaster the mouth of a brawler, eloquent of humbug and bring him to the enviable state of thinking, often before he ventured to speak at all! The thought may seem a cruel one in these days of oratory, when a man *gets* more, and *shines* more, by what he says, than by what he does—but we *like* the thought, and we luxuriate over it as we think; if it were only a law applicable on the instant, how many mouths we should have the happiness of stopping! But it is not so, and we are sorry for it, for there is a certain amount of parrotising we are all compelled to hear, evade it as we will. Now, as the philosophic maxim of old is not the maxim of to-day, ourselves, in common with others, some sensible, and some silly, have not learnt the most desirable trick of "hearing all you can and saying nothing." That everlasting tea-table gossip, Cowper, brought silence into disrepute—genius of the faculty, mark his poem with charcoal—by saying this twaddle:

> The man I trust, if shy to me,
> Shall find me as reserved as he,
> No counterfeit or pleading
> Shall win my confidence again—
> I will by no means entertain
> A spy in my proceeding.

Loquacity set in, in double earnest, on the strength of that bit of versification, which, in our opinion, did far more to establish the abominable practice, than the eloquent poetry of Shakspere, which tells us that

> ——— Silence is only commendable
> In a neat's tongue dried.

"Intercommunicableness intercommunicable," like railroad shares, is chiefly the fashionable and marketable commodity in the times we live in—all are talkers, few are thinkers—the didactic, properly so called, has gone out of fashion, because there are none fit to bestow, and few willing to receive it, and ourselves, consequently, *cum multis aliis*, take the more epigrammatic road of fact, anecdote, and narration. These things require no thinking about, you have only to see, hear, or read them, and off they go again from yourself with as much consequence as if you were their original. And many a man, permit us to tell you, worthy readers of these observations, has got a fair reputation, by dealing out second-hand, such *materiel* as is contained on the pages you are now perusing.

After what we have said in favor of Plato, and his great maxim, we should be sorry to say anything calculated to lessen his weight with posterity, but whilst we have stated the *necessity* of our anecdotical and matter of fact style, as compared with the didactic, we consider it due to ourselves and our system, to say that this style is not without its advantages. Some writers affirm that example is everything, and precept nothing—or as we once heard it classically rendered by an old man-midwife at a temperance meeting in a methodist chapel, "a grain of fact's worth a pound of theory." It will scarcely be believed that such a man could write a book—but he did write one, and precious rubbish, as might be supposed, was stuffed into it. Another proof of the advantage that would follow the stopping of people's pens, as well as their mouths. This fellow may be taken in illustration of the influence of example—his was a bad one, and mischief resulted from it, for it became contagious. Horace rightly says

> Decipit exemplare vitiis imitabile.

Had it been exposed with propriety, more would have been inclined to flee than to follow it, and so, though in itself a vice, it would have produced a virtuous issue. This is the great beauty and service of narrative—"to show virtue her own feature, scorn her own image, and the very age and body of the time, his form and pressure." It is easily conveyed, is as easily received, and rarely fails of endurance. Philosophical precepts require philosophical heads to listen to them, and perhaps as we *now* live and learn, St. Augustine might with some truth apply his great comparison of the two chief sources of instruction—"Magis intuebantur quid fecerat Jupiter, quam quid docuit Plato."

Our immediate object then,—having determined upon the means wherewith to execute it—is to inveigh against over study, its plans, and some of the sources of its promotion, and to illustrate its evils by instances of hearsay or observation. The burden of our subject lies with that unhappy class of men, intellectual Dandos, who have such voracious appetites for mental food, and such capacities for stowing it, that not satisfied with gluttonising all day long, they will actually, like the ass with his bundle of hay, chew all night at it. And when nature fails them, and its "sweet restorer" would fain curtain their eyelids with something comfortable, they summon one Cerberus or another to keep it away, as though, instead of like a friend, it came "as a thief in the night." We mentioned some of these, who have done despite to themselves in this wise by the profuse imbibition of green tea; the next class we have to exhibit are those who perpetrate a like misdemeanor by the local use of cold water. The hydropathists say that, like Captain Dalgetty's mulled ale, it is "the best shoeing-horn known for drawing on a sound sleep"; and we also say, that it is as efficacious as a group of furies, for driving off one. Aretæus tells us of people having *ingentes et crebras vigilias*, great and frequent watchings, lasting for a month or a year at a time. Hercules de Saxonia affirms that he heard his mother swear she had not slept for seven months together. Trincavellius knew a man who was awake for fifty days, and Schenkius one who never slumbered for two years! these are extraordinary enough, but our own experience goes far beyond them, for we knew of instances in which, after a certain use of cold water to keep their eyes open, the operation has been so effectual with the victims, that they have never slept again, except "that sleep which knows no waking." A foolish experiment and a fatal issue! And all this for the sake of amassing a load of information that is as useless and burdensome as the accumulated gold of the miser, which being hidden, brings no interest with it. The wealth of this man is of less use to him than it would be to another, who, though he had it more sparingly, would employ it to some good end; and the stored learning of the other, being unwieldly in its mightiness, is just as serviceable as the musty materials of a lumber room, upon which obscurity has set its seal for ever. It was well observed by Dr. Kippis, that, such men have so may volumes in their heads there is not room for their brains to move: or as Rhasis rightly hath it, *multa appetunt, pauca digerunt*, they eat more than they can digest. A favourite writer of fiction speaks of a bass singer who could go so low nobody could hear him; and so it is with your great scholars, they are so profound you cannot fathom them, or at least nothing short of a diver of Delos could hope to do it. And little do they think how great a mischief is the heritage of their toil. Ficinus rightly says, "other men look to their tools; a painter will wash his pencils; a smith will look to his hammer, anvil and forge; a husbandman will mend his plough irons, and grind his hatchet if it be dull; a falkner or huntsman will have an especial care of his hawks, hounds, horses, and dogs; a musician will string and unstring his lute; only scholars neglect that instrument (the brain and spirits I mean) which they daily use, by which they range over all the world, and which by much study, is consumed."

THE TESTIMONIAL TO THE MEDICAL TIMES.

In the course of our editorial experience, nothing has more gratified us personally than the amiable zeal with which our friends have demonstrated their kindness to us on the occasion of Mr. Wakley's late legal *escapade*. Insignificant as was the event itself, kindliness to us seems to have given it importance: and our friends have felt stimulated to exertions, which prove to us the double truth—how largely our labours have been appreciated, and how much of help we can count on, should any real demand for it arise. Already, within about a week, nearly two-thirds of the damages allotted by the jury as the utmost amount at

which they could appraise the character of an M.P. and Coroner, have been subscribed!

Now, that the expression of feeling in our favour has been so prompt, so promising, and so satisfactory, it may not be unbecoming in us briefly to say, that whatever the amount that may be subscribed, we propose to return it wholly to the Profession. We believe that every particle of our animadversions on the famous or infamous public men, who seek to lead or mislead the Medical Profession, tended at whatever hazard to ourselves, to serve the good cause; but published by *us*, we are anything but desirous to place on others our responsibility. While gratified, therefore, on the one hand with the homage paid to the *public* and *disinterested* quality of our opposition to unprincipled and designing wrong, we take leave, on the other, respectfully to propose, that the subscriptions of the Profession on this occasion shall be used, not to defray the costs of our service in boldly analyzing political unprincipledness, but for the higher purpose of founding prizes for the advancement of medical science. If we may judge from the subscriptions already received in so exceedingly short a time, there is a very reasonable prospect that the total amount will not be less than £500, and may amount to £1000. In either of these cases, we will found a perpetual *biennial prize*, open to the competition of every British and Irish Medical Practitioner; the successful candidate receiving, in one case, the sum of Fifty Pounds — in the other, a Hundred. We would thus perpetuate, in a way serviceable to the Profession, the memory of an action which was meant to be as destructive as it turned out to be insignificant, and which was incurred on our side solely in a desire to present the world with a Profession no longer discredited with unhappy and damaging associations.

HOUSE OF COMMONS.

Several very important motions were announced for last night (Thursday.)

First, we have Sir James Graham for going into Committee on the two Medical Bills—the Physic and Surgery Bill, and that for granting certain Charters.

Secondly, we have the Lunatic Asylums' Bill, (of Ireland), which is to go into Committee.

Thirdly, we have Mr. Muntz's motion, which will be put as an amendment, that before the House go into Committee, the latter be instructed to consider the propriety of writing prescriptions, &c. in plain English.

Fourthly, we have Mr. Wakley's old ill-fated motion for an Enquiry into the late Charter.

Fifthly, comes Mr. Shaw's motion for reserving a certain Professional Appointment to the Irish College of Physicians.

And finally, we have Mr. Murphy proposing the following amendments:—

22. Mr. Serjeant Murphy,—In Committee on the Physic and Surgery Bill, to move the following Amendments:

In Clause 2, line 11, of page 3. after the word "England," that the words "one general Practitioner to be chosen by the Council of the College of General Practitioners in Medicine, Surgery, and Midwifery of Ireland," be added.

And in Clause 3, line 27, after the word "England," that the words "the general Practitioner chosen on behalf of the said College of General Practitioners in Medicine, Surgery, and Midwifery of Ireland," be added.

And in Clause 4, line 10, page 4, after the word "Majesty," that the words "and upon every vacancy made upon the same Council by the member chosen on behalf of the General Practitioners of Ireland, the Council of the Royal College of General Practitioners in Medicine, Surgery, and Midwifery of Ireland shall choose another General Practitioner to supply such vacancy, subject to the approval of her Majesty," be added.

And that in Clause 14, line 15, after the word "Act," the words "shall be qualified to enrol and" shall be omitted.

And in the same Clause, line 17, after the word "England," the words "or of the Royal College of General Practitioners in Medicine, Surgery, and Midwifery of Ireland," be added;

And in the same Clause, line 23, after the word "Royal," that the words "Colleges of Physicians and Surgeons in Ireland" be omitted, and the words "College of General Practitioners in Medicine, Surgery and Midwifery of Ireland," be substituted.

And in Clause 17, line 43, after the word "England," that the words "or by the Royal College of General Practitioners in Medicine, Surgery, and Midwifery of Ireland," be added.

And in Clause 20, page 9, line 2, after the word "Scotland," that the words "or Ireland" be omitted.

And in the same Clause, line 4, that after the word "Surgeons," the words "of Scotland" be added.

And in the same Clause, line 4, that the words "in that part of the United Kingdom in which he shall have received his letters testimonial," shall be omitted, and the words "and every person registered in Ireland as a General Practitioner shall be required to enrol himself as a Fellow of the Royal College of General Practitioners of Ireland," be added.

And that in Clause 33, page 14, line 7, the words "and no further or otherwise" be omitted; and in line 23, of same Clause, that the words "and no further or otherwise" be omitted.

THE LATE FATAL DUEL AT GOSPORT.

(To the Editor of the Medical Times.)

SIR,—I find in your journal of last week some criticisms by "an old Army Surgeon" on a letter of mine that appeared in the *Times* of the 21st of June, with respect to the medical treatment of the late Mr. Seton. I beg to make a few remarks on those criticisms. Your correspondent says, first of all, that the letter of "M.D." is "below criticism," which conclusion he venturesomely arrives at, because "the writer has not the least idea of the difference between a *wounded artery* and an aneurism!"—an assumption, sir, as futile and untrue as it is bold and unwarrantable. I plead altogether ignorant of this charge. In my letter to the *Times* I took it for granted that every medical man would assume it as a fact, on the evidence *already* given, that the aneurismal tumour for which Mr. Liston hoped to find a remedy in tying the external iliac, was what is termed *a false aneurism, arising from a lacerated artery caused by a pistol shot.* This seemed to me so self-evident, that I went at once to the question of the propriety or impropriety of Mr. Liston operating for *such* an aneurism, without conceiving it possible for any one to be simple or wilful enough to construe my intended omission into ignorance, or be so unjust as to accuse me of not knowing a wounded artery from an aneurism.

In regard to the other criticisms on my letter, they are far too ridiculous and *irrelevant* to deserve particular notice, as are, indeed, most of those against the other medical men. And when I find this "old army surgeon" and "*civil* surgeon and physician" falsifying his adversary's position, unceremoniously assuming others for that adversary which are not acknowledged, and then advancing some of his own, as wild as they are inapplicable, to argue illogically on the whole, I begin to think he is indeed *too old* to put forth an argument at all; and that Government would have done much better to have superannuated their "*old* army surgeon" before he ever vainly dreamt of being a *civil* one, and pensioned off services which, if ever performed at all, must have been when he was *not* old. Besides, while he—this *old surgeon* of army and civil experience—querulously disapproves of whatever was done for Mr. Seton, he suggests nothing that might have been done! He would have us suppose, I imagine, that under the mask of his silence, there was a wisdom that passeth knowledge.

I am, Sir,
Your obedient servant,
M. D.

Southsea, July 8th, 1845.

THE LAW OF LIBEL.

As to actions for defamation and libel, we have notions upon the subject certainly not very favourable to adventures like Mr. Phillips; notions that must be more popular than they are, before the freedom of the press will be anything more than an empty name. We, though happily ourselves less involved in such matters than any other who ever addressed the public daily for so many years, must give it as the result of a long and attentive observation, that, in 19 cases out of 20, libel actions are most sordid attempts at robbery; that in 19 cases out of 20, the plaintiff, to speak plainly *lies* knowingly, when he asserts injury; that the judge and jury, when they ratify his assertion by awarding damages, we will not say *lie*, for that would be disrespectful, but "affirm the "thing that is not," to borrow the euphemism of the Houyhnhnms. We have reserved a twentieth for cases in which the plaintiff in a libel action is not a conscious liar, when he complains that he has sustained an injury, and we think the exception of a twentieth exceedingly liberal, though we include in it a great majority, who, excited by timidity, or inflamed by passion, believe that they have sustained injury, which really they have not sustained. Few, indeed, are the cases in which a libel can really injure any one in a country like this, where for one organ open to asperse, there are hundreds available for wiping off the aspersion.

* * * * * * *

There are cases, no doubt, in which libel actions offer the only remedy for wrong—these cases occur when men are charged with offences, so grave, so foul, or of such a nature as that they cannot vindicate themselves with sufficient promptitude to escape an interval of suffering—or again where the rabble are excited to assault them. Our readers will recollect the peals of "thunder" in "the Monster" case, and the exhortations to the use of "brickbats and bludgeons," as examples of those detestable classes of libels, which no good man would grieve to see expiated by the cord or the cat-o'-nine-tails. A libel, however, which can be answered by the next day's newspaper, in this age of newspapers, of rail-roads to carry them, and of free newspaper postage, can inflict no real injury, and is in fact no libel, and the press will not be free until judges and juries find out this truth. Lord Campbell's bill has done a great deal for the press, but more remains to be done—even if judges and juries improve their view—for the defence of a libel action is a very serious matter even when successful.

Pickpocket plaintiffs will always be forthcoming to raise money upon threats. The proper remedy is to give no costs save in case of grave damage.—*Standard.*

MR. ROSS ON MEDICAL REFORM.

Just before going to press we have received a long communication from Mr. Ross, having peculiar reference to the topics in question during the present week. From the lateness of the hour, we must do ourselves the violence of at once abstracting the letter with large extracts of the more telling *morceaux*, rather than publishing it at length next week, when much of its interest would have expired.

Mr. Ross, addressing Mr. Wakley, M.P., begins

with a reference to the influence he for some time possessed with a certain part of the Profession, and to the proportionate responsibility which attached to his conduct in the present crisis. He suggests that now is to be tested the wisdom of the confidence that has been placed in him, and the mischief or utility of his advocacy. Mr. R. confesses to have been Mr. W.'s coadjutor for eighteen months. During that time, when he could not approve, he was silent, or contented himself with a protest against the vacillation he condemned. He continues:—

Silence, however, is now a crime—a hardy opponent must be hardily answered; the crisis has arrived when neutrality would be dishonour, and a passive acquiescence in wrong a shameful cowardice. Besides, your own intentions and objects have been discreetly concealed until the last few weeks; for I must confess, that I have often listened to you with the view of ascertaining what might really be your ultimate aims, and although I have been exceedingly amused by your ingenious special pleading, your cautious frankness, artful resentment, and salient dexterity of argumentation, yet my curiosity has never been gratified. Your eloquence has much of the Will-o'-the-Wisp character, which, instead of being a beacon to a safe road and happy home, insidiously leads the traveller into a morass. You might have indulged in these peculiarities without censure, if you had employed them to win over your opponents to a just cause, to avoid giving offence to your friends, and to combine in one great and overwhelming body all the moral and intellectual power of the Profession. *This you have not done*; you have striven to make and unmake—to unite and divide—to spread dissension, and foster prejudices, but you have not succeeded. Your conduct is ours to scrutinize—*your motives are your own.*

I believe, Sir, that you are anxious to stand well in the opinion of the Profession; the consciousness of their disapprobation has cost you many a bitter reflection, and plunged you into acts which later experience has caused you to repent. Repentance is not, however, always followed by reformation, and by a curious perversity of mind, you have determined to continue in a career, which, knowing to be wrong, you hope your obstinacy may seem to justify. It is this kind of infatuation which ruins most men of strong will and hard intellect.

Your fault, Sir, has been to anticipate the judgment of your professional brethren, to deem your own edicts the oracles of wisdom, to exact an abject submission—a servile obsequiousness to your opinion; and if, after all your tactics, you could not succeed in enthralling the professional mind, to give the rein to your passions, and strive by every art, power, and means, to blast the labours of the Profession, and accomplish your individual projects. The truth must be spoken, however unpalatable it may seem; it is no time now to quibble about terms, or to think one thing, and express another. You are, in your own person, one of our best authorities for freedom of opinion, and liberty of speech.

If, Sir, you had not made that unfortunate congratulatory oration on the introduction of the second Medical Bill by Sir James Graham, I apprehend that your tactics would have materially changed. You found that the Profession did not support you; what you applauded, they condemned; this conviction incited you to redeem your position, and on the introduction of the third Bill, you as violently censured as you had before earnestly approved. You were again at fault—the Profession did not support you; it was a grievous mistake, and I have no doubt you have lived to regret it.

Consistency, Sir, was sacrificed on all these occasions, and with that your political character was seriously damaged. Men who have been successful in life are apt to rely upon their own infallibility with too much complacency; they think that the tide of events will ultimately carry public opinion in their favor. If they are consistent, this is usually the case, but if uncertain and capricious, seldom; and it must not be forgotten, *that a recusant to his faith may be forgiven in youth, but never in mature age.* The down-hill of life is often, to men of expediency, the down-hill of reputation. The juggler who commands our admiration while he conceals the trick, is despised when his arts are revealed. Time unmasks all mysteries; it lays bare every heart, and very few can sustain the vivid light which it throws upon their deepest recesses.

Ever since you have been a medical reformer, you have advocated a reform of the College of Surgeons; it has been your hobby; you have cherished it as an act of retaliation for the personal insults which, in early life, you received from the Council. The recollection of these insults has worn its channel deeper and deeper the more you have dwelt upon them. You have clung to this hope of revenge with an unrelaxing tenacity; it is the osier-twig that binds together all your other projects; it gives an air of sincerity to your schemes, an earnestness to your zeal, a vehemence to your denunciations—it is the very Benjamin of your heart—your master-passion! You have been, indeed, consistent on this point. But you forget, that all the members of the Profession are not animated by the same bitterness of feeling. They judge more calmly, and with more unbiassed minds: times and circumstances have changed—new forces have been brought into play—new principles are at work—nobler objects are opening upon us, and we must now act, not upon the musty records and faded remembrances of years, but upon the pressing realities of the present hour.

Even yet, Sir, you may regain the confidence of your professional brethren, by assisting to acquire for them an Incorporation on the representative principle, and to secure the passing of a bill in Parliament, by which they may be endowed with an efficient power in the State, with a Court of Appeal against corporate mismanagement—a ready access to Parliament—a more extended protection in the practice of the Profession, and a closer approximation, if not a perfect realization of those great principles which you have ever supported—the unity and indivisibility of medical science, and the uniformity of medical education.

These boons are offered to us in the Bill about to be re-introduced to the House of Commons;—*will you be foremost in rejecting them*—in repudiating all your past professions, and in sacrificing a great cause, that you may enjoy the indulgence of quibbling upon trifles, and congratulating yourself upon the achievement of an unworthy victory? What do you conceive will be your position with the Profession after such a procedure? Can you deceive yourself for a single moment, by supposing that you can wheedle from the General Practitioners the lowest murmur of approbation? In my opinion, you are now in a most precarious position; your character is at stake; you are standing before the tribunal of public opinion; out of your own mouth you will be judged; henceforth, it will be decided whether you shall be considered the friend or enemy of the General Practitioner! Let not pride, ambition, nor the instinct of retaliation blind your better judgment, and prompt you to pursue a line of conduct which, as sure as you live, will redound to your *dishonour*! I bear you no ill-will—I have admired your talents—I have respected you for the good you have done; but the welfare of my Profession, and my own sense of right, outweigh every other consideration.

Mr. Ross now twits Mr. Wakley on his league with the monopolists against the General Practitioners, and proceeds:—

Your present conduct, Sir, in Parliament, will be a lesson of warning to the Profession. Defeated out of the House, in your attempts to overthrow the National Association, you have agitated in the House with the assumption of a moral force do you not possess. Professing to be the representative of the General Practitioners, you have neglected their wishes, and are the most resolute opponent to their interests.

The petitions you have recently presented against the Bill are in reality of no value, since most, if not all of them, were sent to you for presentation under false impressions, as is proved by the desertion of the movement, by whose instrumentality these petitions were drawn up, and I apprehend that no man is better aware than yourself, that these petitions were the result rather of a temporary agitation of public feeling, than of a deliberate judgment. Nevertheless, they will serve the purpose intended, and I must do you the credit to say, that you have sagaciously and opportunely employed them. I anticipate, that by the time this letter is published, you will have declared your sentiments. I shall be glad to find, that my fears have been vain, and that the Hon. Member for Finsbury has been the advocate of right, justice, and professional independence. Nothing could be more grateful to me—nothing more honorable to yourself.

ASSOCIATION OF SURGEON DENTISTS.

To the Editor of the Medical Times.

SIR.—Having repeatedly called attention to the present anomalous position of the Dentists of this country, and regretting that there still exists a supineness on the subject, I venture once more to address those interested, through the medium of your excellent Paper, particularly as Parliament is now legislating on Medical and Surgical affairs.

The Surgeon Dentists remind me of the position of Teachers. Having alluded to Teachers, I may briefly explain the reason:—Any persons in this country may become school-masters or mistresses, whether qualified or not. This is not the case on the Continent; there they must not only be examined by an Educational Board as to their literary capacity, but also as to their moral respectability; and then they receive a license, which in case of subsequent delinquency is cancelled, &c. the application I leave like the poet's to the imagination of the Reader. They may be *professionally* qualified, or they may not, but the public have not means to discriminate, inasmuch as there is no *legal* qualification, by which the man of science can be distinguished from the Charlatan: and though the former may in time obtain his proper *status*, and his science and skill may gain him confidence, yet without some diploma or license he might have the chagrin to be confounded with "the wonderful-cement-men," or with those teeth manufacturers who *modestly* profess to rival, if not surpass, dame Nature, by their own equally wonderful discoveries.

The importance however of Dental Surgery is now recognised by the most eminent men, as not only useful for preserving the symmetry of the mouth—preventing deformities which would otherwise destroy the expression of this beautiful feature,—giving at the same time the power of proper accentuation, but as useful in aiding the physician in his diagnosis of some of the most distressing maladies which embitter life, it being now ascertained that often *cerebral* and *spinal* irritation is primarily induced by diseased teeth—the local irritation in the *alveoli*, &c., sympathetically affecting the important vital organs previously mentioned.

Will then a knowledge of fitting artificial teeth be deemed a sufficient qualification for a dental practitioner? Or ought a man who is merely a successful tooth extractor, or a good stopper of teeth, to be alone entitled to practise as a surgeon dentist! I think not. It being evident that to practise with honor and utility, a man should possess a knowledge of general anatomy, physiology, and pathology, and these should be *specially* acquired so as to obtain an internal knowledge of the mouth, its nerves, muscles, glands, &c., &c. And though many dentists have these acquirements, yet be it remembered that those who have not such qualifications are still called "Surgeon Dentists," and as I have previously said, *until the public learn by experience the difference, they cannot ascertain that there is any legal qualification to distinguish them.*

Let then, some of the most influential metropolitan Dentists bestir themselves, and petition the legislature, that they may add a clause to the proposed New Bill, to render it imperative that all future dentists shall undergo an examination as

to their professional qualifications, and then to have a license to practise dental surgery: and though the law would be *prospective*, yet some of the respectable men now practising (who are not members of the College of Surgeons) would also submit to such a test, and thus confirm their right, being treated with confidence. I may add, that a friend of the writer, who had been in practice many years in this country, and obtained extensive patronage from his skill and knowledge of the profession of dentistry, removed with his family to———, a town in Germany, where he was obliged to go through a prescribed course of study, and undergo a searching examination, before he was permitted to extract even a tooth. Why should foreign states show greater regard for the health of the community, than our own government. If however the legislature will not protect this useful department of practice, let the dentists unite (as in America) and form themselves into an "Association of Surgeon Dentists," appointing a board of Examiners to examine future candidates for membership, as in this same way the College of Surgeons was first instituted.

I am Sir,
Yours very respectfully,
J. L. LEVISON.

14, Devonshire Place, Brighton,
June 20th, 1845.

THE COUNCIL OF THE COLLEGE OF SURGEONS AND THE APPROACHING ELECTION OF COUNCILLORS.

To the Editor of the Medical Times.

SIR,—It will, doubtless, be in your recollection that upon the occasion of the election of Councillors last year, a great many *hard words* were bandied about between the names of several of the members of the Council, which probably were, in some measure, justified by the cajolery and deceit practised by this not particularly popular, nor indeed immaculate, body.

I am anxious, in common with the Fellows of the College generally, that this year, whatever hard names may be called, the Fellows shall clearly understand whether the Council do or do not intend to interfere in the approaching election of of Councillors; and for this purpose make this appeal through your impartial and widely circulated columns. I have heard that the Council have agreed among themselves,that they will *not interfere*, but in the face of any belief of such a report there is to be placed the conduct of the Council last year; when, it will be recollected, some of the Council asserted that such a resolution had been come to, and others as positively denied it. We can only place the respective credibility of the Council against each other, the result of which I suspect will be something like the following.—

$$\text{Mr. L.} \times \text{Mr. S.} = x + y.$$
$$\text{Mr. M.} \times \text{Mr. C.} = x + y.$$

The one sum deducted from the other = 0, about the amount of credit to be attached to these *gentlemen* of the Council.

However, my principal purpose in addressing you, Sir, is, that the matter this time, may be clearly and explicitly understood—let us have no jugglery, let all be above board and plain sailing. Do not let the wishes of the Fellows be contravened by the wily machinations, and dark intrigues of the Machiavels of the Council Board. It is manifest that such a body, if only from its number, must have very great influence, and will generally be able, from the want of unity, and concerted action among the Fellows, to control in almost any manner they please, the election of the Councillors. If they exerted this influence in a fair and legitimate manner, none would be less inclined to cavil at it than myself; but when I see the most unprincipled means had recourse to, to keep particular men out of the Council,—when I see a gentleman belonging to a hospital at the eastern end of the town, spitefully, maliciously, and combinedly excluded,—when I also see other gentlemen, eminent for their talents, and highly-esteemed by their professional brethren,—I need hardly say that I refer to Sir Stephen Hammick, Mr. Gossett and Mr. Macilwain, men who have distinguished themselves by their discoveries and contributions to surgical science,—when, I repeat, I see such men kept out of the Council for the sake of favouring the surgeon of some particular hospital, I cannot but condemn the influence exercised by the Council as most prejudicial to the interests and well being of the profession at large.

If any such resolution, as that which I have referred to has been agreed upon by the Council, let it be publicly known; let every Fellow be made distinctly aware that the members of the Council will neither nominate, vote for, nor take any part in the approaching election of Councillors. For unless "the taking no part" has reference likewise to the *not voting*, it is nothing more than a feint on the part of the Council, which will throw some off their guard, and enable others in the secrets of the Council to take advantage of the unpreparedness of the Fellows. But even supposing that they shall honestly and *bona fide* have arrived at such a resolution, neither to vote or take any part in the election, it is somewhat late in the day, considering that it is generally known that the Council are united in support of one man, for whom the Council have been canvassed; nay more, and for whom the Council have been canvassing for the last six or nine months; in fact, ever since the resignation of Mr. Thomas was in the hands of ———.

This certainly, I think, you will admit, is the strangest way in the world for a body to abstain from taking any part in the matter, and cannot fail of putting the matter in an altogether different light to that in which the Council would have it appear. In spite then of a "God bless you!" Joseph Surface-like member of the Council, having "pinned" the Council down to this resolution, as I hear he boasts of having done, it is the sheerest piece of humbug that this successful diplomatist of the Council has ever been guilty of, and that is saying a great deal—for we know the man!

I would then caution the Fellows against being taken in by this juggling of the Council.

Then be these juggling fiends no more believed
Who keep the word of promise to the ear,
And break it to the hope.

Let the Fellows meet, and unite in support of those gentlemen whom they wish to be on the Council, and who will better represent their opinions than those now in. And this consideration is the more important from the probability of the "physic and surgery bill" being thrown over board. For a reform of the Council and the Charter, they will, in such case, have to trust to the Council themselves. It is well known that there is a minority of them in favor of a more extended admission to the Fellowship, not excluding Practitioners in Midwifery from the Council, and of reforming the abuses entailed upon the profession by their Charter. Let then the Fellows add to this minority by filling up the three vacancies with men pledged to these views, and it cannot fail of remedying the defects of the Charter, a cure for which they have sought of Sir James Graham in vain.

I should think it was scarcely necessary to point out to the Fellows how Messrs. Welbank, Scott, Cutler, have altogether falsified the opinion which was entertained of their sentiments previously to the election; it will at all events be unnecessary to inform the Fellows that the strongest upholders of the exclusive character of their body corporate, and the fiercest opponents of any relaxation of the Charter, have been these three gentlemen. These men must then be expelled and new blood infused in the Council by the election of the three Senior Fellows; viz., Stephen Hammick, Mr. Gosset, Mr. Macilwain, who were so unjustly excluded last year, all of whom are pledged to support the more liberal views entertained by a minority of the Council,—added to which it is but fair to these gentlemen,as likewise to Mr. Lloyd and Mr. Kingdon,who were passed over with them last year, that the Fellows should know, that according to a bye-law of the Council, if they are passed over a second time, they will be for ever after ineligible. This being of course the object aimed at by the Council, let the Fellows frustrate this as far as possible by the election of the three senior gentlemen, which will give the others an opportunity of again coming forward; and the profession will fulfil the double object of doing justice to meritorious men, and of reforming the profession without the intervention of Parliament.

I am, Sir,
Your obedient Servant,
AN ODD "FELLOW."

Tuesday, July 8, 1845.

[A public meeting of Fellows should at once be held.—ED.]

INSPISSATED AND DESICCATED OX-GALL.

Mr. G. W. Blanch, of Vassall Place, Brixton Road, calls our attention to some improvements in the preparation of ox-gall for medicinal purposes, a remedy, the use of which was revived by some excellent papers by Dr. Clay of Manchester, in the *Medical Times*. Mr. Blanch states that when given in the *inspissated* form, the patients complained loudly of the disgust it caused,as well as the griping pains which frequently followed, and the utter impossibility of keeping the pills separate. By using it in a *desiccated* state,these evils are avoided, and in numerous cases of torpidity, or disorder of the liver, Mr. Blanch has prescribed its administration with the best effects. In a few cases only, a diarrhœa resembling that frequently occurring in spring and autumn was observed, but this may be attributed to the too long continuance of the remedy, and ceased on its being omitted.

BOOKS RECEIVED.

REMARKS ON PHYSICIANS, SURGEONS, DRUGGISTS, AND QUACKS, ADDRESSED TO MEMBERS OF PARLIAMENT, THE MEDICAL PROFESSION, AND THE PEOPLE OF GREAT BRITAIN. By SURGEON SNIPE. London: Highley.

This pamphlet gives a very forcible sketch of the mischief of quackery. The author demonstrates it to be what our legislators are not aware of seemingly—a social calamity. We have a very good analysis of the education and uses of the different classes in the profession, with judicious suggestions on the improvements now pretty generally advocated. The pamphlet abounds in that sterling unsophisticated good sense for which the general practitioner of the present day is celebrated.

PRACTICAL FACTS IN CHEMISTRY. London: Simpkin, Marshall, and Co.

This book is offered by Mr. Ede, of Dorking, as a key to his "Portable Laboratories." For beginners in Chemistry it will be found serviceable as an elementary treatise of a a very practical character; and there are suggestions in it which may save a good deal of time and money to experimentalists much further advanced.

THE CHYMICAL DELECTUS. Second Edition. By George Cox. Published by the Author.

This "Delectus" is published with the same object as the work last noticed. It is smaller, not illustrated, and altogether more unpretending; it is, however, well written, and fulfils its object of serving as companion to "Mr. Cox's Cabinet Laboratories."

MESMERISM AND ITS OPPONENTS; with a Narrative of Cases, by GEORGE SANDBY, Jun., Vicar of Flixton. London: Longman, Brown, and Co.

This a very sensible book, written in a very classical style, on a subject which more than any others, perhaps, tempts to exaggeration, both in partisans and opponents. With various opinions in which we do not agree with the author, his book has not ceased at any time during perusal to command for him our esteem. All the interesting problems of mesmerism come under discussion, and are handled with good sense, and a very tolerant temper.

THE IRISH WATERING PLACES, THEIR CLIMATE, SCENERY, AND ACCOMODATION. By ALEXANDER KNOX, M.D. Dublin: Curry and Co.

A most pains-taking and creditable book, on a very useful and interesting subject. To the invalid seeking a change of residence, and looking for it towards Ireland, Dr. Knox's summary will be invaluable. Of two of the Irish mineral springs, most celebrated for the "certainty and speed of their cures," it is reported that one derived all its virtues from a communication with a neighbouring tan-yard, and

the ether to the daily addition of a hundred weight of Glauber's salts!

Observations of the Growth and Irregularities of Children's Teeth. By W. H. Mortimer, Surgeon Dentist. Highley.

A popular book, but written in a more scientific spirit than most similar works. There is much sound sense in the writer; and we see in his little work many of the ingredients which, with due addition, would fill up a gap, too long left open, and constitute a sensible and disinterested popular Instructor on the Teeth.

The Manual of Pharmacy for the Student of Veterinary Medicine. By W. J. T. Merton, Lecturer on Veterinary Materia Medica. Third Edition.

The "Manual" has been already very favourably noticed by us, and its arrival at a third edition only leaves us the duty of congratulating the judicious author on his well-merited success.

Seven Lectures on Somnambulism, translated from the German of Dr. Arnold Wrenholt. By J. C. Colquhoun, Esq., Advocate, author of "Isis Revelata." Adam and Charles Black, Edinburgh.

A very extraordinary work, full of profound thought, and very elegantly translated.

Ozone.—At a meeting of the Chemical Society a paper, containing the details of a series of experiments on azone by Mr. Williamson was read. The name ozone was given by Schönlein to the substance which occasions the peculiar smell possessed by oxygen gas when produced by the voltaic decomposition of water, and he has made it the subject of much ingenious speculation, concluding that it is a new elementary body, and that it is derived from the decomposition of nitrogen, supposed to be of a compound nature. The last of these opinions, however, has already been disproved by Marignac, who demonstrated that the ozone odour was produced by the decomposition of water free from nitrogen. Mr. Williamson's experiments go to prove that ozone is a compound body, and that one of its elements is hydrogen; for having excluded the last element from any other source, by obtaining the oxygen gas with ozone from the decomposition of a salt of copper—a process in which no hydrogen is generated, and passing the oxygen over metallic copper which had been reduced by carbonic oxide gas, a sensible formation of water always resulted. The bleaching power of ozone shows it to be a peroxide; and it must, therefore, be a higher oxide of hydrogen than water, although not the peroxide of hydrogen of Thenard, which is not volatile like ozone, but inodorous and fixed. Mr. Williamson finds also that the substance produced by the action of phosphorus on air is different from ozone, and that its effect, observed by Schönbein in decomposing iodide of potassium and liberating iodine, is the result of the joint action of phosphoric acid and free oxygen upon a solution of that salt.

The frequent spontaneous cure of pulmonary phthisis.—Dr. Hughes Bennett, at a meeting of the Medico-Chirurgical Society of Edinburgh, observed that if the cicatrices and concretions occasionally met with in the lungs, indicate the previous existence of tubercle, it must heal spontaneously much more frequently than is generally supposed. Of seventy-three bodies he had examined since last November, he found puckerings or concretions in the lungs in twenty-eight. Of these, puckerings existed, with indurations alone, in twelve; with cretaceous or calcareous concretion in sixteen. They occurred in the right lung seven times, in the left lung twice, and in both lugs nineteen times. In three individuals the age was 18; between this age and forty there were six, and after that epoch of life, nineteen. That these lesions were really proofs of cured tubercle was proved by numerous facts, and by the circumstance that every pathologist since the days of Laennec had considered this to be established. Hitherto, however, these lesions had been considered as occurring very seldom. The author, on the other hand, considered that his observations, combined with those made by Roger and Boudet in Paris, sufficiently proved that they occurred in proportion of from one-third to one-half of all the individuals who die after the age of 40. He then pointed out that neither the chemical nor structural composition of tubercle, nor the nature of the action which accompanies its deposition, are in any way opposed to the facts revealed in morbid anatomy. As regards the question whether tubercle was or was not an inflammatory product, its solution would depend on what was meant by inflammation. If the essential phenomena of that process consists of an exudation of blood-plasma, as he believed, then tubercle must be considered of inflammatory origin. Tubercle consists of granules and imperfect cells; the products of inflammation are composed of granules and perfect cells. Both are formed by the exudation of blood-plasma. If it undergo transformation into perfect organisms, it constitutes what pathologists have in some cases called the results of inflammation; in others, different kinds of tumours. If there transformations are worsted, or rendered imperfect, it forms what has been called tubercle, or scrofulous deposits He also observed, that as empirical means for accomplishing a cure had notoriously failed, perhaps a study of the method in which nature operates might be more successful. The progressive march of tubercular depositions towards a cure was then minutely described. If when a cavern is formed, the further deposition of fresh tubercle could be checked, its walls unite, or close upon the contents, which undergo various transformations, and thus a cicatrix is produced. These cicatrices present differences according as the cavity is superficial or deep-seated. Sometimes no traces of tubercle are found, and they consist of dense fibrous tissue, surrounded by indurated pulmonary parenchyma, rendered dark grey or black by increased pigmentary deposit. More generally hardened tubercle is found, or cretaceous and calcareous concretions, which are frequently surrounded by a cyst. These may remain in the lung without producing irritation, and are sometimes expectorated with the sputa. It was evident that this process would readily take place, if the pathological causes inducing the disease could be overcome. These were—first, a morbid state of the blood, the result of imperfect nutrition; second, local inflammation, by means of which an unhealthy exudation is poured out, that assumes the form of tubercular or scrofulous matter. The imperfect nutrition depended upon, first, an excess of oxygen in the system, which combines rapidly with the tissues to produce waste, and to occasion acidity in the alimentary canal; and second, an excess of nitrogenised or albuminous, and a deficiency of carbonised or oleaginous matters in the chyle, blood, and tissues generally; the liver, the great emunctory of fatty and carbonised matter, being excepted. The indications for *treatment*, therefore, are—first, to overcome the dyspepsia and acidity in the alimentary canal; second, to furnish the material necessary for the formation of a healthy chyme; and, third, to combat the local inflammation. The dyspepsia and vomiting were often to be relieved by naphtha, when all other remedies had failed. Dr. Bennett ascribed the boasted good effects of this remedy to its power in allaying the irritability of the stomach, and thus enabling the patient to take nourishment. The imperfect nutrition was best to be overcome by an easily-digestible and nutritious diet,—milk, substances abounding in oleginous rather than albuminous principles, and an equable warm climate, whereby, in conjunction with the diet, the excess of oxygen in the system may be diminished. In carrying out this second indication, the author strongly recommended cod-liver oil as a most valuable remedy. The local inflammation must be combated by topical blood-letting, in an early stage, and later by counter-irritants. In conclusion, Dr. Bennett expressed the hope, that whatever opinion might be held with respect to the value of the indications and treatment proposed, the facts he had brought forward would induce renewed trial, directed to the *curative*, rather than the mere palliative treatment now so prevalent.

GOSSIP AND NEWS OF THE WEEK.

Royal College of Surgeons.—Gentlemen admitted Members on Friday, the 21st June, 1845:—J. S. Drury, R. S. Thornley, T. Horsfall, L. Llewellyn, H. Young, J. E. Palmer, H. A. Oldfield. Monday, June 23rd:—C. E. G. La Motte, W. Price, C. Mulholland, W. Ewing, W. Bainbridge, P. E. Downs, W. T. Black, D. M'Bride, J. Orred, J. Jones, J. E. Hamilton. Friday, June 27th:—W. A. Eves, W. Wilkinson, S. M. Frost, T. B. W. Buckler, J. W. Slight, J. H. Elliott, A. Haviland, W. W. Moore, W. Preston, F. J. Freeland, T. F. Dybale, J. H. Jerrard, M. Teevan. Monday, June 30th:—C. Goodwin, W. G. King, G. J. Langford, T. A. O'Flaherty, T. M. Parrott, R. Blackie, R. D. Blucke, H. S. Colston. Friday, July 4th:—W. Arthur, N. H. Littleton, W. T. Wilson, H. A. Warburton, E. Warburton, W Scott, L. Kerans, C. K. Webb, L. Leslie, A. May

Apothecaries' Hall.—Gentlemen admitted Licentiates, 3rd May, 1845:—James Gilmour, James Robertson, Samuel Bertie Cator Barrott, William Lane.

The Journal of Veracity.—In a somewhat impudent contemporary the statement is made, that no meeting had been held for the Testimonial to the *Medical Times*, and that the gentlemen proposing the resolutions disclaimed the responsibility. The following documents, signed almost at the instant, shew the historical faith that may be attached to a public instructor.—*From the Proprietors of the Crown and Anchor Tavern*:—"Crown and Anchor Tavern, July 7th, 1845—I certify, that on Monday, the 23rd of June, a meeting of medical gentlemen, open to all members of the Medical Profession (*no instructions to refuse admittance to any*), was held at the above tavern. I have reason to believe, that the meeting was to take steps in reference to a testimonial to the Editor of the *Medical Times*,—James Carter." *From the undersigned gentlemen*:—"We, the undersigned, hereby affirm, that certain resolutions advertised in connection with the recent action against the *Medical Times*, were passed and published with our sanction and approval,—R. Knox, Wm. B. Costello, G. D. Dermott, H. J. M'Dougall, John Ryan." Perhaps the following very gratifying letter of Dr. Weatherhead will complete this *expose* of a foolish calumny:—"63, Guildford Street, Russell Square, 24th June, 1845—My dear Sir,—I am obliged to go to Hampstead on particular business; but as I regard this proceeding of Mr. Wakley as degrading and contemptible, as respects the money appraisement of the value of his character, I cheerfully offer my mite (£3. 3s.) in part payment of the valuation.—Very faithfully yours, G. Hume Weatherhead.—To W. B. Costello, M.D.

Metropolitan Mortality for the Week ending Saturday, June 7th.

Causes of Death.	Total.	Average of 5 Springs	Average of 5 Years.
All Causes	803	888	903
Zymotic, or Epidemic, Endemic, and Contagious Diseases	158	163	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat	78	99	106
Diseases of the Brain, Spinal Marrow, Nerves, and Senses	137	155	189
Diseases of the Lungs, and of the other Organs of Respiration	240	267	292
Diseases of the Heart, and Blood-vessels	24	24	24
Diseases of the Stomach, Liver, and other Organs of Digestion	59	63	71
Diseases of the Kidneys, &c.	6	6	6
Childbirth, Diseases of the Uterus, &c.	7	9	10
Rheumatism, Diseases of the Bones, Joints, &c.	5	6	6
Diseases of the Skin, Cellular Tissues, &c.	2	1	1
Old Age	39	61	70
Violence, Privation, Cold, and Intemperance	40	13	26

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CLINICAL LECTURES ON MEDICINE.

Delivered at the Meath Hospital.

By ROBERT J. GRAVES, M.D., M.R.I.A., &c.

GENTLEMEN,—We have a considerable number of cases at present under treatment, none of which are of permanent importance, but each possessing a degree of circumstantial interest sufficient to entitle them to a few passing observations. The first is that of Eliza Hawkins, who was attacked on the 8th of March with rigors, headache, and nausea, and was admitted on the 10th with well-marked erysipelas of the inner and back part of the leg. The erysipelatous blush commenced immediately above the instep, and extended over the inner surface and calf of the leg, being terminated both above and below by a well defined outline. The inflamed part was extremely tender and painful, and the pain with some degree of tenderness extended along the inner surface of the thigh as far as the groin, evidently in the course of the lymphatics. She had completely lost the power of the limb; she could neither raise the whole limb nor could she bend the leg on the thigh, nor the thigh on the pelvis She had some fever, but her pulse was rather soft, and she perspired all over her body, except over and to some distance round the parts affected with erysipelas. There was no infiltration of the subcutaneous cellular tissue

The first thing to be observed with respect to this case is, that the erysipelatous surface and a considerable portion of the skin immediately round it felt hot, perfectly dry, and rather harsh, while the rest of the body was covered with a copious perspiration. Now this affection of the circumjacent skin would seem to prove, that though it had not as yet been attacked with erysipelas, still that its functions were already deranged It would appear, also, that this change in the condition of the skin precedes the spread of erysipelas by means of redness, pain, and increased heat. The next point deserving of notice is, that in this case the lymphatics appeared to be more or less engaged, for the pain extended up along the thigh in the direction of their course, and as far as the chain of glands which is situated below Poupart's ligament. This is not an unfrequent occurrence in erysipelas of the leg, and I think it very possible that in such cases the superficial veins might also become involved in the inflammation.[1]

One of the most remarkable circumstances, however, connected with the present case is the extraordinary impairment of the muscular functions of the limb. Here we have a mere superficial disease, confined to the skin, and not engaging the subcutaneous cellular tissue, much less the fascia or muscles, and yet the muscular power of the limb is so deranged, that she cannot move it in any direction. The same thing occurs in another superficial disease, phlegmasia dolens. The patient has frequently the leg as perfectly paralysed as if she laboured under complete paraplegia. How are we to explain this? You are not to suppose that there is here any affection of the spinal cord, any disease of the bones or ligaments of the vertebral canal, of the great nerves or of their sheaths. I have in two lectures, delivered at the Meath Hospital, endeavoured to impress upon the class what is the true source and origin of the paralysis observed in this woman's case, and have shown that it arises from a cause operating, not on the nervous centres, but on their sentient extremities. The present case affords a clear and beautiful example of the fact, that from an affection occupying only a certain portion of the leg, and wholly superficial, a person may have the muscles, not only of the calf, but also of the thigh, rendered completely powerless. As an illustration of paralysis produced by an affection of the sentient extremities of the cutaneous nerves, this case is highly interesting.

The next case to which I shall briefly draw your attention is that of Eliza Highland. Since her accouchement, which took place five months ago, this woman has had no return of the catamenia. Her belly is greatly enlarged, particularly over the region of the uterus, and on making an examination we found the swelling dull on percussion and without any feeling of fluctuation. It is plain, therefore, that it can be neither tympanitis nor ascites, and that the tumour must be caused by the presence of a solid substance. There is, however, no tenderness on pressure, and as she labours under an acute affection of much more importance, we have not made such satisfactory examination as would enable us to give a distinct opinion on the nature of the case. All we can say at present is that the uterus is deranged in its functions, and that there is probably some extensive organic disease of that viscus or some of its appendages On her admission she had, in addition to the affections which I have already mentioned, loss of power of both the lower extremities, and delirium tremens. I may observe with respect to the paraplegia, that it does not seem to be connected with any affection of the spinal marrow or its various investments. It is very probable that it depends on the abdominal affection, whatever it may be. I have shewn that paraplegia may depend upon enteritis. Mr. Stanley has adduced several cases to prove that it may be connected with an affection of the kidneys, and his correspondent Mr. Hunt has shewn that it may be produced by disease of the uterus.

The lady whose case I mentioned in a preceding lecture, and who had become paraplegic after an attack of enteritis, continued paraplegic for about seven months, when she evidently began to get better; she is now quite well. Two issues at each side of the spine seem to have served her materially Since my lecture was published, Mr. Carmichael observed a case of paraplegia following acute enteritis; it occurred in the person of the surgeon of an hussar regiment quartered in Dublin. I am anxious to record this as an additional example of a species of paraplegia, which I was the first to describe and explain.

In this case we had to take into consideration, not only the abdominal affection and the paraplegia, but also what was of much more importance, the delirium tremens. The patient, who is a butcher's wife, has been an habitual toper, and, having the means of gratifying her propensity for intoxicating liquors, she has indulged without restraint, particularly for the last three weeks, drinking not only during the day, but also whenever she awoke at night. When admitted her pulse was 120, soft and compressible, her skin moist, and her bowels confined. She had been for many days and nights without sleep, and raved incessantly; her delirium running, as is usual in such cases, chiefly on matters connected with her business. From the state of her tongue, which was inclined to be red and dry, I was doubtful at first whether I should give opium in full doses, or whether I should give it in moderate quantity, and combined with tartar emetic I prescribed two ounces of the tartar emetic solution, with six ounces of the camphor mixture, and one drachm of laudanum; two table-spoonfuls to be taken every second hour. The second dose caused vomiting, but there was no change in her symptoms. Next day I increased the quantity of laudanum to two drachms, and she got some sleep To-day I intend to give the opium alone, and I have no doubt but that it will succeed. When once you have been able to procure sleep, the cure of delirium tremens is an easy matter.

A young woman, named Ann Trotter, was admitted on the 2nd of March, labouring under syphilis. She has an eruption on her forehead and temples of three weeks' standing; she has also sore throat, which commenced about the time of her eruption. There is a good deal of constitutional irritation present, her bowels are inclined to be costive, and she sleeps badly at night. Like most cases of secondary syphilis in young and vigorous persons, the eruption was preceded by a considerable constitutional disturbance; she had rigors, thirst, heat of skin, pains in different parts of the body—in fact, all the symptoms of high inflammatory fever With respect to the character of the eruption, it does not seem to belong exactly to the class of papulæ, for the spots are much larger and less acuminated. They are not, however, either pustular or vesicular. Some would be inclined to call them tubercular, but the appearance of their apices are against this appellation. They are large elevated papular blotches, about the size of a pea, are surrounded with an inflamed base, and have a small point of vesication or pustulation at the apex These papular blotches (I do not know of a more significant expression) last for a long time, and then disappear gradually by process of desquamation, which commences at the apex, and, if the disease be not removed, they are then succeeded by a fresh crop.

In referring to this case, I purpose merely to direct your attention to some points connected with treatment. On the day after her admission, she was bled to fourteen ounces, and took a purgative mixture composed of infusion of senna, sulphate of magnesia, and tartar emetic. This operated freely on her bowels, and, with the bleeding, contributed materially to remove febrile excitement. The next day we applied twelve leeches to the throat, and she was ordered to take a tablespoonful of the following mixture every second hour:—℞. Aquæ acetatis ammoniæ ℥ vj, Liquoris antimonii tartarizati ʒ iij, Acetatis morphiæ, gr. ss. My object here was to keep up the antiphlogistic plan in a mild degree, by acting on the skin with antimonials, and to relieve constitutional irritation

[1] In a recent lecture I spoke briefly of the pathology of *phlegmasia dolens*. I forgot, however, to revert to a most interesting and original case detailed by me in a former course of lectures published in this journal, and in which phlegmasia dolens suddenly attacked and destroyed the eye. The importance of this case has been appreciated by *Müller* in his account of the progress of the medical sciences in 1833

and produce sleep by means of the acetate of morphia. On the day following we found that she had slept much better than usual, her skin was soft and moist, and her fever nearly gone. We continued, however, the use of the diaphoretic mixture until the fifth day, when we commenced a different mode of treatment.

In all cases of secondary syphilis, where the eruption has been ushered in by symptoms of high constitutional excitement, you should commence your treatment by a mixture of the antiphlogistic with the diaphoretic plan; you should bleed, leech, give cooling purgatives, and afterwards prescribe antimonials. These, with low diet, continued for four, seven, or ten days, as the exigency of the case may demand, will remove all febrile excitement, and prepare the patient for the use of mercury. On the fifth day, then, after having subdued the symptoms of febrile disturbance, we gave this young woman three grains of blue pill, and half a grain of calomel three times a-day. It is now only seven days since we commenced the administration of mercury, and yet any one who has attended to the case cannot but be struck with the remarkable improvement in her symptoms. The eruption has nearly faded away, her throat is healing rapidly, she has no pains or feverishness, and her aspect is quite that of a person rapidly convalescing. By making venesection, purgatives, and diaphoretics precede the use of mercury, you attain two important points; you cure the disease in a shorter time and with less mercury. There are two points connected with the treatment of such cases which cannot be too well impressed upon your attention; they are themselves extremely simple, and looked upon by some as unimportant, but they tend most materially to facilitate the cure of syphilis; they enable you to prescribe a smaller quantity of mercury, and prevent it from (as it is termed) going astray. One of these is, that you should, if possible, keep the patient in bed while he is under treatment. I do not mean that you should shut him up in a warm room, and keep him covered up with half a dozen blankets, but merely that you should keep him in bed as much as possible. I know very well that John Hunter and others say that mercury will counteract the syphilitic virus, and cure the disease under any circumstances, and that the patient may, while taking it, walk about and pursue his ordinary avocations. This may be true in many instances; but I am fully convinced that where a patient remains in bed, there is always less danger of the mercury going astray: nor have I known such patients to be attacked a few weeks afterwards with periostitis, as those frequently are who have taken mercury at a time when they were in the habit of going out, and following their usual employments. The next point refers to diet. Now, when you have to treat a case of this kind, do not allow your patient to take meat and wine; the less he uses of these articles the better. I am aware that restrictions in diet have been considered useless, and that it has been stated, that the man who eats a good dinner and drinks a pint of wine will be cured just as soon as the most abstinent. This I have found, by experience, to be a false assertion; and I am inclined to think that the advantages to be derived from an attention to diet have been too much overlooked. I seldom permit my patients to take anything but slops, and I would advise you to do the same. These are the principles which should guide you in the treatment of secondary syphilitic eruptions, preceded by fever, and accompanied by more or less constitutional excitement. Keep your patient, if possible, in bed; confine him to low diet; commence his treatment with bleeding and purgatives, followed by antimonials; and when you have subdued the inflammatory and irritative part of the complaint by these measures, then proceed to attack its specific nature with mercury.

A case of syphilis was admitted into the male chronic ward about three days ago, which exhibits some peculiarities deserving of the most attentive consideration. The patient, who is a young man of rather strong constitution, has been labouring for the last fortnight under an extensive eruption, accompanied by sore throat, fever, and severe nocturnal pains. What is principally remarkable in his case is, that he has taken a considerable quantity of mercury, he has been salivated twice, and his gums are still swollen and tender.

It appears from the history of this case, as communicated by the gentleman who sent him to the hospital, that he got a chancre about two months ago, for which he took mercury rather irregularly, and at a time when he was frequently exposed to cold, and following all his ordinary habits. The chancre healed up, and matters seemed to be going on well, but about a fortnight afterwards, having drank rather freely and exposed himself to cold, the chancre broke out again. He again commenced the use of mercury, which he took as before, irregularly, and in a way in which its beneficial action was likely to be deranged. The chancre began to heal a second time, and he was still keeping up tenderness of his gums by the use of diminished doses of mercury, when he was attacked with secondary symptoms.

Here we have chancre re-appearing after free salivation, and a secondary attack coming on at a time when the patient's mouth was still affected. I do not know whether at the present day any person would argue that the symptoms present in this case were not syphilitic, because they had appeared at a time when the man was under the influence of mercury: but I recollect the time when such doctrines were very generally received. Any person, however, who would take the trouble of examining him, would readily see that his symptoms are decidedly syphilitic. It is true also that he labours under the bad effects of mercury; for patients who take mercury for syphilis in an irregular manner, and who follow their usual habits of living at the same time, *are very apt to suffer simultaneously from the unfavourable influence of mercury and the syphilitic virus*. Hence we see how difficult it is to remove syphilis by a badly managed course of mercury. This is the secret of the manner in which many inexperienced practitioners destroy the health of their patients; they contrive that the patient shall suffer from all the bad effects of mercury and syphilis combined. There is nothing peculiar in syphilis with respect to this untoward complication. Suppose a man labouring under arthritis applies to me for advice; or suppose a patient with acute sciatica requests me to undertake his treatment. Here there can be nothing better adapted to check inflammation than the rapid administration of mercury. The same thing is true of many other diseases in which mercury affords the most speedy and effectual mode of relief. But if, instead of telling a patient labouring under iritis, or arthritic inflammation, that he must confine himself to bed, and use a low diet with diluents, while taking mercury, I permit him to drive out in an open carriage, to expose himself to cold, to work, to be intemperate, and to use a heating diet, what is the consequence? His arthritis gets much worse, other joints are attacked, his fever is increased, and with it his debility, yet all this time he is under the full influence of mercury. Or, if it be a case of iritis: the pain, lachrymation, and dimness of vision increase; large quantities of lymph are effused on the surface of the iris, the pupil is closed up, the inflammation extends to the deeper tissues of the eye, and sight is irrecoverably lost. Yet this may occur at a time when the gums are excessively swollen, and the patient spitting profusely. I wish to put this point in the strongest possible way. I will engage, in a case of any disease curable by mercury, to affect the constitution without benefiting the complaint in the slightest degree; to make the patient far worse than he was before; to place him in such a condition that he will labour under the original disease in an aggravated form, and, in addition to this, under the unfavourable effects of mercury. So true it is, that by want of proper care we not only abuse the best instrument we possess, but also generate a new state of things which totally precludes its employment. This is the true explanation of the reappearance of primary or secondary symptoms in many cases of syphilis. The case before us furnishes a most valuable illustration. He got chancre and took mercury irregularly; the chancre disappeared, but on some slight excess in drinking and exposure to cold it returned. He then took more mercury (still irregularly); the chancre began to heal; he continued the mercury in diminished doses, but so as to keep up the soreness of the gums, and, while his mouth was still affected, secondary symptoms appeared. I will venture to say that one-half, nay, one-third of the quantity of mercury he has used would have been quite sufficient to eradicate the disease, had he been confined to bed, or a warm room, lived low, and reduced any febrile symptoms present by proper antiphlogistic means.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Remittent fever is supposed to be an aggravated state of the intermittent, and arises from the influence of the same cause, malaria, acting on a great weakness of the constitution of the subject, so that in a very weak person the same poison that would in others produce intermittent fever, may in them cause remittent fever. Malaria in warm climates is developed in the highest degree, and the greatest strength, on marshes and the banks of rivers. In cold climates intermittent fever prevails, and in very warm climates the remittent. With regard to the effect of this, I have said that the paroxysm is nothing more than the reaction of the vital powers against the cause operating, and we find in remittent fever that cause will be more permanent, or in a greater degree, and keep up a more continued action. We have the parallel of this in the various disorders hitherto considered. For instance, take the case of epilepsy: in many instances we observe structural disease of the brain and nervous centres, accompanied by coma, but which does not exist in its most severe form, then structural disease may be present to a considerable extent, and when the diseased action has gone on so long as to produce disturbance it causes a fit. Asthma arises from the same cause, increasing more and more up to a certain extent. In the one case the same cause increases and accumulates till it produces a fit; and in the other, being in continual operation, it produces remittent fever. The same thing may be said of gout, gravel, and so forth, and in all other fevers, particularly those of slighter disorders, before the paroxysms come on, and during this period the disorder may be produced in the system, but it is insufficient to amount to a febrile stage. The depression does not reach its greatest extent, and the reaction is not developed; very often in connexion with this there are diarrhœa and irregularities in the secretions, and then the remittent fever becomes pronounced, cold chills followed by heat, frequent pulse, headache, thirst, nausea, pain in the limbs, hurried breathing, and general febrile reaction. This fever may exhibit various complexities: sometimes delirium; pulse hard and quick in the hot stage; heat of surface; urine scanty and high coloured; tongue furred; the epigastrium tender; the bowels costive; and this may continue from eight to sixteen hours, when some abatement of the symptoms may occur. This may be more or less complete, and last from a period of from two to six hours generally in persons of temperate habits, and in temperate climates.

In hot climates there is no cessation of the fever, by which it is distinguished from the intermittent. In this type of continued fever reaction predominates, and eclipses for a time the depression. There is a marked cold stage, though it is short; there is, however, shivering, a symptom which announces strong reaction; the pulse becomes firm and frequent, the skin very hot and dry, &c. There is a resemblance between these idiopathic fevers and inflammatory symptomatic fever, but there is this difference: the excitement is more general, affecting the whole system; there is more cerebral excitement in symptomatic inflammatory fever, and it likewise takes place independently of the inflammation, though there may be local disease. This variety is most apt to occur in persons of a sanguine temperament, who are naturally strong and excitable. This kind of fever is comparatively rare; the other variety, a class of the typhus or typhoid form of fever, presents chiefly the group of symptoms peculiarly characteristic of endemic fevers—symptoms indicating depression of the functions generally, vitiation of the secretions, &c.

There is the adynamic variety of typhus fever, characterised by great debility, soft compressible pulse, the circulation generally weak; the surface not hot, or only partially so, and sometimes cool; tongue dry; deficiency of the secretions, and soreness; this variety occurs especially in weak subjects. The second variety of typhus fever is of the nervous or cachectic kind, or low nervous fever, the disorder affecting more particularly the nervous system, and in different ways; often by a slight degree of excitement; the patient sleeps not at all, or very imperfectly; great restlessness, tremor, or spasms, and apparent deafness; the pupil is contracted, although it is in some instances dilated; there are various hallucinations of the senses and delirium, generally of a low kind, ultimately passing into stupor. These are the symptoms of typhus fever, with predominance of nervous disorder and derangement of the sensorial functions. This variety is apt to occur in cases where the nervous system has been previously excited, as by great mental exertion. Persons who study hard, or over exert their minds, falling into fevers, or suffering from typhus fever, are apt to present this variety. Persons in the habit of indulging freely in intoxicating liquors or opium are also apt to suffer from this variety.

The third variety of typhus fever is the congestive form. The effect of this is to oppress the functions; the congestions which are produced, apparently by the primary operation of the cause of the fever, are such that the subsequent reaction is insufficient to remove them. In this congestive form of fever, it would appear the congestions prevail throughout, and to such an extent as not only to disorder the circulation generally, but to oppress individual functions. In these cases you find the pulse feeble, irregular, and soft; great weakness and various functional disorders; coma or stupor in a great degree, sometimes accompanied by spasm, subsultus, delirium, and symptoms of partial irritation; vomiting, diarrhœa, from congestions of the abdominal viscera; and dyspnœa from congestion of the lungs. In some cases this is a sign of great malignancy of the fever. It is a sign of the cause producing, to a greater degree than it usually does, effects commonly observed to arise from the complications of these causes; and accordingly we find that this congestive form of fever sometimes occurs in the worst epidemics, and sometimes actually is fatal in the first forty-eight hours, as if the system was overcome by the influence of the exciting cause. In some cases there is scarcely any febrile reaction, and even in other cases the febrile reaction is but slight; there is muttering delirium, singular heat of skin, and so forth, and a brown dry state of the tongue at the commencement of the disease; the breathing usually is much oppressed and disturbed, and the pupils dilated. In this form, too, there is a disposition to run into gangrene, and it very often happens that there is not only congestion of blood in the entire body, but a great alteration of that fluid. It is more fluid and darker than usual, and deficient of fibrin; and it is this state, where it exists to its greatest degree, that constitutes the putrid kind of fever. There is a disposition for the parts after death rapidly to run into putrefaction, and the secretions are uncommonly fœtid. There is a destruction of the vital powers.

These are the chief varieties of fever, and they may be differently affected by various circumstances, and may pass one into another. Varieties occur in the complications of fever, and the most dangerous are those of the typhoid kind, complicated with local affections. Inflammation, or congestion bordering on inflammation, accompanying fevers may arise in the course of the disorder differently from other inflammations. In some respects they differ in the symptoms which accompany them: these are usually much less permanent, the pain is less acute, the sensibility being in fact generally limited by the cause of the fever or the accompanying congestion. The symptomatic excitement is also diminished. You find, too, that the fever modifies inflammations occurring during its course, and may modify other inflammations in a remarkable degree. If there is inflammation of the surface of the skin, during the fever it will become more congestive, and discharges have occurred from ulcers previously existing, which were dried up or changed in their character. The inflammations of complicated fevers may arise with the fever, sometimes as the result of the same cause simultaneously applied. In other cases they arise out of the febrile action. You remember the congestions fever produces, and you see there are other modes in which fever leads to the production of inflammation. In the alimentary canal, for instance, causing inflammatory matter to be secreted there.

Now we have to speak of the complications affecting the head. The pain sometimes accompanying fever is very severe, and there is occasionally more or less of symptoms of phrenitis, or meningitis, intolerance of light and sound; sometimes nausea and vomiting, indicative of cerebral inflammation; delirium; beating of the arteries of the neck and temples; flushed face, and disturbance of the sensorial functions. The delirium may be more or less complete or partial; subsultus, spasm, and coma, may be present with these complications, less permanent than in simple meningitis. This variety is most apt to occur in hot seasons, and in hot climates; and the chest complications, on the other hand, are more commonly presented in cold seasons and cold climates. The symptoms are cough, dyspnœa, sometimes croupy breathing if the trachea is chiefly affected, slight pain in the chest, tenderness, and soreness. But the symptoms complained of are much fewer than those that may be discovered by auscultation. In the posterior parts of the lungs the complications that occur in the course of the fever have their origin commonly in congestion, this congestion being of the hydrostatic kind, or increasing most in dependent parts. The most general complications are bronchitis, pneumonia, &c. These are apt to occur if there be cerebral complication at the same time. This complication, too, sometimes occurs with the commencement of fever, as the common effect of the exciting cause—a cold. Sometimes it arises in the course of the fever in the early stage, and sometimes from cerebral complications. Besides these complications, tubercles are apt to occur in the course of long-continued fever, affecting chiefly the posterior part of the lungs, which are the chief seat of the congestions.

The abdominal congestions are very numerous, and hepatic congestion and even inflammation is common in hot climates, accompanied by symptoms of more or less uneasiness, tenderness, and fulness in the right hypochondrium, occasionally jaundice; and these symptoms are not at all unfrequent in the fevers of this country, particularly in the early stage, connected with congestion. The liver bears a most important relation to the venous system; and in intermittent fevers it partakes of these congestions to a great degree. Intestinal disease is by far the most common complication of the worst form of continued fever; it is often extremely insidious, causing a gradual increase of the febrile symptoms and an increase of the sensorial disturbance. When this complication comes on, the tongue becomes brown and dry, and redder at the edges; the skin is hot and dry, the bowels relaxed, and the evacuations disordered, being dark and fœtid; after a time they become watery; there is not unfrequently tympanitic distension of the abdomen, and a large quantity of gas is excreted. The inflammation in these cases is chiefly follicular, leading to ulceration. The abdominal complication is a serious one; it increases the danger considerably, and the difficulty of treating the fever. This danger is not confined to the low stages of the fever: even where the patient recovers from the fever, the diarrhœa continues; the tenderness of the abdomen and the discharge from the intestines prove that ulcerations occur; traces of blood, and sometimes pus, are seen in the evacuations, and the diarrhœa occasionally proves fatal after recovery from the febrile stage of the disease has taken place. In some cases, the ulcerations lead to perforation of the intestines and other parts. Affections of the urinary organs are less common in fever than affections of the other parts, but retention of urine is not at all an uncommon occurrence. It is of great consequence to see the way in which the water is evacuated. Sometimes it passes involuntarily; and, under these circumstances, it frequently happens that the bladder is very much distended. It it very important, in these cases, to guard against gangrene.

The morbid anatomy of fevers does not present so much as we should be led to expect from the fatality of the disease. In some cases of the adynamic kind there are no morbid appearances to be found, or none that can be considered as decidedly morbid. Congestion of the viscera is of the most common occurrence, and a fluid state of the blood. There are no visceral changes, no changes of structure, though there may be local affections, which are far from being in proportion to the severity of the symptoms. In nervous cases the congestion will be found principally in the head, but there is more or less of congestion in all parts of the interior of the body. In some instances it has gone beyond congestion, and blood has been extravasated into the textures, which are tinged of a claret colour. Sometimes considerable effusions of blood are met with in the congestive kinds of fever. I have seen cases in which there were petechiæ on the surface of the body and external organs, with patches of blood or spots throughout their substance; and considerable collections of blood in different parts, such as the abdominal vessels, the lungs, &c. If the disease has lasted many days, besides the congestion, there is a good deal of softening of the tissues, in which the blood has accumulated; and there is a great tendency to run into decomposition; all the textures exhibit a softer condition than they do long after death from other causes. The abdominal complications of fever are the most frequent, especially in the follicular membranes and the glands. These complications are supposed by the French pathologists to occur constantly in typhus fever; and they appear to be so constant in Paris that it is difficult to separate the two. The same appearances are observed in the fevers in this country; but it is remarkable that at Glasgow, Edinburgh, and Dublin, it is often absent. The complications are most marked in young subjects, where the fever is of long duration; and seeing, therefore, that in all subjects it is not in proportion to the severity of the fever, but rather its duration, we can scarcely draw the conclusion that it is an essential part of the fever.

With regard to the symptoms of the two kinds of fever, they are continuous, and not to be distinguished from each other. We have assumed, and we are thoroughly warranted in assuming, that typhus fever is the result of the operation of the poison; and the other effects of this poison we have traced in the disorder of the functions; occasionally we find local effects arising from it, and we find the same thing occasionally arising from other poisons. In the thoracic complications there may be signs of bronchitis, of pneumonia, and more rarely those of pleurisy: the lower parts of the lung are engorged, of a dark red colour, soft and fragile under the fingers. Parts of the lungs are often partially consolidated; slight eruptions occur in some of the congestive forms. This differs from common inflammation. Sometimes there is a trace of lymph, and sometimes pus, just enough to show the occurrence of an alteration of structure. The blood is greatly altered, and does not coagulate; it rarely presents any buffy coat, and when it does it is very loose indeed; it is deficient in fibrine, and from the experiments of Andral and Cruveilhier, it would seem that the colouring matter becomes changed in some way.

The diagnosis of fever is to be founded on the consideration of the chilly heats and febrile pains that occur in the early stage of the disease, without complication with any local visceral affections. Mark the occurrence of head-ache, giddiness, stupor, or heaviness, or disorder of the senses, or delirium, extreme weakness, and tremors; the tongue exhibits a tendency to dryness and soreness, and there is a peculiar dryness of skin; the pulse is frequent, and in most cases weak, in comparison with the amount of febrile disturbance. Fever is to be distinguished from inflammation of the brain by the weakness and the state of the tongue, which is furred, brown, or dry; and from delirium tremens, by the great debility, the great amount of prostration, and there not being that quickness of the senses so remarkable in delirium tremens; there is a sort of stupor and heaviness, and an absence of that peculiar fœtid sweat that occurs in delirium tremens. From suppurative phlebitis it is to be distinguished by the preceding symptoms; fro

enteritis by a less degree of pain in the abdomen, and a greater degree of stupor.

The prognosis of fever is a matter of considerable importance. It is always a serious disease when it continues; even cases slight at first may become very severe in their course. The rate of mortality is as one in ten. This is a low rate. In bad epidemics the mortality is one in four, or one in two. Generally speaking, it is less fatal in females and young subjects than in men or those of ad vanced age. The simple forms of fever are dangerous in proportion to the prostration, especially where the symptoms of weakness come on very early, and are accompanied by symptoms of congestion. The complicated forms of fever are the most fatal. The pulmonary and intestinal complications are very dangerous, especially when they are of long duration. The disease is more fatal in children than intermittent fever. It is more common in the adult age, and in persons of feeble and intemperate habits.

MEMOIR IN REPLY TO THE FOLLOWING QUESTION, "CAN A DISEASE IN ITS VARIOUS STAGES BE CONSIDERED AS CONSTANTLY IDENTICAL?"

By P. A. PIORRY, M.D., M.A.M., Professor of the Practice of Physic at the University of Paris, Physician to La Pitié, &c.

For the Medical Times.

On taking a rapid review of the mode in which medicine has been studied from the most remote times up to the present day, the observer is obliged to admit that hitherto arbitrary collections of symptoms, to which a peculiar and isolated existence has been attributed, have alone been taken into consideration. In fact, it was remarked that owing to a cause certain phenomena appeared, which were supposed to succeed each other in a regular manner, and to these phenomena the term *disease* has been given.

It could hardly be otherwise; we form abstract ideas from analogies deduced from material objects which fall under our notice, and the abstraction *disease* is therefore naturally considered as a reality. Heat, or the *pyritos* of Hippocrates, febris, pestis, erysipelas, icterus, and, at a later period, catarrhus and rheumatismus were supposed to be such; so that, after ascertaining their existence, it was thought possible to reckon them, and the description of the reunion of certain symptomatic phenomena hitherto unnoticed was considered to be a real discovery.

All the doctrines, all the discussions turned on this pivot. Hippocrates admitted a certain number of diseases; and after the father of medicine, Galen, Themison, Cælius, Avicenna, Fernel, Stahl, Sydenham, Boerhaave, the iatro-chemists as well as the vitalists, did the same. All coincide in the opinion that diseases are unities, therefore nosologists classed them as botanists do plants, and statisticians counted them in the idea that they could thus reduce the mobile face of nature to the certainty and invariability of cyphers.

Diseases having been thus particularised, isolated, counted, the next thing sought for was the indication of the most appropriate methods of treatment for each, and these, in their turn, were particularized, isolated, and counted. The most learned treatise on therapeutics, the most ignorant productions of charlatanism, agree, inasmuch as the chief aim is to establish treatments, formulas, and receipts against any given disease designated by such or such a name. The most distinguished physicians, the most illiterate nurses, do not consider under any other light the various means employed to relieve human sufferings. At the present day practitioners seek to discover a plan of treatment for *typhoid fever, rheumatism, cholera*, &c.; the progress of science has scarcely glanced at the mode of reasoning, evidently contrary to observation and rational therapeutics.

The true practitioners of all ages have never ceased to say, "Pathological descriptions are very seldom met with by the bedside of the patient." That given by Hippocrates of a disease is applicable to affections of a very different character, for which the most opposite mode of treatment is requisite. Typhoid fever comprises the great majority of all acute febrile diseases, and in cases thus denominated there are at least ten in which the treatment must differ. The same remarks are applicable to rheumatism, icterus, and cholera. The works which have been published on clinical medicine give but a very imperfect idea of diseases; what is requisite is to indicate the means by which they may be easily recognised. The description of such or such a disorder is given, but it is impossible to find by the bedside of the patient the symptoms invented by the lucubrations of a fantastical mind, since they vary every moment in the same individual. Inflammatory previous to venesection, they become bilious the day after, mucous at a somewhat later period, then adynamic, and finally ataxic, if nervous symptoms appear. This is not the foundation on which clinical medicine can be established, nor is it the means by which the practitioner can be enlightened. The theory ought to be made to agree with clinical observation; positive signs ought to be given by which the observer may be guided in this therapeutic labyrinth; characters ought to be indicated, by which it may be said with certitude, in such a case, these remedies are requisite; on the contrary, in another, very different ones must be had recourse to. The descriptions ought to be presented in such a way that the idea formed of any given disease indicates necessarily the mode of treatment. Unless this is done, how is it possible for practitioners to profit by the works published or the doctrines they contain?"

It is thus that men who study diseases as they ought to be studied reason; their reproaches are terrible arguments against the mode actually adopted in the practice of medicine, and against the admission of the abstraction *disease*. If the clinical observer cannot be guided by the doctrine which admits this abstraction, evidently this doctrine is erroneous, inasmuch as the practitioner studies nature, whilst most authors on pathology have written their treatises in their studies.

It is supposed, in admitting the being *disease*, that a cause or a series of causes act and produce a morbid condition, and then a reunion of phenomena which are constantly the same, among which is included what is denominated reaction, followed by accidents united in a more or less precise order—accidents terminated by health, infirmities, or death. This disease differs from another affection, in which other morbid causes give rise to a series of phenomena followed by a very different result; whence the necessity of as many varieties of diseases as there are varieties of causes and peculiar symptoms; whence, again, the description of each of these diseases is totally different, and quite distinct from that of any other affection.

Nothing is more erroneous than the opinion here alluded to. No cause can produce the same result unless it exercises its influence under circumstances precisely similar, otherwise there would be as numerous varieties in the result as the circumstances which cause it differ. Now a morbid cause presents various degrees of intensity, and is influenced by coincidences of a very different nature, besides which they act primitively or consecutively on numerous organs differently disposed, and influencing each other variously in each individual, so that the effect produced by a cause, unique in its nature, is on one person dissimilar to that produced on another.

What will it be, then, when several causes, as is usually the case, unite to produce morbid phenomena? Will there not be a complication of causes, complications in the primitive results, complications in the consecutive symptoms, and augmentation in the intensity of these complications by secondary causes which induce a more or less advanced stage of the disease? How is it possible in such confusion to discover diseases simple in their nature, which are always identical, and which develope themselves constantly in the same way?

Thus it is impossible in theory, and clinical facts come to the support of this opinion. Let us take an example among a thousand:—Variola, a model of a disease, in which a specific and unique cause exists. Now, is there in the eyes of the medical man the least resemblance in the symptoms, prognosis, and especially the treatment, of varicella, discrete and confluent variola, variola complicated with laryngitis or bronchitis? There are not perhaps, two cases out of ten, the organic condition of which is analogous, and which require precisely the same remedies. Again if we take diseases the causes of which are still more complex, for instance, *typhoid fever*, the difference would be still greater.

The limitation of a morbid state under the denomination of the term *disease* is perfectly arbitrary. One author gives to inflammatory fever, pneumonia, pleuritis, or apoplexy, limits which another refuses to admit, or which he increases or diminishes at will. One pathologist recognises with Cullen, Pinel, &c., some hundred diseases, whilst another with Sauvages, counts them by thousands; all depends on the number of symptoms arbitrarily grouped together. Reasoning thus, why should not a million diseases be admitted with as much right as a few?

One of the greatest therapeutic errors which has ever been committed, is to imagine for a moment that it is possible to determine by statistical tables founded on a base formed by complicated disorders, what is the best mode of treatment that can be employed. In a very important discussion which took place some time ago, at the Royal Academy of Medicine, on the pretended statistical doctrine, the principal argument advanced by me, and developed afterwards by several members of that distinguished body, was the following:—Disease is a compound of the lesion of a great many organs; each of these lesions presents in each disease different degrees, so that it is impossible to form through their means similar tables. Suppose we represent by the letters of the alphabet the various pathological conditions presented in a disease; for instance, we call plethora, A; pulmonary congestion, B; lesions of the intestines, C; those of the skin, D; those of the liver, E; those of the spleen, F; &c., it is in vain that the practitioner would endeavour to unite in two patients an equal number of letters, so as to form some word. Nay more, as each of these conditions represented by a letter varies in degree, in character, and sometimes in its peculiar nature, it is not only impossible to obtain an identical, but likewise an approximative, result.

But in support of the opinion advanced, that the disease ought to be considered as a unity, it has been said, there are peculiar causes, peculiar symptoms, peculiar modes of development and of termination. This constitutes the disease, the rest is but accessory, and forms the complications, the accidents. Those who do not admit the unity of a disease are accused of being themselves in the details, of not possessing the *coup d'œil* of the whole, of being like the painter quoted by the poet, who was capable of delineating in a perfect manner each part of a picture, but who had not sufficient talent to understand the whole, and to place its various parts in such a way as to make them harmonise with each other.

In order to give some weight to these objections, it is necessary that the *principal symptoms*, the *predominant lesion* should remain always the most important during the duration of what has been denominated disease. Now this is not the case; for instance, in the numbers of complicated symptoms designated by the term *typhoid fever*, we remark, in the first stage, that the condition of the blood and enteritis are the *chief symptoms, the real affection*; at a later period, it is either pulmonary congestion, or intestinal tympanitis or an affection of the spleen, finally there is almost always towards its termination, anæmia; *all these various lesions constitute the most important phenomena of the disease.* Again, in variola, the alteration in the qualities of the blood, and the cutaneous eruption, are the principal symptoms observed, and which are according to some authors, all the disease; now if laryngitis supervenes at the commencement, or during the course of the affection, it constitutes the most serious, if not the principal, lesion, and it is this complication, rather than the cutaneous affection, which endangers the life of the patient.

But we may go still further, and state that the reunion of symptoms denominated disease differs so widely in its various periods or degrees, that the phenomena, the diagnosis, the prognosis, and the treatment, are very different in each. For instance, the pulmonary congestion in the first stage of pneumonia is in no respect like the red induration of the second stage, nor is this similar to the yellow or suppurative induration of the third. They form,

and this no one can deny, three very different morbid conditions, the two latter being, it is true, the consequences of the first, but in a pathological, and especially in a therapeutic point of view, they bear no resemblance whatever to each other.

Again, take two cases of pneumonia at the same stage, and as uncomplicated as possible; they will not present the same characters. Thus, in one it may invade a considerable portion of a lung, whilst in the other it may affect only a lobe, or a few lobules. Evidently in these two cases the treatment to be had recourse to cannot be precisely the same.

In order to preface statistical tables, a considerable number of cases of uncomplicated pneumonia were collected; but on reading them over, it became necessary to divide them into several categories, as the symptoms they offered were so different that it would have been an absurdity to combine them with the intent of forming a whole. Taken, therefore, separately, they were read over again, but they were still so unlike that subdivisions were requisite. Finally, each individual fact composing the subdivisions was so dissimilar from the others contained in the same series, that it became necessary to study them one by one. This led naturally to the conclusion that it is impossible to establish positive statistical documents with respect to complex diseases, and that it is necessary to found the basis of numerical researches as much as possible on uncomplicated diseases.

It must, however, be supposed that the authors who form these theories on diseases considered as unities, adopt in the treatment of their patients those obsolete hypotheses to which they endeavour to give a more youthful appearance by bestowing on them *another shape*. In no wise; those who seem to take such delight in their statistical hallucinations scarcely attend to the name of the disease when at the bedside of their patient. Let him be affected with a typhoid fever of a bilious, mucous, or adynamic form, if on examining the lungs they discover that pneumonia exists, they are of necessity obliged to neglect the former, and employ remedies appropriate to the relief of the pulmonary phlegmasia. They perceive themselves that their doctrines are erroneous and incomplete, since they, in describing the history of a disease, enumerate its complications, and give thus a general treatise on almost all the diseases to which humanity is subject.

Thus, in a theoretical and practical point of view, disease, considered as a reality, is a pure abstraction; but it must not be viewed in that light by the bedside of the patient. In a second Memoir, that which constitutes the foundation of sound theory and practice will be examined.

PENCILLINGS OF EMINENT MEDICAL MEN.

PHILIP PINEL.

(Continued from page 229.)

Occupied by such various subjects, he wrote for the *Encyclopedie Methodique;* he had undertaken to translate *Cullen* and an edition of *Baglivi;* he studied botany under the directions of his friend Desfontaines, and chemistry under the judicious J. d'Arat and the eloquent Fourcroy; Pinel, contented with his present position, and quite secure, or perhaps careless for the future, had no wish to practise, for though he attended the clinical lectures at the hospital, he refused all occasions of seeing and treating patients. He was, however, in 1783, grieved by the loss of a young man to whom he was much attached, and who, from hard study and excessive continence, lost his reason. This unfortunate young man, on his return to the bosom of his family, went raving mad, and fled one evening from his father's house into a neighbouring wood, where he was destroyed by wolves. The next day his torn remains were found, and near them a copy of Phedon covered with blood. This catastrophe had a great effect on Pinel's mind, and was perhaps the cause which first directed his attention to the study of this powerful malady, which was then so imperfectly known. About this period an establishment was formed for insane persons, and the first patient received in it was placed there by Pinel. It was then that in all probability he made the first trial of the innovations which will cause him to be blessed in all future ages. For the compulsion and restraint employed everywhere else against the fury which characterises mania, and which is so deserving of commiseration, Pinel substituted treatment, in which justice was softened by kindness. He allowed quiet patients to go about at perfect liberty, and employed restraint only on those whose violence rendered them dangerous; but even with these he made use of it in such a manner, and within such limits, that the patient's sense of right, far from resisting, yielded very readily; for it is extraordinary that, on the contrary, even in the greatest disturbance of the mind, the sense of right never disappears. It is this feeling which the physician ought always to husband in the heart of the patients, and which, sooner or later, will open the fortress to him.

The success which during six years attended this method, sanctioned its use; when, in 1792, the Royal Society of Medicine of Paris proposed the following as a prize question—*Indiquer les moyens les plus efficaces de traiter les maladies dont l'esprit est devenu aliéné avant l'age de la vieilesse* (to point out the best mode of treating patients who have become insane before old age)—Pinel competed. His work mentioned at the public *séance* held on the 28th of August, 1792, bore the following motto, taken from Celsus—*Genere sc pro cujusque natura necessarium.* A motto fraught with meaning, and applicable to all kinds of diseases; but, above all, to insanity. But did Pinel obtain the prize? His manuscript, left incomplete or mutilated, tells us nothing on that head; but the *Memoires de la Societé Royale de Médecine* would, in all probability, have informed us, had they not been interrupted by the troubles in the political world. Be this as it may, Pinel soon after received a prize more worthy his acceptance—a prize which became the source of glory to science, and usefulness to mankind. Thouret was a member of the Royal Society, and formed part of the committee appointed to examine the memoir presented by Pinel, the perusal of which made him esteem the talents and character of its author. The changes which occurred in public affairs placed Cousin, Thouret, and Cabanis at the head of the administration of the hospitals, which, in spite of the reforms attempted by the most humane of our kings, were, in the capital, in a state of the most deplorable inhumanity; and Bicêtre was the one which presented the most scandalous aspect. Vice, crime, misfortunes, and infirmities, persons afflicted with the most loathsome diseases, and with diseases of a very different nature, were huddled *pele mele* into the wards; no distinctions were made. The buildings were uninhabitable. Men covered with filth remained motionless in narrow, cold, and wet stone cells, deprived of air and of the light of day, and only furnished with straw to lie on, which, as it was but seldom changed, soon became rotten and full of vermin; horrible dens, into which we should hesitate to put the lowest animal. Insane persons, shut up in those *cloacæ* were at the discretion of their keepers, who were criminals taken from prison to perform these duties. The unfortunate patients, loaded with chains, and bound like galley slaves, were abandoned to the cruelty of these men, who made them objects of the most insulting raillery, and of a brutality the more disgraceful, since it was perfectly gratuitous. This injustice and cruel treatment, filling them with indignation, despair, and rage, caused their wandering reason to stray still more, and drew from them, day and night, howls and screams, rendered still more frightful by the noise of their chains. Some more enduring or greater dissemblers than the rest, appeared insensible to the violence exercised towards them; but they concealed their resentment in order to make more certain of revenge. They narrowly watched the movements of their tormentors, and, when able to surprise them in a convenient attitude, they struck them with violence on the head or epigastrium, and laid them dying at their feet. Thus there was on the one side cruelty, and on the other murder. Once engaged in this criminal direction, how could it ever be put a stop to? and what amelioration in mental affections could be expected from such dreadful retaliations?

The three administrators lamented this mixture of crimes and misfortunes; all three were Pinel's friends, and all three felt convinced that Pinel was the only man in Paris, and perhaps in France, who was capable of remedying such accumulated evils. He was accordingly named Physician to the Bicêtre, and began his duties towards the close of the year 1792.[1] With him, compassion, attention, regard, kindness, and justice entered the asylum—virtues, whose soothing influence in cases of even the most furious mania, he had had ample opportunities of observing. Things soon presented a very different aspect; but in order to avoid the danger attendant on any great change, it was made gradually. A man was then at Bicêtre, whose instinct had to a certain degree made him the forerunner of Pinel, a man who, though he had received but little education, was endowed, notwithstanding his natural severity, with good sense, great tact, and a kind and feeling heart; Pussin, who, disregarding the fears of some, of the clamours of others, had already dared to remove the fetters from some of the unfortunate sufferers.

This trial having been successful, the remainder was accomplished under the enlightened direction of Pinel, the patients being no longer disfigured by the exasperation, or terror, produced by bad treatment, their diseases assumed their natural physiognomy, and allowed the judicious practitioner to study them in a regular manner, and to give a true and accurate description of them. For two years Pinel was the benefactor of the Bicêtre, and at their expiration he was requested to undertake in a second hospital the humane and advantageous revolution he had accomplished in the first; I mean in the Salpetrière, where the same excesses reigned. The insane women who had previously been treated in the Hôtel Dieu, were received in this asylum. This treatment was incomplete, and common to every species of insanity; thus increasing the danger of the disease, and rendering it more difficult of cure. To keep their passions within due bounds, the unfortunate creatures were submitted to the severities already mentioned, or it may be rather said, were irritated by the same oppressive measures. Enchained sometimes naked in almost subterraneous cells, worse than dungeons, their feet were often gnawed by rats, or frozen by the cold in winter. Covered by wounds, their embittered hearts breathed nothing but vengeance; and, carried away by the hatred which absorbed them, they sought, like bachantes, only to injure the women who watched over them, or to hurt one another. Who could suppose it?—obstacles without number were raised against the plans proposed by Pinel, though experience spoke in his favour, and though the method (which he endeavoured to abolish) founded its necessity on the evils it caused. But it is thus, says Montesquieu, that cruelty ever reasons. At length, however, the administration perceived that the treatment of mental alienation needed, more than any other class of diseases, a perfect unity of design, as well as a great variety of remedies. The patients were consequently removed from the Hôtel-Dieu, and placed entirely in Pinel's hands, who, assisted by the person of his choice, the faithful Pussin, set aside habitual opposition and interested errors as vain shadows, and was enabled to substitute order for chaos, rules for caprices, and the sacred rights of humanity for the shameful excesses of cruelty. These reforms have remained to the present time, having been continued by Esquirol, and followed by the administration, which has extended them to the most minute details. From this it is that the Salpetrière may now rank among the best asylums consecrated to misfortune.

But science especially has profited by it. Diseases being classed methodically at the Salpetrière, as at Bicêtre, were observed with greater care, and consequently were better known and more accurately described. After several essays communicated to various learned societies, and inserted in the collection of the Memoirs of the *Société Medicale d'Emulation*, Pinel published, in 1801, the result of his laborious researches, and this work, revised and corrected by the author, appeared in 1802, under the following title; *Traité Medico Philosophique de Alienation Mentale.* This work, preceded by another of a more distinguished style, to which allusion will

[1] See num. de l' Acad. Royale de Med. Paris, 1836, vol. v., p. 31.

presently be made, established Pinel's celebrity; in fact, this treatise on mental alienation is an evident proof of the originality of the author's mind. In it Pinel examines, far more profoundly than his predecessors, the peculiar nature of acute mania; he teaches us to consider it as an act of the living powers which must change our organisation—an act which science may retard, disturb, or pervert, by a rash mode of treatment, but of which the acuteness alone ought to be moderated, in order that the disease may go through its natural course and terminate without being interrupted. Unseasonable remedies or spontaneous obstacles precipitate it too often towards those unfortunate terminations, which, after disturbing its primitive direction, sometimes allow it to reappear under the same form, or at others pervert and perpetuate it under a new and henceforth immutable shape. With respect to the different forms insanity may put on, Pinel classes them under the four following heads: mania, melancholia, dementia, and idiocy. This division is spacious; it comprises, without doubt, the most important diseases, but still it is not sufficient; for however considerable the perspicuity it brought to the study of so protean a disease, it is now known that such a classification cannot embrace all the lesions, when uncomplicated, and still less so when combined with other affections, which happens unfortunately too frequently in the moral and intellectual part of our economy. I mean in our sentiments, our ideas, our will, and, what cannot be separated therefrom, our movements and our actions; for these are the parts which are governed by the operations of the mind, and which in insanity escape or resist its power. Nay more: Pinel did not carry his analysis far enough, since he comprised under the same head mania without delirium, which is an uncomplicated disease, and mania with delirium, which is a complicated affection. In fact, there is uncomplicated mania, or, what is the same thing, there are aberrations of the mind, and there are species of melancholia, of despair, of furor, and of anger, spontaneous and instinctive, without reflection, and free from all influence of the mind, which lead man to injure himself, or conduct him blindly to commit murder; there are also others which do not affect the ideas, but which are perceived, judged, and condemned by them, and combated by all the powers of the intellect; whence the phenomenon of two wills, so well described by St. Paul, and so badly explained by philosophers. On the other hand, there are certain disturbances of the mind, marked merely by a want of coherency, either in the ideas, or in the acts; in other words, there are kinds of dementia, there are real deliriums, which, being united to no species of furor, at least existing, constitute for that very reason, a simple disturbance of the intelligence, an uncomplicated delirium; whence it is easy to perceive that these two lesions are perfectly independent of each other; and, when co-existent, the result is not a simple but a complicated case, and that the mania with delirium is a combination of furor and dementia. It is equally so with those disturbances of the passions, those sudden and unnatural antipathies, which in the heart of a woman usurp the place of her wonted kindness; horrible impulses which sometimes are overcome by the will, and at others overthrow it, subjugating the intellect of the mother, and placing in her hands a dagger to be directed against her own offspring. Is it not visible that here the mind alone is depraved, and that the intelligence is overcome rather than perverted? What becomes of the freedom of our mental faculties? and how necessary is it, when framing laws on acts of this kind, to distinguish what ought to be pitied and what punished! But to return, I will add that in describing melancholia, Pinel did not always, as he might have done, trace deep enough the causes of the mistaken judgments which characterise it, and which are often suggested to the mind, either by the erroneous perceptions of the senses, or by the sentiment of an internal disturbance, which has all the false appearances of hallucination—a kind of deceitful, though real perceptions, whose principle, though difficult to discover, is notwithstanding, in some cases, the original cause of all mental lesions.

Finally, and this is but a very slight fault, Pinel engages practitioners to perfect themselves in the treatment of insanity, by the study of the faculties of the mind; he refers them, for this purpose, to the writings of eminent men and modern philosophers who have made so sublime a theme the object of their meditations, thus rendering medicine subservient to metaphysics; whilst, on the contrary, metaphysicians ought to become the disciples of physicians, to be able to penetrate into the secret abysses of the human mind. Had they studied in so fertile and necessary a school, neither Locke, though he was colleague to Sydenham, nor Condillac, nor any of their disciples, would have committed the strange paradoxes, which disparage works in other respects a glory to their country and to their authors. I affirm that the study of the whole mind is exclusively the patrimony of medicine. Hippocrates has comprised all these wonders in two aphorisms, which his successors ought to have accepted as their most precious inheritance. But this inheritance they did not recognise, and to such an extent did they disdain to take advantage of it, that this valuable and important part of the science is still enveloped in darkness. Nothing is demonstrated, nothing is put in its proper place, no one part is examined in its relation to the whole; whence it arises, that, among numerous sciences which have no real prop but in this fundamental and principal knowledge, diseases of the mind are so imperfectly known, and, that there is so little concord and uniformity in the denominations given to them by writers. But, however just these remarks may be, it is not less certain that Pinel's work is of infinite value, from the facts, the method and the ideas it contains, and from the moral lessons which it teaches to mothers, fathers, and tutors, who are specially destined to improve the minds of their pupils; for the mind is itself a source of elevated and social sentiments, and of regular and temperate habits.

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, July 12.

New Views from the Hospital Gazette.—In my last communication, I alluded to some cases by Dr. Corrigan, published in the Hospital Gazette; in the same number are recorded a few cases in ophthalmic surgery selected from the practice of Mr. O'Ferrall at St. Vincent's Hospital, not as the writer says, with a view of presenting by a detail of them any new pathological feature, but by way of illustrating some practical points and peculiarities in the mode of treatment which it appeared important to notice.

In one of the cases, a specimen of opacity of the cornea, the exhibition of alterative doses of the bichloride of mercury was resorted to, and the mode in which this was administered, *invariably after meals*, is offered as a point especially deserving of attention.

Now without meaning for a moment to question the value of the writer's intention in placing this piece of information so prominently before the public, and the profession at large, it is but just to the hospital staff of our city to remind him that this mode of prescribing the B. C. Hyd. is one, the advantage of which has always been appreciated by them; and sufficient proof might also be adduced to shew that, even among the less enlightened members of the profession in the provinces (for whose improvement perhaps the announcement was more immediately made), the propriety of the practice is both acknowledged and acted on, nay, it is matter of doubt whether, even in the remote region of the county of Kerry, the custom is not perfectly familiar to her humblest aspirants in the healing art.

Next, speaking of the application of nit. argenti. to ulcers of the conjunctiva, it is observed that considerable difficulty is experienced in scraping down a piece of the solid nitrate to a proper point, such a practice being objectionable too from the danger of the patients suddenly starting under its application.

So to meet this twofold difficulty, we are told that Mr. O'Ferrall has been in the habit of using a fine-pointed cone of soft paper, the apex of which, being impregnated with a saturated solution of the nitrate, is employed as a substitute.

With respect to the use of the paper cone, it is well known amongst the students of the various hospitals, that a precisely similar practice is pursued elsewhere, and with regard to the difficulty of procuring a fine pointed piece of nit. argenti, it may be observed, that a very easy method of effecting this has been adverted to by Dr. Jacob in his lectures on various occasions. It is simply this: dip the end of the pencil of caustic in a little water, and then rub it briskly with a cloth, repeating the process until a sufficiently fine point is produced.

In the absence of matters of immediate interest, I have selected from my note book the following case of laryngitis treated by Mr. Smiley at the Meath Hospital; though not of recent occurrence, it may not be unacceptable to the readers of your journal, inasmuch as it presents a very well marked instance of the success of the operation of tracheotomy, respecting the choice of which in these cases so many and such varied opinions are entertained. The case which follows it, also one of laryngitis, was very recently under the care of Dr. Stokes at the same hospital, and offers on the other hand a remarkable illustration of the value of medical treatment.

Syphilitic Laryngitis; Tracheotomy, Cure.

P. Kearney, ætat. 45, was admitted into the Meath Hospital under the care of Mr. Smiley, on the 17th of May, 1843, labouring under great difficulty of breathing, which had existed, with more or less severity, for two months before.

He has had venereal disease, and has lately been under treatment in this hospital for syphilitic iritis. On his admission, means were used to subdue the inflammatory affection of the larynx.

He was leeched over that part, and ten-grain doses of calomel given every sixth hour; notwithstanding these means, his breathing became more laboured, he could not lie down all night.

There was total loss of voice, respiration was stridulous, and at each inspiration the epigastrium was drawn in. On the morning of the 19th he seemed to be moribund, his face was livid, he had been delirious during the night, and now lay comatose. There were convulsive twitches of the muscles of the lower jaw and abdomen, the pulse was feeble and indistinct, and sordes had collected about the lips and teeth. It was feared the patient was too far gone to be relieved by an operation; this was, however, undertaken, and performed in the usual way; the trachea being exposed, a portion of one of the rings was cut away, and a silver canula inserted, through which a large quantity of bloody mucus was expelled. Shortly after the operation the patient was much relieved, his natural colour returned, and the stupor disappeared. On the 20th the canula was withdrawn, and the lips of the wound were kept asunder by an elastic bow-shaped piece of iron.

22nd.—Expectoration goes on well through the wound; his mouth is sore; has mercurial dysentery.

27.—General condition much improved; can speak intelligibly. Mercurial fumigations ordered.

June 5th.—Wound has quite healed; breathes freely through the larynx; his voice is restored.

23d.—Was discharged, having remained in hospital under inspection in excellent health since last report.

Laryngitis treated by Dr. STOKES.—Clinical Clerk, Mr. WM. GOODLAND.

John Cashell, a carpenter, æt. 33, admitted May 30, 1845; he was always a strong healthy man, but six years ago he had an affection of the lungs, since when he has been liable to occasional cough; has been a very free liver; about three years before the time of his admission he had chancres, followed by bubo, for which he took a great deal of mercury; no secondary symptoms were observed.

In twelve months after this period, he perceived his voice greatly altered in *singing*—from having been very musical, it became husky, and could only be exercised by an effort—yet, until eight months ago, it had not undergone any very marked alteration; very soon after, however, his speech became hoarse, and inspiration was performed with some difficulty; this state of things increased gradually up to the present time, but has been considerably aggravated during the last few days. His general health was good all through; he had been blistered several times over the larynx, but with little benefit.

He had gonorrhœa and swelled testicle eighteen months ago, but no sores then. On his admission dyspnœa existed to a most distressing amount, and was so great after walking up stairs, as to threaten suffocation; respiration, accompanied by a loud murmur, similar to that of a large humming-top, was heard both in inspiration and expiration, and audible outside the ward; countenance pale and anxious; circulation perfectly quiet; no pain in the larynx, even when pressed on, or moved about; fauces free from ulceration, but a large patch of mucus was seen on the back of the pharynx, which was at first mistaken for an ulcer; epiglottis appeared healthy to the touch; a sufficient examination of the throat could not be made, from the distressing dyspnœa produced by the attempt; stridor[1] is from above; no emaciation; no hectic. The chest sounds well on percussion; respiration natural, but very feeble; cardiac sounds normal.

The symptoms were now so severe, that one of the surgeons present thought that, to preserve life till the system could be got under the influence of mercury, it would be necessary to perform tracheotomy.

May 31st.—Eight leeches were now, however, ordered to be applied to the larynx, and three grains of blue pill with Dover's powder was given three times a day. Ungt. hyd. fort. ℨj. bis horis infriciandum.

June 3d.—The system as yet unaffected by the mercury; the stridor and dyspnœa still very bad, especially at night; spasm of the glottis occurred on two occasions, threatening immediate suffocation, but relief was obtained by leeching; circulation tranquil.

On percussing the larynx, the right side was found to be decidedly duller than the opposite. Eight leeches to the right side of the larynx;—the pills and ointment to be continued.

Under a continuance of this treatment, all the symptoms gradually disappeared, the dyspnœa and stridor undergoing most marked relief when the action of the mercury was established. Hoarseness continued a considerable time, but was relieved by blistering; it existed to a slight amount when he left the hospital, on the 5th of July, declaring that his health, in every respect, never was better.

[1] In his work on the chest, Dr. Stokes alludes to the important diagnostic aid in some of the diseases of the air passages derivable from an accurate knowledge of the situation of the stridor; that from above being indicative of disease in the upper portion of the windpipe, while from the presence of aneurismal or other tumours, the sound proceeds from its inferior extremity.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, July 3, 1845.

On Local Applications in Diseases of the Skin; by A. Cazenave, M.D., Physician to the Hospital St. Louis, &c. In slight forms of acne, in lichen, pityriasis, herpes, and even eczema, slightly acidulated lotions are very useful. After the scabs have fallen off in impetigo, the following lotions, ℞. Aluminis ℨij.—ℨiij. Infus. Ros. gallic. ℔j. M. ft. lotio. R. Hydrarg. bichlor. gr. ij., Ammon. chlorid. gr. ij., Lact. amygdal. ℔ss. M. ft. lotio may be used with much advantage. When the disease is chronic, Acid nitrici. Acid. hydrochlor. āā m. xxv., Aq. distillat. ℥x. M. ft. lotio. ℞. Alumin. ℨiij. Ammon. muriat. ℨj., Sulphuret potass. liquid. ℥j., Aq. pur. ℔ss. M. ft. lotio., or ℞. Decoct. althæ. off., ℔j. Liq. plumbi diacet. ℨj. M. ft. lotio. should be prescribed. Other lotions may be employed with the intent of removing the scales which cover the skin in pityriasis, psoriasis, or eczema squamosa; of cleansing the skin of the fatty layer which covers it, as in acne sebacea, or of causing the yellow spots and the mealy exfoliation covering them, as in pityriasis versicolor, to disappear; the natural or artificial sulphurous waters, or the alcaline solutions are the most useful in these cases. As a remedy for the itching which accompanies several cutaneous affections, and which is sometimes intolerable, lotions with the infusum. folior. stramon., or infus. folior. hyosciam., or decoct. papaver. capsul., or R. Potass. sulphuret., ℥j., Aquæ. distill ℥x., or the liniment recommended by Dr. Jadelot in the itch.[1] In chronic eczema with much itching, and especially in itching without an eruption. R. Cyanur. potass., grs. xij., Emulsion. amygdal. amar., ℥vij., ft. lotio. If the itching persists, notwithstanding these measures, R. Aq. distill. lactuc viros. ℔j., Aq. camphor ℥j. M. ft. lot. vel Bichlorid. hydrargyr. grs. iv., Aquæ distillat., ℥vij., Alcohol. menth. off. ℥ss. vel. R. Bichlorid. hydrargyr. grs. vj., Aquæ distillatæ ℔j. Rad. anchus. tinctor. ℨj. (this constitutes the celebrated *eau rouge* of the Hospital St. Louis, so praised by Alibert) pro dos. ℥j. ad ℥ij., vel. R. Bichlorid. hydrargyr. grs. xij., Aquæ distill. ℔ij., Alcohol. rectif. ℥vij., Camphor ℨss., ft. lotio, mane nocteque utend. No lotions are of much utility in exanthemata, with the exception of erysipelas, in which emollient or discutient lotions have been recommended, and in traumatic erysipelas in which astringent lotions are useful; in eczema they are useless, except when chronic, and then alcaline lotions and those containing mercury may be had recourse to. In psora, R. Ol. rosmarin off., Ol. lavandul. ver., Ol. menth. pip. āā ℈j., Alcohol. rectif. ℥vij. Infus. thym. ℔ij., ft. lotio. ℥iv. mane nocteque utend. vel. R. Iodid. sulph., Iodid. potass., āā ℨiss., Aq. puræ., ℔ij. ft. lotio. M. Soubeiran proposed replacing this last by a solution of iodide of potassium, with an addition of iodine; but repeated trials have proved that it is not so efficacious as when sulphur is present. Care must be taken not to prepare it too long, and to shake the bottle well, before its employment. In pustular eruptions, the only one in which lotions may be advantageously employed is impetigo, after the scabs have been detached. Lotions are useful in acne; in sycosis, they must be emollient, aromatic, or alcaline, according to the species or the state of the eruption. In porrigo favosa, Barlow's lotion, which may be followed by the solution of a chloruret when the scabs are detached. The ephelides and pityriasis versicolor are the only affections characterised by a change of colour of the skin, which can be affected by lotions, such as solutions of the chlorides or of the sulphurets. Finally, in psoriasis and lepra vulgaris, they must be applied conjointly with ointments. In all diseases of the skin, lotions and ointments must be considered as accessory measures.—*(Annales des Maladies de la Peau.)*

Fractures of the Acromion. Two cases of this fracture, with the *post mortem* examinations, were communicated by Dr. Nelaton, and inserted in the last number of the *Journal de Chirurgie*. Since this accident was observed for the first time, in the 17th century, not more than twelve cases have been recorded, and they are far from presenting all the authenticity to be desired; besides which, the symptoms of treatment[2] were founded on theoretical, rather than practical, deductions; and on this account, render the two cases about to be related, doubly interesting. Case 1st.—R., a day-labourer, ætat. 27, fell, while tipsy, from a first floor window; and was brought immediately to the Hospital des Cliniques, and placed in the wards of Professor J. Cloquet, then under the care of Dr Nelaton. In addition to symptoms of concussion of the brain, there was a deformity of the shoulder, which drew the attention of the *interne*, who diagnosticated luxation of the humerus, and proceeded to perform reduction, which, after failing the first time, on a second trial appeared to have succeeded. On examination the next morning, no signs of luxation were present, and the cerebral affection alone was attended to; it, however, in spite of the most energetic treatment, terminated fatally, two days after the accident. *Autopsy.*—As it was impossible to reproduce the luxation, the shoulder was carefully dissected; the muscles, tendons, and capsular ligament were found to be perfectly sound, the only lesion being a fracture of the acromion. This fracture was almost straight, and situated at about an inch from the summit of the process; the periosteum superiorly was partially torn, inferiorly, it was quite entire, so that the only possible change of position that could be obtained was the lowering of the extremity of the fragment. Case 2d.—Bonnet, ætat. 75, strong and hale for his age, entered the sick wards of Bicêtre on the 20th February, 1843. The only information that could be obtained from this man, whose intellectual faculties were rather dull, was, that while crossing Austerlitz bridge, he fell on the pavement. The right shoulder was considerably deformed, owing to an old fracture of the clavicle, which was very irregularly united. The lesions caused by the late fall were—1°. Two phlyctenæ, full of serosity on the inferior part of the dorsal surface, of the right forearm. 2°. A thick, black, firm, oval escar, about 4½ inches in length, and 3½ in breadth, similar to a burn in the third or fourth stage, on the anterior surface of the right knee. 3°. Finally, on examining the right scapula, a depression was found at the base of the acromion, in which the tip of the finger could be placed, and the two fragments could easily be made to move on each other by seizing the acromion in the right hand, and the scapula in the left; *head and arm not in the least altered from their normal position; all the movements in the shoulder and arm as if no accident had occurred; no pain, nor crepitus*; when the arm was carried forwards, the acromion followed the movements of the external extremity of the clavicle, and, at the same time, the distance between the two fragments was increased so as to admit two fingers; on the contrary, it diminished when the arm was carried backwards and outwards; in all these various movements, the acromion did not change its normal direction; ecchymosis extended from the seat of the fracture to the axilla, and from thence, along the inner side of the arm to the elbow; distance between the acromion and the external condyle was, on the right side, about 11¾ inches; on the left side, nearly 12½ inches. Mayor's triangular bandage for fractures of the clavicle was put on, and poultices were applied to the knee. The patient was very unruly, and removed the bandage every day, notwitstanding all the care with which it was applied, so that on the 27th February, as he complained of no pain whatever on free motion of the arm, it was taken off entirely, and the treatment was directed solely to the lesion of the knee; owing to the indocility of the patient, this became much aggravated; the synovial membrane burst, diarrhœa supervened, and death finally closed the scene on the 20th April, at 8 P.M., sixty days after the accident. *Autopsy.*—Right shoulder, acromion fractured transversely at its base, and about a finger's breadth distant from the spine of the scapula, the part corresponding to which, offered a sharp edge, formed by the under part of the bone; acromion united to the rest of the bone by a newly-formed fibrous band, as large as the surface of the fracture, composed of fibres, parallel to each other, extending from one surface to the other, and by the fibres of the deltoid and trapezius muscles, which were, in a measure, separated into two parts, the one attached to the acromion, and the other to the spine of the scapula; the edges of the capsule of the scapulo-humeral articulation were torn from the anatomical neck of the humerus for about four lines, opposite the insertion of the supra-spinatus, which was detached from the bone at the precise spot of its insertion, without removing any portion of the bone, or leaving any of its tendon; a probe introduced at this spot, did not penetrate the articulation. The patella was softened and redder than in its normal condition.

[1] *Linimentum saponis hydrosulphuretum.* (Jadelot's liniment) R. Saponis ℔j., Ol. semin. papaver. somnifer. ℔ij., Pulv. sulphur potass. ℥iij. ft. linimentum.

[2] Speaking of this fracture, S. Cooper (Dict. Pract. Surgery) expresses himself thus:—"When the acromion is broken, the weight of the arm, and the contraction of the deltoid muscle, draw it downward, while the trapezius, and levator scapulæ draw the rest of the bone upward and backward." "Fractures of the acromion are attended with *pain, which is increased by the motion of the arm; the form of the shoulder is changed;* and the broken part, which has descended, may be raised, by bringing up the elbow close to the side." "The fractured acromion requires the arm to be raised, that the head of the os brachii will push up the acromion, while an assistant pushes the scapula forward and downward, in a contrary direction to that of the arm. To maintain this position, a circular bandage is to be applied round the arm and body.

Spermatorrhœa.—A young man, about 26 years old, of tolerable constitution, was reduced to a mere

skeleton, and to an extreme state of pallidity and weakness, owing to nocturnal pollutions, of which he had from five to six every night; his appetite was lost; his intellect diminished, and his skin dry and harsh. Several means having been uselessly employed, not only before, but also since, his admission into Dr. Robert's ward at Beaujon Hospital, the cauterisation of the urethra not excepted, Dr. Roguetta asked Dr. Roberts to try secale cornutum, having had a case in his practice several years ago, in which, through its influence *alone* (in the present instance cauterisation was employed, in addition to the ergot of rye), a cure was obtained; consequently, the following pills were ordered:—R. secal. cornut. ℈ij., Camphor ℈j., Alcohol. rectif. q. s., pilulæ No. xx., quarum sumat. i., mane et nocte. Soon after their administration he loss of semen diminished, and gradually ceased; the patient gained strength and flesh, and ultimately recovered completely. The efficacy of the pills was undoubted, as if the patient ceased their use a day in the commencement of the treatment, the affection was aggravated.—(*Annales de Therapeutique.*)

Academy of Sciences; Sitting of the 30th June—M. E. de Beaumont in the chair.—At the *Comité Secret*, which took place to-day, the Section for Medicine and Surgery presented the following list of candidates for the seat vacant by the death of Professor Breschet:—1° Dr. Lallemand; 2° Professor Gerdy; 3° Dr. Jobert de Lamballe; 4° Professors Berard and Blandin ex æquo; 5° Drs. Amussat and Bourgery. This classification, if report speaks truly, gave rise to a very animated discussion among the learned members, many of whom expressed their surprise and dissatisfaction at seeing Professor Gerdy placed so high on the list, when Dr. Amussat was among the last, and a learned chemist added, he trusted it would, in the present instance, be in the Academy as in the kingdom of Heaven, where, as the Gospel says, the first are last, and the last first. Might not this mode of classification be adopted to ensure the nomination of the learned professor placed at the head of the list, by putting next to him a competitor whose chances are not so considerable? A periodical, speaking of this subject, states, that the objections made find an echo in the public opinion, for if it be as surgeon that the choice is made, it is astonishing that Professor Gerdy should be preferred to Drs. Jobert de Lamballe, Amussat, Berard, and Blandin, and if it be as savant and anatomist, surely what he has done cannot be compared to the learned researches of Dr. Bourgery. Be this as it may, the election, which will probably take place on Monday next, will show how far these different surmises are correct.

On the Molecular Modification of the Essence of Turpentine; by Dr. Bouchardat.—After repeated trials in order to discover a good solvent for caoutchouc, the author concluded that the essence of turpentine after distillation was the best. The essence thus modified was of a slight yellowish colour; smell somewhat similar to that of thyme, oil of naphtha, and essence of turpentine; it was lighter than the original essence, for the density of the latter is 0·8736, and that of the former 0·8420; it boiled at 185° F., but the temperature soon rose to 310° F., where it remained stationary. On analysis its composition was found to be the same as the original essence; examined with the apparatus of polarisation, the rotatory motion was 33·23, whilst that of the latter was 28·83.

On the Physiological Effects of the Vapour of the Essence of Turpentine; by the same.—The only immediate symptom observed after remaining for five or six hours in an atmosphere impregnated with the vapour of the essence of turpentine, was slight cephalalgia; the pulse continued regular, the appetite normal. During the night other morbid symptoms appeared, such as insomnia, continual agitation, hot skin, pulse 86, micturition more or less difficult, urine offering the characteristic odour. The next day great weariness, sense of weight, and pain in the loins were felt. This state could not be attributed to any peculiar idiosyncrasy in the author, since fishes placed in water containing the essence offered symptoms somewhat similar; and if painters do not experience such effects, it is probably owing to their becoming inured by habit to the vapours of the drug.

On the Anthropology of French Africa; by M. Bory St. Vincent.—According to the author, the inhabitants of this part of Africa belong to three races—1° The *Atlantic*, or *Authertoni*, comprising the Kabyles, Moors, Berberes, are the aborigines of the country, partly inhabiting the towns and partly fortified villages. The head here presented was that of a Kabyle seized while preaching the revolt and instantly decapitated. The facial angle is the same as that of the European. The thickness of the bones and the proportions of the cavity are likewise the same; 2° *Adamiques*, vulgo *Bedouins;* the individual to whom the head belonged was killed in a skirmish. The facial angle is more acute; bones of the skull very thin; the depression at the bridge of the nose does not exist; the bones of the nose are longer than in the generality of races; 3° *Ethiopian;* the head is that of a bandit, native of Soudan, killed by the cut of a sabre. The facial angle is still more acute; the skull very thick, the upper maxillary bone being so prominent that the head resembles that of an ape; the features were those of a negro; the ossa narium very short, nearly horizontal, and retain separate traces of their exotic origin. The Jews are sometimes similar to the first, and at others to the second type. Finally, the author states that in a future communication he will furnish proofs—1° That there are not more than forty or fifty inhabitants to the square league from Tunis to Mogador; 2° That they may easily be civilised; 3° That they already begin to feel the difference between the French and Turkish dominations.

Academy of Medicine. Sitting of the 1st of July—M. Caventou in the chair.

Pellagra.—Dr. Hameau, practising at Teste (Gironde), writes claiming his right as to the discovery of pellagra in France. The description given lately of this affection does not differ in the least from that recorded by him long ago; he therefore is astonished that his name should have been omitted in the numerous communications made to the Academy on this subject.

Dr. Husson presented some remarks relative to pathological anatomy as studied at the beginning of the present æra by Corvisart. Dr. Rochoux stated that Corvisart never opened the bodies; this is not correct, for from 1795 to 1798, at which period I attended his clinical lectures, autopsies were performed; but previous to the researches of Prost and Broussais, the intestines were never opened. Dr. Merat asserted that while he was Corvisart's pupil, from 1801 to 1812 or 1813, the intestines were always opened and carefully examined.

Report on the National Correspondents; presented by Dr. Honoré.—This report gave rise to a very confused discussion, in which several members were heard. The conclusions finally adopted were—1° Every year, at the first sitting of the month of May, the *conseil d'administration* will consult the Academy whether any new correspondents should be nominated; 2° The commission must be named three months at least before the election, which will take place on the second sitting in January; 3° In the report the losses sustained by the Academy will be indicated, the departments in which they occurred, and the titles of each of the candidates given; 4° The list of candidates must be double that of the vacant places; 5° The nominations must be as much as possible in the different sections in proportion to the titular members.

Lithotrity in a case of encysted Calculus.—Dr. Segalas communicated the following case, in which, though it was very complicated, and offered dangerous symptoms, he had successfully performed lithotrity. He was obliged, in order to attain his end, to modify the *brise pierre* usually employed by him, and which he had presented in 1839 to the Academy. *Case.*—Baron C., formerly colonel in the artillery, ætat. 75; one thigh amputated; affected with an enormous bronchocele and a hernia; subject to frequent cerebral congestions and retention of urine, which rendered necessary the constant use of the catheter. To these lesions, intense pain in the bladder, with bloody and ropy urine, had been lately added. When called in, I ascertained, on examination, that a cartilaginous stricture of the urethra existed, that the bladder was very irritable, bled when touched with the catheter, and contained an immense calculus. Dr. Talon, the baron's physician, agreeing with me in opinion, lithotrity was decided upon, and in six sittings the calculus was crushed and extracted. The symptoms, however, persisted; the bladder was explored anew with great care, and the presence of a second calculus, contained in a sac with a very narrow opening, was detected; its extraction was fruitlessly attempted; the attempt to crush it *in situ* with the ordinary *brise pierre* likewise failed, for, though I easily succeeded in introducing the instrument between the calculus and the walls of the sac, yet I was unable to seize it between the branches of the *brise pierre*. I, therefore, cut off half of the male branch, and by this means was enabled to remove small portions from the surface of the calculus. It thus became small enough, after numerous trials repeated weekly, to escape from the sac; it was then crushed, and the portions extracted in a very few sittings, after which the urine was no longer bloody. A catarrhal affection of the bladder which existed, was treated advantageously by injections of a solution of azotate of silver, and now the baron is as well as can be expected for his time of life.

GARLAND DE BEAUMONT, D.M.P., B.L. & S., &c.
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PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

On the Cyanide of Potassium.—The author first refers to the different modes of preparation which influence the internal properties of the remedy. To prepare cyanide of potassium four different methods are enumerated, and it is shown by analysis that the mode of its preparation is a highly important matter for consideration during its employment. The solution of the purest cyanide of potassium undergoes rapid decomposition, and the salt prepared according to Wigger's method, and dissolved when required for use, is the best form for its adminstration. It is very useful as an external application, for those who employ nitrate of silver, or solutions of gold or platina, inasmuch as it quickly removes the black, violet, or brown spots produced on the skin by those bodies, in consequence of its property of dissolving their salts. For *pharmaceutical* purposes, such as the preparation of prussic acid, *Liebig's* cyanide of potassium is the most useful, as it furnishes a greater quantity (if the distillation proceeds easily) than the ferro-cyanate of potassium. The use of Liebig's cyanide of potassium for the purposes of art, such as galvanic silvering, gilding, &c., is well known.—(*Dr. Netwald in Oesterr. Wochenschr.*)

On the Use of Frictions with Oil, in the Treatment of the Diseases of Children.—The author, after a lucid introduction, refers to the employment of oil (which has been recommended as a specific by Baur) in scrofula. If we wish to explain the direct effect of remedies on the parenchymo-plasma, the physiological process of digestion must be first considered. It is proved by Purkinje that the albuminous aliments are dissolved by the muriatic acid contained in the gastric juice, and transformed into an albuminous acid chyme, which becomes alcalinescent in the duodenum by mixture with the bile and pancreatic juice, and completely loses its free acid in the chyliferous vessels, arriving at the mesenteric absorbents as a neutral fluid. In these vessels the chyle obtains its peculiar granular formation. It is further established, that the nerves materially influence normal chymification, whilst all further processes must be considered as hypothetical, it being only probable that cells are formed out of the albumen, fibrine, and fat of the blood destined to supply the different tissues (composed, therefore, of different constituents), and excreted at a later period as consumed and dissolved matter. The contact of the albumen of the blood with the liquid fat of the blood-corpuscles is perhaps the base of organic metamorphoses. But this process is subjected to very many alterations in the first years of infancy; thus laying the foundation of many diseases, such as scrofula, tabes, rachitis, disorders of the digestive apparatus, &c. These are based on a disproportion between the gastric and duodenal digestions, with disordered innervation and exsudation. This disproportion *either* proceeds from an

incomplete or an irregular chymification, caused by a slight degree of acidity of the gastric juice, *or* by a disturbed equilibrium between the chyme and the alcalinescent properties of the duodenal contents, by which means the acid re-action prevails, causing the albumen to coagulate; *or* from an irregular excretion; *or* from a defective pulmonary excretion of carbonic acid in consequence of organic diseases, inspiration of impure air, &c. This explains the frequent occurrence of diseases in some children, in spite of the best dietetic observances, and the unaltered health of others, which are subjected to injurious influences. If nurses labour frequently under mental excitement the milk becomes exceedingly acid, disturbing the digestive process, and predisposing the infant to tabes. Too profuse a secretion of gastric juice produces the same effect in weaned children, when they are fed on a too stimulating diet. Albumen, abnormally coagulated, can as well be introduced into the chyliferous vessels as mercurial molecules into the pores of the skin. The ready stagnation of coagulated liquids in the glands and absorbents is explained by the laws of endosmosis and exosmosis, and by the slow course which the chyle takes in the dense net of the anastomosing lymphatics of the mesentery. The author then proceeds to the consideration of the important question—"How does a remedy act on the blood and nervous system when it reaches the animal fluids, by being absorbed through the veins or lymphatics, and how do changes in the blood influence the organic process of reproduction?"—and he refers to a former article. According to Baur and the author's observations, frictions of the whole body with oil (linseed oil), till its absorption diminishes or ceases (which takes place after fifteen to twenty-four frictions), decidedly cures scrofula, tabes, and spasms, caused by functional disorders of the digestive organs, considerably aiding the growth and general strength. The oil is absorbed by endosmosis, without immediately reaching the blood through the veins. When imbibed, it combines with the albumen of the plastic constituents to form cells, which pass into the veins and serve for the nutrition of the body. These diseases being caused by obstruction of coagulated albumen in the glands, mucous membranes, bones, &c., in consequence of excessive acidity of the chyme, and incomplete alcalinescence of the biliary fat, the oil is destined to supply the latter by cellular formation. The plastic functions are thus increased, excretion of the deposited substances through the skin and kidneys is promoted, abnormal irritation of the nervous system is removed, and thus the equilibrium of the digestive organs is restored. The effect on the nervous system can only be considered as secondary, notwithstanding the tranquillity and sleep which generally follow the frictions, and which must be accounted for by the mechanical effects on the extremities of the nerves. As regards the indications, &c., the author perfectly coincides with Baur. After a warm bath (once a-day) the children are laid on a linen cloth, and rubbed with a tablespoonful of warmed linseed, poppy, or cod-liver oil, all over the body, with the exception of the head, then wrapped up in flannel, and laid in bed for a few hours. When the remedy ceases to be absorbed, which may be known by the oil remaining on the skin for several hours, before the disease is cured, the application of the oil should cease for a week or fortnight, and then be resumed. The author concludes his valuable treatise by the details of numerous interesting cases.—*(Dr. Röden, of Schweinfurt, in Bayer, Correspond. blatt.)*

Some observations on the effects of nitrate of potash.—In a treatise by M. Keller, the question is asked, why do nitrate and chlorate of potash operate as antiphlogistics? Each contains six atoms of oxygen; thus the temperature of the body ought to be increased by the combustion of the carbon and hydrogen of the blood, but, on the contrary, these remedies have a cooling effect. The heightened temperature in inflammatory diseases proceeds, however (*a*), from a want of oxygen, by which means less carbon and hydrogen are burnt; that is, withdrawn from the body in the form of carbonic acid and water, by means of expiration, evaporation, and urinary secretion. On this account, these remedies abstract from the body the excess of heat; (*b*) from the more rapid circulation of the blood (fever), which shows a tendency of nature to procure more oxygen; this reaction alone sometimes restores the equilibrium. But where the force of nature does not suffice, salts containing much oxygen must have a beneficial effect; for their oxygen combines with the substances unfit for further use, carbon and hydrogen are again properly excreted, and the temperature is lowered, where no structural decomposition (pus, effusion, &c.) has yet taken place, the equilibrium between the heat generated and that given off is restored, and the plasticity of the blood diminished. At the same time there should be strict attention to diet, in order to prevent the supply of fresh injurious substances, and venesection should be had recourse to for the removal of those matters which can no longer be liquefied. Keller shows the above views, as regards the fact of inflammation generally being based on a passive stagnation in the capillary vessels, to be correct. Thus, besides calomel, which removes hydruret of carbon by increased biliary secretion, and besides the vegetable acids, which partly arterialise the blood by giving off oxygen, and partly stimulate the ganglionic system by means of direct contact, thus affecting the functions of the heart and increasing the elimination of carbonic acid from the lungs, nitrate of potash forms an important auxiliary in the treatment of inflammation. Nitrate of potash is so decomposed in the stomach by the electricity always developing itself in that organ, that it is transformed into a lactate, or muriate of potash, whilst a considerable proportion of its pure oxygen is certainly disengaged from the nitric acid. Oxygen may be considered as the pabulum vitæ of the splanchnic nervous system, strengthening its tone and diminishing its increased action. Thus, in venous congestion, nitrate of potash may be as useful as in excessive arterial action. The effect of the oxygen is supported by the above mild salts of potash, which operate as diluents and emollients on the biliary system, the intestinal mucous membrane, and the kidneys. Nitre only exerts injurious effects when administered in too large doses. The essential influence of its oxygen in the operation of the remedy is proved by the circumstance that no other neutral salt can be effectually substituted. Where, however, nitrate of potash appears to act too energetically, nitrate of soda may be employed with great advantage.—*(Dr. Nickels, ibid.)*

State of patients who have undergone hydropathic treatment.—The patients who have not been cured by hydropathic treatment exhibit symptoms of a morbid state resembling the milder forms of scurvy, or rather aphthous ulceration. The pulse is unusually accelerated and weak, as if preceding a fever or chlorosis, and this particularly in the morning and evening, and at midday; occasional palpitations of the heart; pale urine, soon assuming an offensive smell; aphthæ and small ulcers in the mouth and throat; loss of appetite; great restlessness and unusual irritability. Leech-bites bleed very freely, and the gums are liable to spontaneous hæmorrhage. *(Dr. Albers, of Bonn, in Rhein, ad Westphal. Correspond.)*

On the use of unguentum acetatis plumbi in scalds.—If applied immediately after scalding, the ointment prevents the formation of blisters, relieves the pain, and diminishes the redness and swelling; in the cases where blisters are already formed, cicatrisation is soon effected after the fluid is discharged. The author never saw any injury arise from the employment of this remedy. He concludes by communicating two cases confirmatory of his statement.—*(Dr. Grosskopf un Oestreich, Medic Wochenschrift.)*

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

To the Editor of the "Medical Times."

SIR,—It seems to be a fact pretty clearly admitted that the Premier has taken up a strong predilection for the system of the present Scotch Colleges, or, at least, for a modification of them, and that he intends giving to this system, be it good, or be it bad, the whole weight of his power. Nay, what is more, it is said that he intends extending the system to Ireland, and ultimately perhaps to England. Thinking men might be disposed to say, "Had you not better first ascertain how the system has worked? how educational institutions have thriven where the pedagogue and teacher occupied the position of the professor? Have any of them sunk to mere diploma shops not over respectable? Have men of genius and of European reputation found a ready access to the chairs?"

Two kinds of statistics on which to base an opinion may be collected, but it does not follow that either kind might be acceptable to the Premier. It might first be inquired into by figures, 1st, Whether or not the holders of chairs had not gradually sunk from first-rate men to second, third, or even fourth rates; 2nd, Whether it was, or was not, a fact that family arrangements, aided by local influence, had not acted so as to exclude all talent; however elevated; 3rd, As applied to actual existing institutions, whether it had, or had not, happened that such persons as Brewster, Faraday, Davy, Brown, Abercrombie, and others, had been distinctly refused a place within their walls? Or the inquiry into the working of the present Scotch collegiate system (with its London imitations) might assume another form—the scientific works produced by the establishment. Suppose the question put is: What do you know of the University of Heidelberg? Is it a celebrated school? Do they issue many diplomas? Do they do "much" business in that way? Our answer would be this: Heidelberg has produced, and now possesses, as its professors, some of the most distinguished scientific men and distinguished scholars the world can boast of; in this way do we value Heidelberg; in this way do we value Berlin; in this way do we value Paris; this made Leyden what it was; and the absence of these since the advent of the Dutch king makes it what it is. We are quite sensible that these are not the statistics which the Premier is looking for; twelve respectable fat-headed blockheads will perfectly suit him, and adequately and respectably, with a delightful and trustworthy mediocrity, fulfil "all the duties attached to the chairs that they have the honour to hold." This is the language of such distinguished wiseacres; having no reputation nor honour in themselves, they draw it from the "offices they have the honour to hold."

When Gottingen is mentioned we think of Haller; when Leyden, of Albinus; it was Scarpa who in latter days honoured an obscure Italian school by his presence. He was desirous of improving that school, and accordingly he suggested certain improvements to the Austrian Government. But in Metternich and in the thick-headed Francis he encountered a Sir Robert Peel, and a trading, shop-keeping oligarchy—contemners of all science and scientific men. "We want good, not great men," was the Austrian monarch's reply. "We want men of an orthodox mediocrity," is our present Premier's.

By a few very plain statements may the whole system be understood. During the last thirty years there has not issued from the chemical laboratories of Edinburgh or Glasgow a single original analysis; from the anatomical establishment, not a single original discovery. In Glasgow the names of the professors may be seen attached to the advertising cards of common grinders, a set of men who have all but ruined the medical profession. Two general practitioners occupy the chairs of surgery. In an establishment founded in London on the Scotch system, one of the professors of anatomy and physiology is not, nor ever was, a medical man, in any sense of the term. Lastly, the value of the diploma in the very first of these Scotch establishments has sunk so miserably that even St. Andrew's, the notorious St. Andrew's, now drives so very thriving a diploma trade that the sale of the Edinburgh parchment is fairly at a discount, and may speedily be all but extinguished. Yet this is the system which the Premier proposes inflicting on the Irish people!

Yet it must not be said that no works have proceeded from these establishments during the last forty years. Some have unquestionably. A review of the leading ones may at the present moment prove interesting to those who would like to see how the system has worked, and how it is sure to continue to work. With this view we shall select a few of the productions of chair-holders in these distinguished colleges—institutions of so doubtful a character that Kohl knew not exactly what name to give them. He thought them inferior to the

High Schools of Germany; and so they are, by many degrees. Surely there can be no injustice or unfairness in judging of them by their works!

Schlegel's Essay on the Physiognomy of Serpents. Translated by THOMAS STEWART TRAILL, M.D., F.R.S., Regius Professor, &c. in the University of Edinburgh.

Serpents, whether in a human or brute form, are unquestionably the most deservedly and most cordially hated of all God's creatures. Nothing pleasing, nothing popular, can be written respecting them; the encouragement of the brute breed would be madness or worse. The human serpent will probably multiply until the end of time, or at least until the advent of the millenium, when the great serpent is to be chained down to the bottom of the bottomless pit. In respect of the brute serpents treated of by the learned ophiologist Schlegel, whose work has been translated by the learned encyclopedist Dr. Traill, nothing short of their total extermination will ever please humanity. Who would trust a serpent—a snake in the grass? Do not trust to his being innoxious. Make by his death "security doubly sure, and take a bond of fate." Yet here they are as part and parcel of the existing order of things so well devised for the use of man, and therefore we do not complain nor declaim against their creation; but examine briefly their natural history as it has been given us by Schlegel, or rather the abridgment thereof by Dr. Traill, hoping that the day may arrive when the class of brute ophideans ceasing to exist, their remains may form a new chapter in the "osseous fossils" of some future Cuvier.

The history of serpents is a very curious history, of great antiquity and of vast extent, requiring much biblical learning, and much research. Dr. Traill has not handled this part of the subject with that book learning and book inquiry we were led to expect from so successful an encyclopedist. He has, we believe, written "Memoirs on Babylonish Bricks," "On the Hieroglyphic Writings on the Pyramids of Egypt;" "The Food of the Honey Bird" which does not Eat Honey; "The Small-Pox;" "The Chimpanzee;" "The Fine Arts;" "The Apollo;" &c. is at once the chemist, the physician, the clinical professor, the medical jurist, the naturalist, the practical accoucheur, the natural philosopher, the comparative anatomist! So that it might be said that if he but knew a little of medicine in reality, and of that art on which medicine is founded, namely human anatomy, the Doctor might be said to know something of everything

The "Physiognomy" of Serpents is Schlegel's term, and the German defends the use, or rather the abuse, of the term; for it clearly is an abuse when applied to the brute serpent, but an excellent phrase when tried upon the human reptile, with many of whom the learned in Edinburgh must by this time be tolerably acquainted. How it may be in the Low Countries, where the learned Schlegel resides, we know not. Human serpents there are no doubt in the Netherlands, and their general physiognomy will be known to the natives. Woe to them that have not this art.

Surprised and disappointed at the neglect of the human serpent evident throughout this translation of Schlegel, turn we next to the natural history of the brute serpent, as treated by Schlegel and his Arcadian translator. And here, at starting, we cannot but express an opinion or conjecture that the whole object of the volume has merely been to advertise the following fact, first stated in the preface, and which therefore might have been done at much less cost, for that any one will ever purchase a copy of this work on ophideans, is what neither the translator nor his publishers can ever hope for. The fact wished to be advertised is this:

"The translator has therefore restricted himself to the general portion of the work, and has selected from the excellent plates of his author twenty-four figures, each illustrative of one of the genera, to which he has added two figures, for explaining the modern terminology of the scuta that defend the heads of serpents, and likewise two others of a remarkable species of *Elaps*, first described by him in Jameson's "Edinburgh Philosophical Journal," for 1843. The specimen of this Elaps in his own collection the translator believed to be unique, as his correspondence with M. Schlegel shows that it was unknown to that great ophiologist; but on lately visiting the large and now well preserved zoological collection in the British Museum, he found one other specimen, though mutilated and without any indication of its native country."

Now this we believe to be the whole object of the present publication; the Doctor had the good fortune to stumble on a hitherto unnoticed specimen of the Elaps!

Let us now examine briefly the work itself, which consists of a map, the translator's preface, the author's preface, the introductory letter, and the body of the work itself. That both the author and translator have, generally speaking, merely seen serpents in cabinets is quite true; but Schlegel is a learned and honest man, so also is his translator; if we cannot call them observers, they at least are good compilers. We have already alluded to the translator's preface, and explained the whole object of the work. The Doctor knows nothing practically of serpents, but the *words* of science he handles bravely, like his brother jurist, Saturnine B—. M. Schlegel begins by defending the term physiognomy, though he is far from successful; he after all merely means "*all the natural characters and the result which a careful contemplation of them produces on the mind.*" *The Natural History* of Serpents is the proper title of the work. He complains, and with justice, no doubt, of his predecessors, and their inaccuracies, and he endeavours rigorously to determine all the known species. We quote a passage explanatory of the source of many errors in natural history, and of which some amusing instances have come to our knowledge. Men who have not been early educated as scientific men, pay not in general the smallest regard to truth in scientific matters.

"It is also necessary to use circumspection in consulting the intimations of the native place of animals, as they are given in most works. Few naturalists have the opportunity of obtaining these objects at the first hand, and we can rarely trust to the veracity of mariners who, often deceived themselves, bring back in their voyages objects of natural history from distant countries which they have visited." The mistakes they commit are endless, and ridiculous, no doubt; we ourselves have seen much of this. A single passage will show to what vexations naturalists are exposed by coarse errors of this kind. "One of my friends (p. 7.) accepting the offer of an emigrant to the United States, to make collections of Natural History, furnished him with the means of making his first consignment. This consignment arrived; it contained a collection of the reptiles of the Cape of Good Hope."

Some judicious and excellent ideas are given by M. Schlegel, as to what iconographic representations should be; these are worthy of all attention on the part of travellers. But our object is not an elaborate critique on the work of M. Schlegel (which is not now before us), but a mere notice to prove that the ministerial pocket corporations, called Scotch colleges, are filled by Daws, as they were originally termed by that most worthy man, and respected elder, of the so-called kirk, the late Dr. John Barclay: and that the mutilation of M. Schlegel's work, by Dr. Traill, proves him to belong to the fraternity.

Now all this may be done in a dozen words; for from the beginning to the end of the work there is not a single original observation which can be traced to the worthy translator. What a pity it is that he joined these Daws! Here was an honest man and a kind-hearted gentleman spoiled by their corporate influence.

There is a statement made by M. Schlegel, which would require the most extensive proof, namely, that "the number of vertebræ differ in serpents of the same species, some thirty or forty, more or less." Return to the structure again, M. Schlegel, and we believe you will find yourself wrong with respect to that gland, the poison gland, and those poisoned teeth or fangs, which have rendered the serpent at all times an object of abhorrence to man. The observations of M. Schlegel, although based on extensive observation, do not seem altogether satisfactory: more especially as regards the pretended groove on the convex side of the tooth, said to be the precursor of the poison canal itself. This theory, for it is one, has not been satisfactorily proved, and it certainly does not exist in all; Rosa's description, as cited by Schlegel from Meckel, does not seem a correct or good one. These ideas of Rosa's had been disproved twenty years ago, in the very society in which the worthy Dr. Traill made his onslaught lately on a fellow member, when, to the horror of all present, the Doctor declared the whole doctrines of philosophic anatomy supported by Gœthe, Bojanus, Schwann, Frank, Geoffrey, De Blainville, and by all the real anatomists of the present day, to be "downright nonsense." Merciful powers! what was the astonishment of the young anatomists, and the old ones too, when they heard the alarming declaration. Had they but known the "Daws" so long as we have done, nothing of this kind would have surprised them.

Poisons are poisons only to certain animals; thus the viper's poison has no effect on shell fish or mollusca of any kind, nor animals that have no back bone; there must be something peculiar, then, in their nervous system. Still there is nothing, perhaps, after all, very remarkable in this; hemlock is not a poison to a goat. As we skim over the translation before us, an occasional remark or two occurs deserving especial notice, but exceedingly rarely, and rare by any chance from its translator, who had never indeed observed serpents, nor any thing else. It is well, for example, to know what animals are the natural enemies of all snakes; these seem to be the badger, the hedgehog, the weasel, the marten, and the polecat; verily, we shall never again wittingly destroy any of these most valuable inestimable animals; let us spare a little of our poultry for the preservation of these destroyers of the "grand enemy of mankind." Buzzards, kites, and crows also feed on snakes; but what appears singular is, that M. Schlegel denies the hog to be a destroyer of snakes, or to eat them; and he farther says that it is merely a prejudice and error to suppose so. Now against this opinion of the Dutchman, we have the statement of all Americans we have spoken with; they describe the hog as the determined enemy and destroyer of rattlesnakes, and that he eats them. This latter part of the statement is of little moment, provided it be but proved that the hog kills them; this is no trifling question, and we call on the American readers of this article to prove or disprove the fact.

Like most Dutchmen, M. Schlegel is slow of belief—he belongs to a rational and a protesting race—he denies the fascinating power of snakes. These and many other delightful stories our excellent Dutchman regards as pure fables, unworthy the attention of a scientific man.

A vulgar prejudice prevails, even here, in Britain, especially in Scotland, where the viper is sufficiently abundant, that it is *the sting* only of the viper which is dangerous, and not its teeth. But the viper has no sting; and what the vulgar, high and low, take for its sting is merely the animal's forked tongue, which it darts out when enraged.

It has been admitted by M. Schlegel at page 178, that there are venomous snakes scarcely, if at all, distinguishable from the harmless ones by any external appearance; therefore his *physiognomical* rule is of no avail. We knew this thirty years ago, and had thought that all who had travelled into hot countries were aware of it, and so M. Schlegel might have known it, and avoided giving to his work a ridiculous pedantic title. With all his boasted reference to external characters, M. Schlegel's arrangement of venomous serpents is based on the teeth, characters which can only be discovered after the death of the animal.

He divides them into three groups:—

1. Colubriform.
2. Hydrophis.
3. Venomous snakes properly so called.

The first, or Colubriform, he defines as snakes with solid teeth, on the maxillary bone in addition to the fangs; these are short and have grooves. Elaps, Burgarus, Naja.

II. The Sea Snake, or Hydrophis. Teeth as above; inhabit the tropical seas.

III. Venomous Snakes, par excellence. The fang is alone on the maxillary bone.

1. Trigono-Cephalus. 2. Crotalus. 3. Vipera.

When we took up this Treatise on Serpents we

could have risked any amount, on a wager, that the Doctor would find serpents in Arkney in one shape or another (by Arkney we mean Orkney, but as the Orcadians uniformly pronounce it Arkney, we suppose they must be in the right); it appears, however, from nearly the only note added by the translator to M. Schlegel's work, that there are no serpents in Orkney; at least, no live ones; but fossil ones may, perhaps, some day be found. The brute and human serpents seem to have come into the world, if not together, so at least as nearly to coincide: very few fossil snakes have been found, and, so far as we know, not a single complete specimen. Milton brings them in together, but I fear that the cautious Dutchman might not be inclined to take Milton as a trustworthy authority.

Return we now to the translator's preface; and as with it we commenced, so in it we shall find a portion of our argument, that a college of "Daws" must not only destroy all true science within its walls, but must prove the most efficient engine for crushing it every where. "He would willingly" (it is the Doctor who writes)—"he would willingly have published a translation of the complete work of M. Schlegel; but the *low state* of ophiology *in this country* deters any bookseller from undertaking so large a work on serpents." Excellent! low state of ophiology! why not say science? Can science exist with the highest educational institutions in the hands of those whose whole aim has been to crush its followers? Look at the museums! Have you not shut out all scientific men from the only museum in the country for nearly half a century? Low state of ophiology? Why, what is there which is high? Is it geology? Alas! Chemistry? The illustrious Hope is dead and gone; for forty years did this relater of the opinions and discoveries of others pass, with those who knew no better, for a scientific man. *Homo noster celeberrimus* is gone; he, to whom so many cowardly sycophants dedicated their theses to soothe and pacify him! He is gone; he to whom a friend of ours, a good anatomist and rather clear-headed man, laboured for three whole days to explain, that of the nerves of the face, there was one a motor nerve (the facial or portio dura), and the other a sentient nerve (the fifth pair), and failed signally; at the end of the third day, when asked by the addle-headed professor to state to him, after all, which really was the fifth and which the portio dura, the scalpel dropped from the hand of our friend, his jaw fell, and he remained for some time at least absolutely speechless. The discovery was too much for him; it nearly upset his intellect; here was a person, a medical professor (and he knew that most of his colleagues were in the same predicament), who could not be taught the very simplest fact in the anatomy or physiology of the human body! And this leads us to a consideration of the *anatomical school, i.e.*, the leading medical department in this same university, where the Homes, the Hopes, the Duncans taught, or pretended to teach; surely this may be also judged of by an examination of the anatomical work compiled and published by its anatomical professor; sanctioned by his colleagues, and constituting for the last twenty years the anatomical text book of the University of Edinburgh.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

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(Continued from page 264.)

The simple leucorrhœa, as it appears in this country, is usually preceded and attended with much gastric atony, and general dyspepsia; there is that lassitude and inability of exertion which characterises this condition. The muscles are soft and flabby; the tongue large and pale; there is an unpleasant taste in the mouth, especially in the morning; the evacuations are unhealthy. The patient feels a dragging pain in her back and loins, which is increased on standing, but relieved or removed on assuming the horizontal posture. This results from a slight descent of the uterus, owing to the relaxed vagina no longer affording the necessary degree of support for maintaining it in its proper situation. Up to this period, the discharge has been purely mucous, without colour or smell, and becoming more thin and watery as it increased in quantity; but now that the uterus descends lower than usual into the vagina, its presence produces irritation there, and the discharge changes its character, becoming muco-purulent. Hence it is not always either possible or practical to define the precise limits between the simple and chronic forms of leucorrhœa, the one passing into the other by insensible degrees. Indeed, it is scarcely possible that simple leucorrhœa can exist to any extent for a considerable time, without having its characters more or less modified. The mechanical irritation produced by the slightly prolapsed uterus, is, perhaps, one of the most common and frequent causes; but, apart from this, the continued drain upon the system soon lowers its powers sufficiently to derange the functions of assimilation. The circulation becomes more or less vitiated, and the mucous membranes are among the first of the secreting organs to suffer.

In the early stages of the disease the indications for treatment are very simple, viz., merely to regulate the health, and support the tone of the system, by gentle alteratives and tonics, and to avoid those causes which have probably induced the complaint. The former will be assisted by using all the ordinary measures for invigorating the system, as the shower-bath, cold sponging, friction with horse-hair gloves, &c.; the latter will be effected by removing to a healthier locality, and breathing a purer air. The following cases may be taken as illustrations of the preceding remarks.

L. S., ætat. 21; tall, pale, and delicate-looking; unmarried.

January 15th, 1835.—Complains of cold feet, unrefreshing sleep, want of appetite, and pain of epigastrium; the bowels are confined; the pulse is weak; has constant leucorrhœa, with pain of back and loins, when in the erect posture; she is obliged to stand many hours a-day in a shop.

Applicetur sinapismus epigastrio.

℞. Pil. hydrarg. Extr. gentianæ, Extr. coloc. co. āā ℈j. M. ft. pil. xij. sumat. ij. o. n.

℞. Acidi nitrici dil. Tinct. hyosc. āā m. xv., Syrupi aurantii ʒii., Infus. gentianæ co. Aquæ menth. pip. āā ℥vss. M. ft. haustus bis die sumendus.

Under this treatment the pain of the epigastrium abated, the extremities became warm, the appetite improved, and the leucorrhœa disappeared without any local application; a restoration to a healthy tone of the system being sufficient to effect this object.

In about three months afterwards she returned, suffering severely from headache, and much gastric derangement; the leucorrhœa was as profuse as before. The same medicines were repeated, her health improved, but although she continued to take them for a month, the leucorrhœa did not entirely cease. She was, therefore, directed to use an injection of lotio plumbi, which checked the discharge, and I saw no more of her. This is the simplest form of injection which can be used in leucorrhœa, and which, when duly aided by general treatment, is usually quite sufficient for the purpose. If the disease be of longer standing, and accompanied with more or less vaginal irritation, the liq. plumbi diacet. may be advantageously combined with decoct. papaveris. In many cases of simple leucorrhœa it can scarcely be said that symptoms of prolapsus uteri exist, but in others the slight amount of it is sufficient to lay the foundation of much derangement. In the first place, by increasing the leucorrhœa it increases the relaxed condition of the vagina, and consequent descent of the uterus. The attachments of the uterus being put on the stretch, the returning circulation of the part is considerably impeded; the uterus swells, and grows heavier; by the first change it dilates the vagina still more; by the second its increased weight overpowers what little support the relaxed vagina is capable of affording it. Partial prolapsus is established, and the os and cervix, being the most depending parts of the uterus, and, therefore, the most disposed to vascular engorgement, become swollen, hard, and painful, with the various symptoms which I have already enumerated under the head of inflammation of these parts.

Simple leucorrhœa seldom exists for any length of time without the catamenia becoming more or less deranged; they are either sparing or absent, the system, from the continued leucorrhœal drain, not having wherewith to furnish the periodical discharge; or, on the other hand, where the uterine circulation has been much engorged, the catamenia appear either too frequently, or in too profuse a quantity, and thus is the leucorrhœal affection ultimately merged in the more prominent and urgent symptoms of those derangements which have arisen in consequence of it. I offer these observations in order to show that "simple leucorrhœa," however simple the affection may be, is one which demands attention, and ought never to be passed by as trivial, because it is quite capable of paving the way to affections of much more serious import, and which may ultimately break up the patient's health.

S M., ætat. 40; mother of one child.

Sept. 1st, 1835.—Complains of severe and constant pain of back and loins, with sensation of bearing down, which is considerably aggravated just before and during a menstrual period. Much leucorrhœa, the commencement of which she dates from a severe instrumental labour, which she had five years and a-half ago; during the last three years it has been of a yellowish colour, but it is within the last twelve months that she has suffered from pain of the back and loins, which has considerably increased of late; some gastric derangement; bowels open.

℞. Pil. hydrarg. chloridi co. gr. v., alternis noctibus.

℞. Acid. nitrici dil. Tinct. hyosc. āā m. xv., Syrupi aurant. ʒj., Infus. gentianæ co. ℥iss. M. ft. haust. bis die sumendus.

℞. Liq. plumbi diacet. Tinct. opii āā ʒij. Aquæ distillatæ ℥viij. M. ft. lotio.

8th.—Feels better in every respect; the bearing down pain is much better; the discharge is less. Pergat.

She ceased to attend until

December 1st.—Has returned with her former symptoms. Pergat.

15th.—Bowels confined; leucorrhœa continues unabated.

℞. Pil. hydrarg. Extr. coloc. co. āā gr. v. o. n. Rep. haustus.

℞. Magnes. sulph. ℥ss., Magnes. carb. gr. xv. ex. aq. menth. pip. o. m. ad tertiam vicem.

℞. Decoct. quercûs c. alumine.

M. H., ætat. 30; mother of one child.

December 15th, 1835.—Has much leucorrhœal discharge, with bearing down pain when she stands; no difficulty in passing urine or fæces; bowels confined; very slight gastric derangement. Was delivered five weeks ago by means of the short forceps; there is no laceration of the perineum.

℞. Extr. coloc. co. Extr. hyosc. āā gr. v. o. n.

℞. Haust. sennæ co. o. m.

℞. Liq. plumbi diacet. Tinct. opii āā ʒij, Aquæ distill. ℥vijss. M. ft. lotio.

22nd.—Feels better. Rep. pil. and lotio.

℞. Confect. sennæ o. m.

January 5th.—Health improved, but still has some discharge, and bearing down pain. Rep. pil. and confect.

℞. Decoct. quercûs c. alumine.

These two cases differ from the preceding, in not being the result of mere gastric atony and derangement, but of previous labour, which had been more than ordinarily severe and protracted. The probability is, that the vagina had never entirely recovered from the dilatation which it had undergone at that time, and being poor people, they had not been able to preserve the recumbent position afterwards so long as might have been desirable, but had assumed the erect posture when the uterus was still large and heavy, and before the vagina was sufficiently contracted to support it. In neither instances does it seem to have arisen from gastric derangement, the slight degree which existed being evidently the effect, not the cause, of the leucorrhœa.

In the first case, the discharge was of long standing, and had latterly assumed the chronic form; in the other, it was of much shorter duration; in both, there was evidently a slight descent of the uterus, as shown by the pain and bearing down, increased by the erect posture, and aggravated, in the first case, at the menstrual periods, from the local congestion rendering the uterus, at these times, larger

and heavier; but in neither did it go to any extent, there being no evidence that the bladder or rectum were pressed upon, which would have been the case if the prolapsus had been at all considerable. The treatment in both was essentially the same.

I could easily report other cases of a similar description, but those already detailed are sufficient to illustrate what I have said upon the subject. The following case is much of the same character, except that it was produced by a different cause, viz., that of nursing a child, when the patient's strength was unequal to the task.

S. G., ætat. 24; mother of one child.

January 26th, 1836.—Pale; fair complexion; complains of much headache, vertigo, and bad rest at night; the bowels are open, but there is much gastric derangement; has had leucorrhœa, with bearing down pain, since her confinement; is suckling her child, although she has not much milk.

℞. Acidi nitrici dil. Tinc. hyosc. āā M. xv. Infus. gentianæ co., Aquæ menthæ pip. āā ℥ss. M. ft. haust. bis die sumendus.

℞. Liq. plumbi diacet, Tinct. opii āā ʒij., Aquæ distill. ℥viijss. M. ft. lotio.

February 2nd.—Does not feel better; the leucorrhœa continues; she must wean her child. Omitt. lotio.

℞. Quinini disulph. gr. ij., Extr. hyosc. gr. v. M. ft. pil. ij. o. n. s.

℞. Decoct. quercus c. alumine. Rep. haustus.

16th.—Has weaned her child, and feels stronger, but still has many anomalous dyspeptic symptoms. Omitt. pilulæ.

℞. Pil. hydrarg. chloridi co. gr. v. o. n. Rep. alia.

23rd.—Feels much better in every respect. Omitt. pilulæ.

℞. Pil. ferri co. gr. v. o. n. Rep. haust. and lotio.

March 1st.—Improving. Pergat.

Nothing is more common than to see the simple form of leucorrhœa brought on where the strength of the patient is unequal to the task of nursing her child. It is frequently attended by a great number of nervous symptoms, arising from the state of exhaustion thus produced, and which I propose to consider under the separate head of "*Anæmia Lactantium.*"

The sub-acute form of leucorrhœa, commonly known by its white, creamy, or albuminous character, has been, in a great measure, already described, under the head of "Inflammation of the Os and Cervix Uteri." I, therefore, subjoin only one case in illustration of it.

M. A. M., ætat. 31; a widow; mother of six children.

June 23rd, 1835.—Complains of pain in her back and loins, with occasional difficulty in passing water; has severe pain in the middle of the pelvis, shooting along the groin and thighs, especially during the passage of a costive motion; bowels confined; gastric derangement; abdomen large; has a discharge from the vagina of a glutinous fluid, like cream in appearance. Has been subject to leucorrhœa for many years.

Vaginal Examination.—Os uteri rather swollen; cervix very painful; uterus feels large. On applying my finger to the cervix, I thought I could perceive it throb.

℞. Pil. hydrarg. Extr. gentianæ āā gr. v. o. n.

℞. Acidi nitrici dil. Tinct. hyosc. āā *m.* xv., Syrupi cimonum ʒj., Infus. gentianæ co., Aquæ menth. pip. āā ℥ss. M. ft. haust. bis die sumendus.

℞. Magnes. sulph. ℥ss., Magnes. carb. gr. xv. om. mane ex aq. menthæ pip.

30th.—Feels better, but has still some pain of her back and loins. Rep. Medicam.

℞. Liq. plumbi diacet. ʒij., Aquæ distill. Oj. M. ft. lotio.

July 27th.—Has continued to take the same medicines; she feels much stronger. The pain of back is less, and the discharge much diminished. This attack of leucorrhœa was evidently connected with inflammatory action of the os and cervix uteri, which yielded under a course of mild alterative, laxative, and tonic medicines. The discharge had probably been, in its earlier stages, nothing more than simple leucorrhœa, the lower, and consequently most depending, parts of the uterus gradually becoming congested and inflamed.

The leucorrhœa of early pregnancy is closely allied to the above species, and seems to be also the product of increased vascular action; in some cases this is not very perceptible, in others it is more distinct.

J. S., ætat. 25; mother of two children.

August 5th, 1836.—Complains of darting pains through the pelvis, coming on at intervals, with pain during the passage of fæces. Has a vaginal discharge, which is frequently creamy, sometimes albuminous, and sometimes yellow. Believes herself to be pregnant, and has observed the leucorrhœa from the supposed commencement of her pregnancy; complains of pain of limbs, and gastric derangement.

Vaginal Examination.—Os uteri closed and circular; one little hard spot is to be felt upon it, which is probably a cicatrix from her former labours; it is not painful.

℞. Extr. gentianæ, Extr. hyosc. āā gr. v. o. n.

℞. Magnes. sulph. ℥ss., Magnes. carb. gr. xv. o. m. ex aqua menthæ pip.

℞. Liq. plumbi diacet. Tinct. opii āā ʒij, Aquæ Oj. M. ft. lotio.

12th.—Feels better in every respect; discharge less. Pergat.

19th.—Continues to improve. Omitt. pil.

℞. Pil. ferri co. gr. v. o. n. Rep. alia.

26th.—Feels better in health, but complains of much weight at the lower part of the abdomen, which has distinctly and rapidly enlarged; bowels confined. Omitt. mist. salina.

℞. Pulv. jalapæ co. ℈j. o. m. Rep. alia.

Although the cessation of the catamenia is not mentioned in the report, the existence of pregnancy may, I think, be safely inferred, from the round and closed state of the os uteri, and subsequent enlargement of the abdomen.

Even where there is an entire absence of pain, with other symptoms indicating congestion, the discharge copious, and not having the white, creamy, albuminous character, it is not desirable to use locally any stronger astringent, if, indeed, it deserves that name at all, than the lotio plumbi; for by suddenly checking the discharge, at a time when there is such an increase of vascular activity in the uterine system, it might expose the patient to the risk of abortion. From the same reason saline laxatives are preferable, and by no means incompatible with the use of tonic medicines, if these be deemed necessary.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

Reported for the Medical Times by Alfred H. Cherry, Esq. Clapham Common.

Incipient Trismus.—Robert Larking, ætat. 23, pork-butcher, was admitted into William's ward, Nov. 13, 1844, under Mr. M'Murdo.

The patient is spare and of sickly appearance, but says he has always enjoyed good health. His statement is, that, three weeks since, he stuck a penknife into the muscular part of the left thumb, just below the base of the metacarpal bone, the knife taking a direction upwards; it bled very little at the time, and he did not think much of it. Two days afterwards it burst out, and bled a great deal (he says a quart); the wound then became swollen, painful, and discharged a little pus; he then poulticed it. It continued painful for about ten days, after which pain came on at intervals, but left him entirely about nine days since; he then felt his right arm rather rigid; three days afterwards he felt pain in the left side of the face and neck, accompanied with rigidity and difficulty of swallowing, which has continued increasing until the present time.

Present state.—There is a wound about half an inch long on the anterior part of the muscles of the thumb, partly healed, and discharging very little; it is not painful except when pressed; but he complains of great pain in the left side of the face and under the angle of the jaw, and also in the right temporal region; this is not constant, but there are frequent paroxysms. He cannot swallow any solid food, and it hurts him very much to take fluids; this has increased very much the last three days. He cannot open his mouth more than three-quarters of an inch; this, also, has become worse since yesterday. Complains of great pain in the bowels, which were freely relieved last night; has no rigidity or pain in any other part of the body; is not subject to spasms, nor did he ever have any convulsions. Tongue is coated with a thick white fur. Pulse 108, weak; has not slept for three nights. Mr. M'Murdo saw him, and ordered, Hydr. chl. gr. v. stat., Ol. ricini. posthor., Pulv. opii gr. ij. stat. et rep., hora somni et primo mane si opus sit. To have milk and beef-tea.

Nov. 14.—Slept badly; bowels open; has not so much pain in neck, face, nor abdomen, nor has he so much in swallowing, and he can open his mouth wider. Rep. Pulv. opii. gr. ii. ter in die.

15.—Slept well last night; can open his mouth wider, and has less pain, but still has great pain in right side of face.

16.—Sleeps well; can open his mouth better; and swallows with very little pain now. Tongue clean. Pulse 100, full, and weak; bowels open. Ordered: house diet, and beef-tea.

18.—Can now open his mouth to nearly its full extent; has no pain whatever; appetite good; bowels open; pulse weak. Ordered porter Oj., and meat daily.

20.—Has now not the slightest rigidity about the jaws whatever; can open his mouth, with ease, to its full extent; sleeps well; appetite good. The patient continued well for a few days, and left the hospital cured.

Tetanus.—James Bradon, æt. 42, lighterman, was admitted into George's ward, December 28th, 1843, under Mr. Green. His wife states, that on the 11th inst. he jammed his little finger, causing a penetrating wound near the nail; he afterwards went on with his work as usual. A few days afterwards, he felt a stiffness about the face and jaws, which increased so much, that on the 22d he was unable to take solid food, and the following day was obliged to relinquish his work, and continued getting worse until his admission.

Present state.—Jaws nearly closed, cannot be opened more than a quarter of an inch; has frequent spasmodic twitches of the muscles of face and neck, especially when an attempt is made to speak. When raised in his bed, his head is thrown backwards by the action of the muscles of the back. Has spasm also of the legs, thighs, muscles of back and abdomen—the former, however, predominating; has frequent and severe paroxysms of spasms, when he rests entirely on his occiput and heels; arms are not affected; complains of great pain in the epigastric region. Bowels much confined.

Mr. Solly saw him at 1 P.M., freely incised the finger, and ordered—Hydr. chl. grs. ij., Opii gr. ½, 4 tis horis. Enema terebinth. stat. Cataplasma sinapis epigastrio. Brandy ℥iv.

8 P.M.—Mr. Solly again saw him; his bowels had not been relieved, although he had had two enemas; he then ordered—Olei. croton. tig. gtt. ij., stat. and an enema of house medicine.

December 29th, 9 A.M.—Slept a little during the night, but is much the same to day. Bowels not open, has hiccough, also retention of urine, is therefore obliged to have the catheter introduced. Ordered—an enema tabaci. ʒss, ad ℥viij. aquæ.

10 P.M.—After the enema, had great prostration and profuse perspiration, but the paroxysms of spasm soon returned again, as violently as ever. He also took, during the afternoon, two more drops of the ol. tig. crot., after which, his bowels were freely relieved; he now says he is a little better. Ordered—Tinct. cannabis indic. *m.* xx., and increased with each dose, and at such times as the dresser should think proper, also a blister to be applied all down the spine.

30th, 10 A.M.—Took during the night, *m.* cxxx. of the tinct; patient dozed a little occasionally; spasm of throat, abdomen, and back rather less; bowels freely relieved three times this morning; passed his urine himself; pulse varies in number, but is weak; has hiccough occasionally. Takes beef-tea, arrowroot, milk, and brandy. Ordered—Vini rubri ℥iv.; gums tender. Omitte. hydr. chl.

10 P.M.—Spasm less; can open his mouth half an inch; swallows with less difficulty; bowels open; takes the tinct cannabis Indic. in *m.* xx. doses frequently.

31.—Not quite so well to-day. Bowels open; pulse varies; takes all his nourishment, also the tinct. in *m.* xx. doses. Sleeps occasionally for a

short time; but has frequent paroxysms of spasm; and perspires a great deal.

Jan. 1, 1844.—Is much the same as yesterday. Repetantur omnia.

2.—Bowels being rather confined; an enema of house medicine was administered, after which they acted freely. The spasms are very great; and the patient occasionally slightly delirious. During the morning had two enemas of tobacco, gr. xv; ad. ℥ viij aq.; but with no marked benefit. The paroxysms, which are very severe, come on about every quarter of an hour. He still continues the Tinct. cannab. indic.; and takes, besides, what was before ordered. Porter, Oj.

3.—Passed a better night; spasms less severe to-day; bowels open; takes his nourishment well. Omit all medicine.

4.—Slept a little during the night; spasms less severe; bowels open. Mr. Solly saw him at 10 A.M., and ordered Morph. mur. gr. ¼ st. at.; after taking which he slept for more than four hours.

6.—Much better; spasms less; sleeps better; bowels open. Takes the morphia at bed-time, but does not require it during the day.

8.—Improving; sleeps better; and spasms much less.

10.—Is much better; can move his legs now, and slightly flex them; can also open his mouth wider. To have ℥ ij more of wine, and a mutton chop pounded, so that he can drink it in his beef-tea.

13.—Continues improving; has no paroxysms of spasm now; sleeps well; bowels are open; but is obliged to take Mist. sennæ co., p. r. n. Takes all his nourishment well; takes gr. j of morphia at bed-time only.

17.—Patient can now sit up in bed and eat his mutton chop (not pounded); can also open his mouth much wider; sleeps well; appetite good; and has very little spasm now.

24.—Patient can now walk with the assistance of two sticks, and continues rapidly improving.

From this time he had no return of the spasms, and, although he remained in the hospital a long time (it not being considered safe to let him go out during the inclemency of the weather), he ultimately left the hospital perfectly well.

KING'S COLLEGE HOSPITAL.

Reported for the Medical Times by Evan Thomas, Esq., late House Surgeon to King's College Hospital.

Extensive Lacerated Wound of the Scalp, followed by Erysipelas—Death.

Elizabeth Watson, ætat. 75, is a kitchen-maid in the Temple; she is married, has had twelve children; of short stature, very stout, robust, and active; has always enjoyed very good health, and lived well, but of temperate habits; applied as an out-patient at King's College Hospital, under the care of Mr. Partridge, on the 2nd of September. Shortly before (her application) she accidentally fell down a flight of stairs, her head coming against one of the steps; she was sober when the accident happened. Upon examination, a lacerated wound, about eleven inches, was found on the right side of the head, commencing half an inch above the zygoma, extending for some distance vertically upwards, then taking somewhat the direction of the temporal ridge, and continuing as far back as the occipital protuberance; the lower edge of the wound had been dragged about two inches apart from the other; the tendon of the occipito frontalis was unevenly torn, but the bone was not exposed in any part; very little bleeding followed. The hair surrounding the wound was shaved, and the rest of the hair cut close to the integuments; the edges of the wound were next brought into apposition by broad strips of adhesive plaister, taking the precaution to allow spaces for the escape of the discharge; the whole of the scalp was ordered to be kept constantly wet with goulard water. ℞. Spt. ammon. aromat. m. xxx., Mist. camphoræ ℥j M. 4tis horis.

Sept. 3.—She was seen to-day by the house-surgeon at her own home (as she had refused to be admitted when she first applied); she had had no shivering, nor much pain in the head; there was a good deal of tenderness on the right side of the scalp below the wound, but there was no swelling; a little thirsty, appetite pretty good; pulse 80, regular, respiration natural. She was ordered to continue the ammonia three times a-day, a little wine, arrow root, and beef-tea.

4.—Had a shivering fit last night, which continued for half an hour; complains of general headache and great tenderness about the wound, and generally over the scalp; is thirsty; appetite not so good as yesterday; pulse 90, feeble; tongue dry, brown, and furred. Continue the wine, arrow-root, and beef-tea, as much as she can take; continue the ammonia every four hours; fomentations of hot water continually applied to the head and face, which is also a little painful.

5.—Was admitted into the hospital to-day; under Mr. Partridge's care. At present, the integuments of the scalp, above and below the wound, are tender and swollen, extending also to the forehead, both eyelids, and cheeks. The strips of plaister were removed yesterday; the edges of the wound are in very good apposition; no union has taken place in any part of the wound; there is a copious, thin, watery discharge from it. There is so much œdema of the eyelids that she is unable to open them; pulse 100, feeble; tongue dried and furred, appetite poor; is very restless. Ordered a pint of beef-tea, pint of stout, pint of milk, and three ounces of wine.

6.—Has been very restless during the night; has taken all the diet that was ordered yesterday. The erysipelas has extended over the whole of the face, and backwards on both sides towards the ear; tongue brown and furred; there is still some discharge from the wound of the same character; has no appetite; pulse full, 100; respiration thirty in a minute. An incision three inches long was made over an œdematous portion of the scalp, corresponding to the parietal suture (sagittal), from which a good deal of serum, mixed with pus, escaped, besides a good deal of hæmorrhage. Has been a little delirious. Continue the fomentations to the head and face; also the same diet, and the ammonia.

7.—Has been very restless during last night and all this morning. The erysipelas extends from the face down the neck, in front and behind; the integuments very tense and shining; there is a good deal of swelling about the forehead, but no fluctuation anywhere to be perceived; pulse 130, more feeble; answers questions rationally, but is in a state of constant stupor (in which she mutters to herself), from which she is easily roused. Ordered two pints of stout, two of beef-tea, two of milk, and eight ounces of wine. R. Pil. coloc. co. gr. x. statim.

3 P. M.—Both the eyelids are very œdematous; the integuments of the face, neck, and scalp are tense and shining; puts her tongue out readily; when she is roused from the stupor, complains of much pain in the head; is very thirsty, and continually endeavours to get out of bed; pulse and respiration the same as at the last report. Continue the same diet and ammonia.

7 P. M.—Continues very restless, and, on account of the constant attempts to get out of bed, she was restrained; pulse and breathing the same; is busy fidgetting with her hands, as if endeavouring to catch some imaginary objects before her; bowels gently open yesterday. Continue with same diet and medicine. R. Haust. sennæ. co. ℥iss. statim.

8, 10 A. M.—Has been very restless all night, requiring permanent restraint, otherwise would have got out of bed; the erysipelas does not extend; the scalp, face, and neck are tender; there is no fluctuation to be perceived any where; there is a good deal of œdema over the whole of the scalp. She is sensible when roused from the stupor; bowels unconsciously open; still fidgets with her hands. Continues the same diet.

11 P. M.—Pulse, 120; very feeble; respiration, 48; has been very quiet since five o'clock this evening; takes her drink without any difficulty in swallowing; the erysipelas extends over the sternum; tongue very dry, brown, and furred. Increase the wine from six to sixteen ounces.

9.—Has not attempted to get out of bed during the night; passes her urine and fæces unconsciously; has not muttered much to herself since the last report. Has not been able to swallow either wine or medicine since early this morning; the breathing was accompanied with loud ronchus, which soon ceased, but the difficulty of breathing continued till her death, about eleven o'clock this morning.

Sectio Cadaveris, twelve hours after death.—Body not emaciated. The redness of the scalp, face, and neck observed during life had nearly disappeared; there was no union throughout any portion of the wound; there was a good deal of dirty-looking watery pus between the lower detached portion of the wound and the lacerated occipito-frontalis tendon; the loose cellular tissue beneath this tendonous expansion was infiltrated with pus and serum; this was not confined to the extent of the wound, but was pretty equally and universally diffused beneath the tendon; there was no pus or serum underneath the temporal fascia or muscle; but the tendinous and muscular fibres of the latter wanted their usual healthy florid colour, also those of the former their healthy glistening appearance; the pericranium was readily detached from the cranium, leaving its cutaneous surface covered here and there with patches of blood, which were easily removed; the dura mater was easily detached from the internal surface of the cranium; this membrane was also more vascular than usual; the arachnoid membrane was generally opake; beneath it and in both lateral ventricles there was altogether about two ounces of clear serum; the erysipelas had extended to the soft palate, which was somewhat œdematous, as well as the mucous membrane at the root of the epiglottis; there were no deposits of pus in any of the cutaneous veins about the head and neck, nor in any of the thoracic or abdominal viscera, all of which were healthy.

Remarks.—In this case, from the very beginning, stimulants were administered; *first*, on account of the advanced age of the patient; and *secondly*, because it is agreed upon by most practitioners of the present day that, with few exceptions, stimulants given in the commencement answer far better than beginning with depletion and ending with stimulants, the tendency of the disease being, like continued fever, to depress; the only question, perhaps, to be decided was whether or not incisions ought to have been made in the œdematous portions of the scalp; it is very probable, judging from the depression which followed the first incision, together with the loss of blood, that more harm than good would result from such a procedure; had more incisions been made, it would not have been necessary to make them through the temporal fascia.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

Local Symptoms and Physical Signs.—These, of course, are as numerous and as diversified as the diseases which the expectoration accompanies. The inflammatory action, of which the more viscid and transparent form of the sputum is constantly pathognomonic, may be masked in its usual physical manifestations by contingent circumstances. When otherwise, the stroke-sound of the chest, at first little deviating from what is natural, gradually becomes less sonorous, and is finally so completely dull, especially in the lower portions of the lungs, as to indicate an engorgement or obliteration of their cellules. If the inflammation be severe and extensive, a diminished motion of the ribs is generally observed in the act of respiration. This is best seen in comparing the respiratory action of the two sides of the chest when the inflammation is confined to one lung. The sound of auscultation is rough or sharp before the appearance of expectoration; this having commenced characteristically, a bubbling ronchus is heard, which at last advances to confirmed crepitation, general or partial. If the latter, the normal breath râle is heard simultaneously with that of crepitation. As the sputa become thinner, more opaque, and diffluent, the natural respiratory murmur is heard with a gradually increasing distinctness and extension, until it is found to be completely restored; as they diminish in quantity, and become purulent and fetid, or resemble prune juice, the crepitating sound grows less distinct, is heard only at the termination of an inspiratory act, or during cough, and at last ceases alto

gether. With these several indications of local disorder and mischief, are cough, pain, dyspnœa, fever, anxiety, &c., in corresponding ratio.

The physical signs which accompany the chronic expectoration of thick mucous sputum are, for the most part, confined to a sonorous or bubbling ronchus, chiefly distinguishable in the larger bronchi, with dyspnœa or irregular respiration. Sometimes, however, the rhonchus will be more mucous, or crackling, and even sibilant or blowing. Occasionally bronchophony is recognised, and also the hollow sound of pectoriloquy. These are mild or severe, according to the amount of functional or structural disturbance with which the bronchial tubes are affected. In other cases, again, the indications furnished by the lungs will be perfectly normal, and the remote cause of cough and expectoration is found in a depraved action of the stomach or liver.

Pathology.—Inflammation of the parenchyma of the lungs is the pathological condition of these organs which accompanies the expectoration of the glairy and viscid form of "thick, opaque, mucous sputum." As before said, the viscidity is a measure of the inflammatory action. When the sputum is of a rusty or orange colour, it denotes a proportionate engorgement of the vessels ramifying in the inflamed parts. The morbid appearances are, redness, deep and variously shaded, of the lungs, often traceable in the smaller bronchi; increased density of the lungs, which, however, pit on pressure, and retain some degree of crepitation. According to their state of engorgement is the facility with which they sink or float in water. The tissue, when cut into, generally exhibits some degree of sponginess, and the incised surface exudes bloody serum or spumous blood; it may also show, here and there, spots of hepatisation. Usually the substance of the organ is easily disintegrated between the fingers.

In cases of chronic expectoration of the more opaque and diffluent variety of this sputum, the pathological condition consists for the most part of local congestion (non-inflammatory), irritation, and depraved secretion. The *post mortem* appearances are, usually, hypertrophy, regular or irregular, of the bronchial lining membrane, dilatation or extension of the bronchi, pulmonary emphysema, calculi in the lungs, thickening and adhesion of the pleura, hypertrophy or aneurism of the heart or its larger vessels, &c. But as often there are no morbid appearances whatever to account for the symptoms and the secretion.

Treatment.—During the secretion of the glairy viscid or rusty sputum, antiphlogistic treatment is imperatively indicated. The character of the expectorated matter is a pretty sure guide for the amount and continuance of the reducing plan. Directly that this matter improves, the patient may be considered to be in the way of recovery. Mercurials and antimonials are of great service. I have frequently prescribed large doses of the bicarbonate of potash or soda, from one to two scruples three or four times a day, with excellent effects.

In chronic expectoration of the more opaque and diffluent sputa, quinine or muriate of iron is of most service to young or adult subjects; but old people generally derive greater benefit from small doses of opiates, and stimulating expectorants, such as squills, ammoniacum, benzoin, and senega. But the most useful remedy I have ever met with in such cases is the balsam of copaiba. In doses of twenty drops twice or thrice a day it is often of magical service in relieving the dyspnœa and allaying the cough and expectoration.

Muco-albuminous Sputum.—This is a sputum much oftener mentioned than met with. The vague style of expression, and the abuse of technical terms, which distinguish and disgrace the majority of writers on medicine, are found never more abundantly than in a description of the contents of a spitting vessel. A man will coolly pronounce the sputa to be purulent, or muco-purulent, without giving himself a moment's trouble to discover the actual presence of pus. Dirty discoloration will satisfy one investigator that the secretion is purulent; a mere fœtid odour will convince another, and a third will quietly content himself that the matter is pus if it only looks yellow and flows rather easily. So, on the other hand, a mere flakiness, opacity, viscidity, or density of sputum, will suggest to one wise head to call it *glutinous*, and to another to describe it as albuminous. It would be interesting enough could we be told how many have busied themselves to determine the existence of albumen in sputum, out of the vast number who have boldly talked about it. The sputum is by no means uncommon, but, as we have said, the frequency of its occurrence bears no comparison with the frequency of its description.

Appearance and Qualities.—Muco-albuminous sputum is generally met with of about the density and consistence of ordinary nasal mucus. It is sometimes nearly transparent, like the white of egg, but oftener opaque or pearly looking. It is more rarely found tinged of a blue, green, yellow, or tawny hue It is constantly alkaline from the presence of soda, but it is very variable in its proportion of saline constituents, which are chiefly nitrate of soda and phosphate of lime.[1] It is usually frothy throughout, and becomes semi-liquid by rest and exposure. In plethoric and vigorous subjects it is frothy on its surface; less often it is discharged mostly expectorated alone, in masses or pellets which are with difficulty dislodged, globular or flattened, and of about the circumference of a sixpence or a shilling. In less sanguineous subjects, and in such as are diseased or debilitated, it is generally accompanied with a thinner mucous or muco-albuminous fluid, in which it floats distinctly, or with which it is somewhat minutely intermixed. It is tasteless, and possesses little or no odour.

We must not, however, decide that the sputum is albuminous until we have proved that albumen actually exists in it. For this purpose, it is best to take any convenient quantity of the matter, and dilute it with ten times its own volume of distilled water. The mixture should be occasionally agitated for the space of five or six hours.[2] It may then be passed through very porous paper, or through one or two folds of muslin. The filtered liquid must next be acidulated with nitric acid, the most available proportion of which is, one drop to every drachm of the sputum. The mixture, after a little further agitation and rest, may then be heated to the boiling point. If any albumen be present, it will be indicated by coagulation or flakiness. Another portion of the filtered liquid, without being acidified, may be treated by galvanism. If there be albumen, this will form a coagulum round the positive wire, and free soda will collect upon the negatives.

Pathognomonic relations. This form of sputum is sometimes met with in simple bronchitis. Suddenly, and without any obvious cause, the respiration will become partially stridulous, the cough aggravated in frequency and intensity, and the sputa will immediately become opaque and pearly-looking, with no decrease of viscidity; or retaining their original transparency, will yet indicate, on the application of tests, the presence of albumen. This deviation from common circumstances is chiefly observable in the bronchitis of young subjects, when the affection seems to be intermediate between simple inflammation and genuine croup. It differs, however, from the latter, in that the effused matter never acquires the firm and definite consistence of false membrane, but almost as soon as discharged from its vessels is expectorated, either transparent or opaque. In adult subjects it is less frequently met with, and least of all in the bronchitis of advanced life; in the bronchial accumulations of suffocative and suddenly fatal bronchitis, this variety of sputum has a chief share. In severe cases of pneumonia it is apt to occur, and if the patient be not at the same time relieved by a copious and free expectoration of the albuminous fluid, its accumulation is liable and likely to impede the function of the lungs, and to cause death by apoplexy or asphyxia. In croupy subjects it sometimes attends the cough of an ordinary cold, and, indeed, not unfrequently appears to serve as a substitute for a genuine attack of croup. In any sudden aggravation of existing irritation, or inflammatory action of the lungs, this sputum may be looked for, and its presence is always indicative of an accession of mischief. Any source of irritation directly affecting the lungs or bronchi, may also give rise to it; I have met with it in dry grinders, especially grinders of needles, and in workmen exposed to the fumes of sulphur, metals, acids, and noxious irritating gases.[3] In such subjects it often exists consentaneously with the deposit of tubercular matter in the lungs; it has been observed in inferior animals, collected in the trachea and bronchi. Youatt, Valentine, Rush, Duprez, and others, have found in dogs and horses; Ghisi and Gohier, in cows; Double and others, in lambs and cats. In birds, and especially in chickens, it is met with in the disease called "pip," when this is not sufficiently severe to run on to the formation of a distinct membrane in the air passages.

"Muco-albuminous sputum" sometimes occurs in common influenza and catarrh, and without any obvious change or aggravation of the general or local symptoms. In such cases, the proportion of albumen to that of mucus is generally very small. In the severer forms of scarlatina this sputum is observed. I once had a case in which the expectoration was critical; it manifested itself suddenly and profusely, and continued long after the abatement of the inflammatory symptoms. Here the flux seemed to be analagous to the albuminous excretion, which, under similar circumstances, often occurs from the kidneys.

Local Symptoms and Physical Signs.—When "muco-albuminous sputum" is discharged profusely, when the ratio of the albuminous constituents to the mass of sputum is not considerable, and when no active inflammatory symptoms, either local or general, accompany the expectorations, the sound of the chest, both by auscultation and percussion, are often, in no sensible degree, at variance with what are natural. Nor are there any indications, in many such examples, to denote a deviation from a normal state of health and strength. When, however, the secretion of this sputum arises from local disease or disorder, when the sputum is not considerable in quantity, is with difficulty expelled, and is abundant in albumen, the local signs, as elicited by physical diagnosis, are generally very clear and conclusive. They usually consist, at the commencement of the expectoration, of a mucous râle, chiefly in the superior and middle portions of the lungs. At such time the stroke sound of the chest is perfectly natural. At an approaching period, which varies from a few hours to as many days, percussion elicits a dull sound in the lower half or third of each lung. A bronchial murmur then becomes manifest, and in severe cases will increase to perfect bronchophony. In instances, however, of muco-albuminous expectoration, I have never met with bronchophony, unless the sputum contained at least one half of its volume of albumen. This fact would appear to be curious, inasmuch as bronchophony, under other inflammatory and congestive conditions of the lungs, often prevails, and yet the sputa are entirely free from albumen. It shows, however, that the form of pectoral inflammation which albuminous sputum accompanies, is capable of being measured both in its intensity and its progress by the albuminous condition of the expectoration. As the inflammation subsides the amount of albumen lessens, and the sputum becomes thinner and usually saline. It generally passes into the "thin" or "thick mucous" variety, and in rarer instances into the "purulent." It scarcely needs to be remarked, that the inflammation which gives rise to albuminous expectoration is also productive of the other more common symptoms of pneumonia or bronchitis.

Pathology.—The secretions of "muco-albuminous sputum," depend upon either general or local vital conditions. When occurring in its simplest form, profusely, and in young or adult subjects, and without the evidence of any specific morbid

[1] This matter sometimes lodges in the trachea, or bronchi, and collects almost like the false membrane of croup. In this state, Schwilgue found it to consist of albumen, with a small quantity of carbonate of soda and sulphate of lime.

[2] Less time will suffice if the sputum be of the transparent variety.

[3] Albers, Duval, Jurine, and Schmidt, produced it artificially in inferior animals, by compelling them to breathe the fumes of sulphuric or muriatic acid, and by injecting into the trachea bichloride, or peroxide of mercury dissolved in turpentine, tincture of iodine, solutions of nitrate of silver, &c. The animals experimented upon were wolves, sheep, cats, dogs, and fowls.

actions, it appears to be referable to an unusual albuminous condition of the blood, or to a want of the vital property, or of the sensibility to vital stimulus, which are necessary to a higher development and organisation of the albumen. This deviation from a healthy state is probably owing to an action, *per se* [4] of the blood, aided by some derangement of the nervous system. The albumen of the blood, as the least vitalised animal constituent of it, is the first to suffer from any shock, whether spontaneously of the blood, or communicated through nervous influence to it, and becoming more or less devitalised, is with proportionate facility discharged by some secernent or emunctory organs.

In different subjects, and in different conditions of the same subject, inflammation of mucous surfaces, especially pulmonary, is attended with very various local results. There may be simply an increased quantity of the natural secretion of the part, or this secretion without undergoing any specific change may be variously modified, pus may be produced, or a false membrane, or there may be a muco-albuminous exudation. These different consequences of inflammation are in no wise dependent upon the intensity of it; but appear to be owing to a modification which the inflammatory action receives from local or general sources. The bronchitis of some subjects is invariably attended with albuminous expectoration, of others with a purulent discharge, whilst in a third its symptoms and secretion will resemble those of croup. So also will artificial irritation of the trachea or bronchi produce equally variable results. We know that youth and a sanguineo-phlegmatic temperament are favourable to "muco-albuminous" excretions, that solid albuminous or fibrous exudations are chiefly met with in the inflammation of plethoric and vigorous subjects, and that purulent discharges from mucous membranes are generally limited to the cachectic and debilitated. But pathology will aid us no further in solving the ultimate question. We must be satisfied with the facts as we find them, and with only an approach to their explanation.

The post-mortem appearances after fatal inflammation attended by "muco-albuminous" expectoration, are thickening and vascularity, uniform or in patches, of the lining membrane of the trachea and bronchi; the latter are somteimes constricted. The membrane now softer, and again firmer, than usual, is never found ulcerated The marks of inflammation are generally confined to the lower part of the trachea and the commencing bronchi—they less frequently extend to the terminal bronchial branches—and very rarely reach as high as the larynx. The "muco-albuminous" exudation is usually abundant in the trachea and larger bronchi." In the smaller tubes a thinner fluid is found, but still albuminous, and I have seen it extending throughout almost the entire mass of pulmonary structures. The lungs are generally somewhat crepitant in their superior portions, but they exude, when cut into, a spumous, often sanguinolent fluid. Their lower parts are chiefly impervious to air and of a deep claret colour. They cut like liver, and represent either complete engorgement and obliteration of the pulmonary cells, or confirmed hepatisation.

Treatment.—When the secretion of "muco-albuminous sputum" is unattended with inflammatory symptoms, or with any indications of local disease, it is best that it should be treated upon a tonic plan. Cold bathing, or sponging the body on rising in a morning with cold water, is of excellent service. The preparations of iron do much good, as does also quinine with an excess of sulphuric acid. Warm aperients should be given, and free exercise, with good living enjoined. Under this treatment the sputum will soon begin to diminish in quantity, and the mucous membrane will secrete proper fluid. If the discharge be excessive, it sometimes is, catechu or kino may be added to the quinine mixture, and the throat, down to the chest, may be rubbed with croton oil, or painted with tincture of iodine.

When the sputum is dependant upon inflammatory conditions, it is of course requisite that depletive measures should be used to whatever extent they may be indicated. A very good guide will be found in the tenacity of, and the amount of albumen in, the sputum. Bronchitis, which is attended with this form of expectoration, has a much greater tendency than ordinary bronchitis to become suddenly fatal, or to pass rapidly into pneumonia, and this disease has also the same great tendency to pass on to hepatisation and gangrene, rather than to be resolved, for which reasons, therefore, it is important that the indications furnished by this sputum should awaken us to every vigliance in the treatment of the diseases which it accompanies. Additionally, to bleeding, mercury and antimonials must be chiefly relied upon. Large and frequent doses of alkalies are generally beneficial.

[4] Medicines which deteriorate the blood, or diminish the energy of the nervous system, have a remarkable tendency to impregnate the secretions with albumen. Thus, in mercurial salivation, the saliva invariably has its albumen increased, and often to as much as ten times its natural quantity. The urine is also frequently albuminous, and almost constantly when the salivation has been produced by the bichloride of mercury, which more than any other preparation of this metal debilitates the nervous system. And in such cases again, we find that the blood has lost much of its vital property, and especially the power of coagulating firmly. I once injected a grain of corrosive sublimate, dissolved in an ounce of water, into the jugular vein of a healthy dog. No obviour irritation or spasm was produced, nothing but slowly increasing prostration of vital power, which terminated in death in six hours. The animal passed a great quantity of urine, which became albuminous twenty minutes after the injection, and never regained its normal character. The kidney were not in the slightest degree inflamed. In injecting sedatives, such as digitalis, prussic acid, and very dilute solutions of ergot of rye, into the veins of dogs, I have repeatedly obtained the same results. And in slow poisoning by these substances, the urine has generally been albuminous, or the bowels have from time to time discharged a serous fluid. The blood, I scarcely need say, has also been remarkably impoverished.

NOTICES TO CORRESPONDENTS.

An Old Practitioner.—*Only five or six of Dr. Williams' lectures, on the Practice of Medicine, remain for insertion. We have before stated that they were taken by an eminent short-hand writer, and have been very carefully revised by a medical man, previous to their publication.*

A Friend.—*Many thanks for the subscription; £180 were, this week, paid into court, as the damages and costs incurred by the recent action against this Journal.*

Mr. Pearse.—*We have given strict injunctions concerning* Mr. Pearse's *Journal.*

Dr. Lewins *wishes us to correct a statement, which appeared in his communication on uterine and ovarian diseases, to the effect that, the late Dr. Mackintosh was the first to question the accuracy of the generally-received opinion respecting hour-glass contraction of the uterus. Dr. Lewins informs us that he is convinced, the merit of first describing the actual condition of the organ, in the state referred to, is due to Dr. John E. Douglas, of Rutland-square, Dublin.*

Electron.—*We know of no better caustic for the formation of issues, than the potassa fusa. The depth of the eschar would, of course, depend on the mode of its application. We suspect our correspondent not to be a medical man, and, if so, we recommend him not to meddle with matters of this nature. Electro-magnetic apparatus are frequently advertised in the* Medical Times.

Noel.—*We should not ourselves exceed four or five grains of the remedy daily. It has been stated to possess an effect on another secretion, which, possibly, our correspondent's patient might not wish.*

A Constant Reader *notices an advertisement, which appeared in our last number, for an assistant, to take charge of a nervous invalid. The duties are said "to be light; and he will be treated as a gentleman"—he is, nevertheless, required to "shave" and "dress" the patient, to "wash and ride out with him," &c. Our correspondent suggests that it is a pity the profession of "barber-surgeon" was ever abolished.*

Lucius, *the author of a clever pamphlet, lately published, reminds us that Mr. Wakley transferred an elaborate lucubration of the* 'Times,' *into his* 'Lancet,' *in August last, as the leading article of a hebdomadal number of that scurrilous publication." —He continues "Allow me, Sir, to advise you, for, once in your editorial life, to follow the example of the extraordinary* conducteur *of that periodical, and, with all convenient speed, to copy, as much of the leading article of last Saturday's* 'Standard,' *into the columns of the* 'Medical Times,' *as you deem expedient.—The article to which I direct your attention deserves to be recorded where it will be more permanently useful, than it can be in the pages of a daily newspaper—and it is as à propos to* your *late position—and to that of a notorious personage, as if it had been written for your special benefit.—In the words of the immortal Burns, with you and the* 'Standard,' *I exclaim—*

'Here's freedom to him that would read,
And freedom to him that would write:
There's n'ane ever feared that the truth should be heard,
But they whom the truth should indict.'

[*We, last week, published the leader referred to.*]

F. S. A.—*The prescription referred to is only fitted for a peculiar form of the malady, and is not without danger. The local ailment, in ninety-nine cases out of a hundred, is not the malady, but its symptom; wherefore, local applications might, probably, be worse than useless—mischeivous.*

A strong appeal has been sent to us on behalf of the 'Dublin Statesman and Warder,' *which has lately been mulcted in the sum of* 500*l, for discussing the abuses which were said, generally, to exist in Irish factories. A clergyman swore that the article had a particular reference to a factory about which the editor of the Journal knew nothing; whereon a jury under the judge's encouraging direction gave damages* 500*l.*! *The appeal certainly deserves to be heartily responded to.*

Curioso.—*We regret we are unable to answer our correspondent's question. We have enquired of several publishers, and can get no information of any work having been published on the subject. The committee do not restrict the subscriptions solely to the profession.*

Ornopinein.—*We regret we cannot supply our correspondent with the information he requires.*

A pupil *writes as follows*:—

"Irregularity of attendance on the part of some of the surgeons at the Jervis-street Hospital, Dublin. —The absence of a local medical press, at all calculated to represent the interests of any branch of the profession; together with the fact of the *Medical Times*, from its extended circulation, and well-known ability, being now justly considered the only efficient organ through which the sense of the profession can be brought to bear on those abuses, which, occasionally, 'like clouds upon the atmosphere,' obscure its nobler attributes, must plead my excuse for thus trespassing on your valuable span, while I expose the 'foul play' practised on he pupils of the above hospital, by those to whose charge their instruction is entrusted." *This is, of course, the prelude to a virulent attack on some of the officers of the institution referred to. We feel assured that, should any slight irregularity exist, this notice will be sufficient to ensure its correction. At all events, we can take no further notice of the matter unless the communications be duly authenticated with the writer's name and abode.*

Enquirer.—*The first four volumes of the* 'Medical Times' *were published under an entirely different proprietorship and management. We wish our readers, generally, to remember this fact.*

A Constant Reader, Dublin.—*Dr. Graves' admirable lectures were revised by the author. We wish we could see some such lectures delivered on this side of the water. The* 'Medical Times' *is, we believe, the only periodical in London, composed entirely of original matter.*

Will Q. E. D. *demonstrate his name to us confidentially?*

Dr. T., Wilts.—*We shall aim to set the matter right of which he speaks.*

A Friend.—*There were* two *meetings held. The second is the one referred to.*

W. H's paper is inadmissible, for reasons which he will, at once, appreciate. The surgical operator named is mentioned under a false aspect; and the letter itself is unauthenticated.

S.—*The humorous "analysis" of the singular medico-legal points has been received; but a rumoured change makes its publication undesirable. We shall preserve the M.S. for S. Would S., in the event of our having to use the paper, allow us the privilege of a few touches under our own hand?*

A Medical Pupil, *by remitting the guinea, will be enrolled as an annual subscriber.*

We think it advisable not to insert the letter of "Q," animadverting on Mr. Bottomley's lending himself as an "humble instrument" to some very equivocal games of professional cross-purposes, and demanding why the names of no Committee could be mustered, or consequently could be published, and containing sundry other criticisms of perhaps unneeded severity. We dare say Mr. Bottomley, till entrapped into co-partnership, had a very imperfect notion of the small capital, save of false pretences, on which his political coadjutors rested to keep up their small agitating business.

A Handsome Portfolio *for holding the* "Medical Times,"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any bookseller, or at the Office, price 5s.—An allowance is made to the trade.*

Dr. Jacob's *letter will be noticed next week.*

THE MEDICAL TIMES.

Saturday, July 19th, 1843.

And thus the native hue of resolution
Is sicklied o'er with a pale cast of thought;
And enterprises of great pith and moment
With this regard their currents turn awry,
And lose the name of action.—Hamlet.

The order paper of the House of Commons has every evening for the last ten days been graced with "The Physic and Surgery Bill" as a measure for each day's discussion. By some mystery we cannot penetrate, but which the Scotch Colleges can perhaps explain, Parliament has been very busy and active, and the Bill is still among the things "to *be*" discussed. Of course every day's delay lessens proportionably the chances of the issue we wish; and if last week we had no *hopes* of such a result, this week we have the feeling that there is no *chance*. The probability is that Sir James Graham will formally introduce his bill to the House before the close of the session, making a detailed statement of the alterations he proposes, and, getting the Bill printed, leave it for the Profession's consideration to the beginning of the next session.

How, then, stands the question of Medical Reform? The delay being given, is the necessity for amelioration less? The demand weakened? The chance of concession less considerable? We surmise not.

The intrigues, the threats, the opposition of the corporations may put off the evil day—they cannot avert it. The strength of feeling for improvement that now pervades the profession is at once unparalleled and resistless. The cause of Medical Reform, instead of being the stock in trade which furnished a few characterless scoundrels an equivocal notoriety and precarious subsistence, has become an integral portion of social philosophy, and nineteen-twentieths of the best medical men in the empire are now ready to do their best to achieve the organisation which they are convinced medical polity requires. It is no longer a small clique of discontented spirits, plotting in obscurity and suffering in some low pandemonium, their own uprise and others fall. Public ends are now sought with public and disinterested views, and the Medical Reform party includes at length what three years ago we insisted it should include, all that is respectable, all that is classical, all that is worthy, and all that is philosophical in the profession. Out of official circles there is *now* scarcely a *thinking* practitioner of respectability who is not earnestly joining in the demand for improved Institutions! What a happy and almost unhoped-for change in medical relations! With how much gratified conscientiousness do we look back on the humble but reiterated labours which we, in an earnest spirit, have contributed towards providing that result! Medical Reform, like the *Medical Times* itself, was when we found it, in the kennel. It has been cleansed, and the higher, better, and more ennobling qualities of its nature being fully displayed, it is now the adopted of all!

With this universal *call*, or rather *struggle*, for improvement, how short-sighted is the comfort of those who are singing Hosannahs because the bill *may*, after all, be postponed. So universal and so urgent a demand for change presupposes no trifling cause; and when, with this consideration, a further thought is given to the actual character of the government of the different Medical Colleges in the kingdom, and the unsatisfactory position occupied by a class forming nine-tenths of its Doctors (the General Practitioners), the conviction is instantaneous that the hand of Death is impressed on the whole surface of our present polity, that a thorough change in the Profession is inevitable, and that the longer the delay that is interposed the more complete the change when it comes! On the whole, then, the non-success of the Minister's bill infers no failure of the cause of good Medical Government. The presumption is rather the other way. The forces for improvement are hourly increasing, and the partial boons which will content this year, will be felt by all to be inadequate the next.

The great duty, meanwhile, of the Profession and those acting for it, is to conciliate the support of those who yet abstain from joining in the movement. The enlightened Physician, or accomplished pure Surgeon not included in the pale of official contamination, have as deep an interest in the re-organisation which will give British medicine the stimulus that has so long been wanting, and which the active character of the age requires, as any portion of the class of General Practitioners. The present system is most unfavorable to merit for the *consulting* doctor. Success in his profession, and access to the high places of government, is the reward of but *one* worth, when two should be indispensable—the reward not of *scientific*, but *social* excellence. It is not the retired thinker, but the convivial conversationalist—not the child of science, but the son of fortune, that rules an intellectual Profession! Wrong—mischievously wrong—is this. It is so felt, and nothing is required to secure the cordial cooperation of *all* to a remedy, but a maintenance of a conciliatory and kindly bearing between us and those gentlemen who yet hold aloof from us. Important, and pregnant with good results, is this consideration if it lead to the abandonment of those terms of reproach—"Dubs," &c., bandied by one class against another, and which, by an incomprehensible excess of folly, keep in opposition and hostility men who have a common interest in cordial union.

But the great practical object the General Practitioner must keep steadily in view above all others is to maintain, if possible, in increased efficiency and power, that National Association which has sprung up to our hand, in magical potency, at the very instant we most wanted it. The Association is a gigantic instrument suited to the gigantic nature of the work that is to be done. It holds in its hands at this instant the future re-organisation of the Profession. Evidently there is about it a wise, a cautious, and enlightened management. The wonderful union, combined with no want of decision, which has hitherto characterised it, offers us a consolatory and cheering pledge for the future. So long as its counsels are thus directed, so long will the Profession, in augmenting numbers, cluster about it for its support. We are above all things anxious for this permanency of organized power, for it includes in it every element of our hope. With it we are not only irresistible for defence of what is right, but certain of ultimate success in the attack on what is wrong. We act on Government immediately as a high negociating power with fixed opinions and formidable influence; and Parliament, wishing to do what is right and acceptable, will have an authoritative voice to encourage them in judicious legislation. Even State Ministers might be taught to feel that a Government, if resisting our demand when placed before the House by one of its most distinguished members, would be perilling its own permanency; and beyond a doubt, a change of ministry, arising from whatever cause, would be the triumph of our principles, and the reward of our united perseverence. But should even Parliament and Government alike withhold consent, our success might be not one whit the less complete if, resolute against corporate impolicy, we hold tenaciously and enthusiastically together. A single day could turn the National Association into "A Voluntary Incorporation," "A College of Physicians and Surgeons of Great Britain and Ireland," with a well-paid Court of Examiners, consisting of the first Physicians and Surgeons of Europe, a Medical University, with some of Europe's first Professors, and a Museum devoted to the whole range of Medicine, and appealing to Professional support by every claim that can excite to enthusiasm, or warm to generosity.

We believe the Committee who have the honour of standing at the head of so large a portion of their professional brethren are fully alive to the fact that the Association, *as an Association*, is yet capable of immensely augmented development. There are thousands of Surgeons and Physicians (for this is, after all, the true classification of the Medical Profession) in lee-

land, Scotland, and in England, who are yet to be enrolled; there are hundreds of districts which have yet not their local secretary; there are arrangements yet to be made which will bring the Committee's operations to the door of Colonial support and sympathy; and we have no doubt that the breathing time between this and the next session will be vigilantly employed, in effecting these, and the other measures which may make the Association all it is capable of, and fit it forthwith to enter that new sphere of glorious and not less *useful* existence which is lying temptingly open to them. But we must return to this again.

REVIEWS.

Pulmonary Consumption successfully Treated with Naphtha; 2nd Edition. By John Hastings, M.D., Senior Physician to the Blenheim Street Dispensary. John Churchill.

We noticed this work on the appearance of its first edition. The successful cases then narrated by Dr. Hastings are spoken of now as still successful, and the confidence of the author in his new remedy seems unabated. The public adhesion to the new faith of Dr. Hocken, of London, and Mr. Donovan, the eminent chemist and apothecary of Dublin, is certainly presumptive evidence in its favour; and the too general hopelessness of the malady Dr. H. takes under his protection, asks from us, in reference to his views, the exercise of a very tolerant censorship. The present edition contains an appendix, with some useful statements on the propriety of perforating tuberculous cavities in the lungs, supported by a couple of original cases communicated to the author by Sir Henry Marsh.

Apology for the Nerves, or their Influence and Importance in Health and Disease. By Sir George Lefevre, M.D., &c. London: Longman, Brown, Green, and Longmans.

A very vague title to a very vague book, which is, after all, sadly miscalled. To prove the influence and importance of the nerves in *disease* and health is scarcely to apologise for them, supposing even they had need (as they have not) of an *amende honorable* from a West-end physician. Sir George can do more, we suspect, than his present book clearly implies. We have guesses and rude conceptions on subjects where a little study would have given clear and precise opinions, and a *trifling* work, *de omnibus rebus et quibusdam aliis* (not one of the many topics, however, thoroughly exhausted), when, with forethought and some little planning, we might have had a systematic and useful treatise. Our author seems terribly desultory in his studies, and will not apparently be less so in his writings. Of course, with a clever head full of odds and ends, picked from all quarters, travelled and untravelled, we cannot have a very dull book, and therefore the "Apology," though prepared apparently by order at a three days' notice, has some interesting gossipping pages, which *may* repay a *very* hasty and superficial reading. When Sir George will write the book he *can* and *should* write, we will give him a more extended notice; in the meantime, if he take our hint, he may register us in his books as not the more plain-spoken *only*, but most *useful* of his friendly critics. We are sure we shall do him good service.

The Transactions of the Provincial Medical and Surgical Association, Vol. XIII. London and Worcester, 1845.

This is undoubtedly the most valuable work we have received from this large and meritorious Association. The Retrospective Address of Dr. Cowan is a masterly composition, in which the difficulty is to choose which to admire the most—its scientific acumen or literary excellence. Papers are also contributed by Dr. Budd, of Bristol; Dr. Hocken (the misused of Dr. Forbes); Mr. Giles, of Stourbridge, and a distinguished contributor of our own; Mr. Crosse, the surgeon of Norwich. Mr. C.'s paper is a very elaborate one on "Inversio Uteri," and is well worthy his eminent surgical repute. Will Drs. Hastings and Streeter, and the Council of the Association, allow us to suggest to them that a second volume of Transactions annually would be a boon to the profession, and a very useful mode of employing the funds of the Association?

BOOKS RECEIVED.

Elements of Phrenology. By George Combe. Sixth Edition. Edinburgh: Maclachlan, Stewart, and Co.

No man since Gall has done more for phrenology than George Combe. With all the enthusiasm of an apostle, he has all the temperance of a philosopher. It is needless to say (the *sixth* edition before our eyes) that the "Elements" are the text-book on the "science," and that eminently do the *animus*, intelligence, and literary craft of the author merit for them the distinction.

Lectures on the Theory and Practice of Surgery. By the late Abraham Colles, M.D. Edited by S. M'Coy, Esq., F.R.C.S.I. Dublin: S. J. Machen, Westmoreland Street.

There is very little of "Theory" about this course. Dr. Colles was all practical; and Mr. M'Coy appears to have done this characteristic of his lectures full justice. As a record of the Professor's experienced opinions on surgical practice this work is valuable. We can say little for it considered as a complete work on surgery in the year 1845.

The Stutterer's Friend, &c. By J. Wright, Esq. Second Edition.

This is a "plea" by the author in answer to two "inhuman" works—the one by Mr. Yearsley, recommending the snipping of the uvula; the other by an author who writes incog. under the name of "Physician." Mr. Wright claims to have "humanity and common sense" on his side; but whether that be the case, or whether, if he be right, his opponents have something better on theirs, we are unable to determine. The interested *savan* will perhaps consult the pamphlet for himself.

History of the York Dispensary; containing an account of its Origin and Progress to the Present Time, comprising a period of Fifty-seven Years. By Oswald Allen.

The author, a patriarchal surgeon, in a very pleasing spirit, devotes 116 pages to the record of what, in a local sense, are the important *res gestæ* which have made the York Dispensary *all* it is.

A Collection of Cases of Apoplexy, with an Explanatory Introduction. By Edward Copeman, Surgeon.

Mr. Copeman has collected from his own practice, and the records of the practice of others, published in the journals, 250 cases of apoplexy, with the view of shewing that bleeding in affections of the brain is less justifiable than is generally surmised. As far as he goes, Mr. C. deserves all our commendation; the matter of regret is that his facilities as a statistician have been so small.

Report of the Parliamentary Committee of the Loyal National Repeal Association on the Bill for Regulating the Profession of Physic and Surgery, with Observations on Medical Education. Dublin, 1845.

Dr. Gray, the author of this very luminous and able report, deserves the thanks of all members of the Profession, of both sides in politics, for directing the attention of the powerful Association of which he is one of the leaders, to the question of medical reform. Dr. Gray stands up manfully for the apothecaries of Ireland, but most distinguishes himself for the lucidity and power with which he establishes the necessity for a *practical* examination. The Committee of the National Association will read this report with advantage.

The Meteor. Nos. 1 and 2. Edited by John Leslie Buckstone. London: Westerton.

A new periodical by one equally well known for his affluence of humour, as actor and author.

The National Temperance Magazine (June). Leicester.

This number contains, with the usual matter, a sprightly, but certainly not brief, attack by Mr. Morris, the surgeon of Spalding, on the principles of Teetotalism. Dr. Grindrod and that gentleman are in hot warfare on the subject, much less, we fear, to its elucidation, than to the amusement of those interested in it. We can easily understand that Mr. Morris, living in a fen district, has a horror of water, but to us living in a London neighbourhood, our eyes wounded hourly with the sight of Gin's hideous trophies of pallid faces and ragged clothes, the more natural matter of aversion is alcohol. If Mr. Morris would take our advice, he would offer no let to the worst principles of logic (of *other* people) that reclaimed a drunkard. With an English audience, two words for alcohol by a "doctor," is at least one for intoxication. There is no great fear of the virtues of gin being *underrated*.

Cosmos; a Survey of the General Physical History of the Universe. By Alexander Von Humboldt. No. 1. London: Baillière.

This is *the* "Vestiges of Creation." The subject—the grandest of all human themes—belongs of right to Humboldt—the poet-philosopher. We shall give the work the ample notice it deserves when a little further advanced.

CLINICAL NOTES.

(No. 1.)

By Richard de Gumbleton Daunt, Esq., M.D., (Edin.,) Member of the Faculty of Physicians of Rio de Janeiro, and Member of, and late Honorary Secretary to, the "Parisian Medical Society."

(For the "Medical Times.")

In the occasional papers of which this is the first, it is my intention to consign such facts and observations in morbid physiology and therapeutics, on the influences of various nationality, hygienic conditions, &c., as expressed in the phenomena of disease, as may appear to me illustrative of views or states not embraced in the writings of the routine nosographists; and as they are drawn from a tropical clientelle, the subject of the climate and diseases of the tropics will come more or less prominently forward.

One of the earliest cases of interest presented to me in Brazil, was a case of epilepsy. In the close of 1843, I was called to see a surgeon, native of one of the Azores, but long resident in a town on the sea coast, a few miles to the south of Rio de Janeiro, whom I found in the following state:—He was a robust man, of 36 years of age, but rapidly wasting; his nervous system so shattered, that the greater part of each day was spent in tears. He was then suffering from one, two, and even three violent attacks of epileptic convulsions daily—more frequently occurring during the night than in the day. The lacerated state of the tongue evidenced their violence; the nights were passed without sleep, which severe ostalgia of the frontal bones prevented; appetite was gone; defæcation was difficult; micturition frequent; vision and olfaction impaired, and the os frontis appeared irregularly thickened. The skin was dry and harsh, with scattered cupreous maculæ. The patient had led an extravagant life while a student in Rio, at which epoch he had contracted several attacks of syphilis, for which he had undergone no regular treatment. Since commencing practice he had gone through much severe country labour, but had enjoyed good health up to two years and a-half prior to the period of his consulting me; from that date he had experienced pains of the bones, with frequent cutaneous eruptions, but had never had the throat affected, and his general health began to decline. He then became alarmed, and by the advice of several Rio practitioners, took various courses of mercury and diet-drinks, but without favourable results, until three months prior to my commencing to treat him, he was, after a ride into the country during the heat of the day, seized with an epileptic paroxysm. For the first attacks he was treated antiphlogistically, and with temporary relief, but the disease continued to gain ground. When I examined him, I became convinced that a perversion of the nutritive action was progressing within the calvarium, the consequence of the syphilitic poison, and urged the adoption of a therapeia based on this principle. He consented, and I prescribed as follows, depletion having some weeks previously moderated the irregular distribution of blood, which at first was very marked:—

℞ Extracti aloes ʒj., Scammonii ʒss., Olei tiglii m. ij. M. ope liquoris potassæ ut ft. massa in pil. æq. xvii. distrib. cuj. capt. æger ij. vel iij. p. r. n.

℞. Extracti lactucæ gr. vi. vel x. Omni nocte ex mistura amygdalarum.

℞. Potassii iodidi gr. v., Infusi quassiæ ℥j. M. ft. haust. quotidie sumendus.

℞. Infusi sarsaparillæ ex aqua calcis frigida ℥ xij. Omni die in haustibus ij. sumend.

When suffering from excessive pain, a few drops of laudanum were given, and a warm bath was used

thrice weekly; also counter-irritation to the nape of the neck with the ointment of the potassio-tartrate of antimony. The diet was regulated, and every means taken to dispel the melancholy which was overpowering a naturally active and thoughtless mind. In about five weeks he took a dislike to the infusion of sarza in lime-water, and infusum valerianæ ℥ xij. daily was substituted. In a fortnight from the day of his commencing this treatment a marked change was visible; the general health was decidedly better: the severe cephalalgia almost gone; the epileptic paroxysms recurring only thrice weekly, and less violent; the nights more tranquil, and all the other symptoms lessened. This amelioration encouraged me to persevere, and to resist any recourse to the ordinary formulæ in this disease, and at the end of the sixth week the paroxysms and the frontal pains had disappeared.

On the eighth week, a moral cause occasioned another, and the last fit; I induced him with difficulty to continue six weeks longer in the use of the iodide of potassium, when he at length finally discontinued it, and although for a little while longer he took some vegetable tonics, he was at this time restored to his former health, and active life—the thickening of the frontal bone, and all other vestiges of disease having entirely vanished. I ought to state that the purgative pills prescribed were given merely to the degree required for producing natural defæcation—active catharsis being in the then adynamic state of his nervous system, strongly contra-indicated.

This case while it examples an infrequent form of epilepsy, will, I trust, serve to enforce the necessity of a minute study of phenomena of each particular case of this disease, and the duty of avoiding a routine practice in its cure. As the patient in this case was ignorant of the iodide of potassium, and prejudiced in favour of mercury, my expressed views of the nature of his disease rendered him anxious to mercurialize himself again, and I had considerable difficulty in inducing him to abandon a design likely to be most fatal if practised; perhaps I should not have been able to prevent him from acting as he wished had not the plan I pursued so soon justified itself by an evident and increasing amelioration in all his symptoms. From the state of prostration of his mental faculties, and loss of tone of the nervous system in which I found him, I am convinced that under any other treatment dementia would not have been tardy in appearing.

Campinas, Province of San Paulo,
Brazil, April, 1845.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

Extirpation of a Fibrous Tumour from the Peritoneal Surface of the Uterus.—Dr. Atlee has published in the *American Journal of Medical Science*, the details of a highly interesting case in which he successfully extirpated a fibrous tumour from the peritoneal surface of the uterus by the large peritoneal section. The patient was twenty-four years of age, and the disease had existed rather more than a twelvemonth. It appears to have been caused by a fall from a horse. When first seen and examined by Dr. Atlee, he found a tumour occupying the hypogastric and right iliac regions, resting closely upon the pubic bones, being prominent above the symphysis, and gradually retreating toward the spine as the hand ascended towards the umbilicus—the fundus of the tumour occupying a point one inch below the navel. The tumour was hard, resisting, somewhat uneven, and presented an edge in the right iliac region. The only tender spot on handling was on its upper surface. It was movable, and could be rocked upon the brim of the pelvis over to the left iliac region. On examining per vaginam, the finger, as soon as it entered, came against the convex surface of a hard tumour immediately behind and below the arch of the pubis, and resting firmly against it. This rounded surface extended throughout the pelvis, pressing the uterus down against the perineum and rectum so firmly, that it required some slight force to insinuate the finger between them. Upon the inferior face of this tumour was a ridge about the thickness of a finger, occupying a central position, and running in the antero-posterior direction, which, evidently, was the cervix uteri, the os tincæ being plainly perceptible at its anterior end—the neck of the uterus appearing to lie between the tumour and perineum, horizontally upon the latter. On carrying the finger around towards the left side, it fell into a sulcus apparently between two tumours, but which Dr. Atlee supposed was caused by the inferior one being the flattened fundus of the uterus occupying that position, and the upper one being an enlarged ovarium. The fundus of the uterus was more evident upon the left than on the right side, and its neck and body appeared to have been curved upon the tumour. The uterus, while the tumour was in situ, was pretty firmly fixed in its position, and did not appear to have been altered in its texture or size, nor was it painful on handling. Dr. Atlee then attempted to raise the tumour out of the pelvis, but it required considerable and continued force before he could effect it. He, however, raised it sufficiently high for his brother to get partially beneath it at the pubic region, and to sustain it while he continued the vaginal examination. The uterus now took its natural position more nearly, became movable, and the finger could be passed between it and the tumour, so as to show clearly that the tumour was distinct from the uterus. Motion of the one did not affect the other, and both could be moved independently of each other. This part of the examination was most carefully conducted both by his brother and him, separately and together, so as to leave no doubt resting upon their minds. There was very little sensibility of the pelvic viscera, and of the tumour in that region. When pressure, however, was made on the anterior part of the tumour in the vagina, it produced a desire to pass water. The bladder occupied this position, and could be distinctly felt. By the examination per rectum, the tumour could not be felt immediately on introducing the finger, but after passing it up a short distance it came against a solid convex tumour, which appeared to rest firmly against the sacrum. Beneath this tumour, and lying against the anterior wall of the rectum, the fundus of the uterus could be felt, and when the tumour was elevated, the finger could be passed between the two, and, in this position, also, both were movable independently of each other. In a standing posture, which caused the pelvic viscera to descend more against the perineum, the bladder, which contained a little water, was pressed before the tumour, and could be felt like a small purse resting against the posterior face of the pubis, with the tumour above and behind it. The case was regarded as one of ovarian disease, but, as there existed some doubt upon the subject, the operation was deferred for a time, and after the lapse of a month, during which nothing whatever had been done, a fresh and more extensive examination was instituted. After examining the tumour per vaginam et anum, Dr. Atlee introduced a sound into the bladder; but instead of passing up anteriorly to the tumour, it kept beneath it, going back horizontally and parallel to the perineum, so that it could be swept from side to side over the inferior convex surface of the tumour, showing that the bladder was beneath it, and that it was impossible for this organ to be lifted by distension above the pubis, being prevented by the weight of the tumour. He also, at the same time, endeavoured to pass a sound into the os tincæ, but, finding that it would not readily enter, desisted. It was very evident, however, in this examination, that the upper part of the tumour occupied the right groin, the posterior part rested on the promontory of the sacrum, its anterior portion on the symphysis pubis, and its inferior portion dipped deeply into the pelvis, so as to form a kind of stopple to the brim of the pelvis, and press down the pelvic viscera against the perineum. The tumour had increased in size, was rather more movable, and, in his opinion, free from adhesions. So far as Dr. Atlee and his brother were able to judge, through the thick, undistended walls of the abdomen, and the simultaneous examination *per vias naturales*, they were of opinion that the pedicle might be an inch or over in length. From the period of her first examination, she was much less troubled with her water, the elevation of the tumour out of the pelvis at that time appearing to have relieved her, by removing its pressure from the bladder. This relief was permanent. The case was, consequently, considered by both Dr. Atlee and his brother as suitable for an operation, to which the patient gave her consent, after its dangers, &c., had been represented to her: it was, accordingly performed on the 28th of August, in the past year, at 11 a.m., in the following manner, the operator being principally assisted by his brother. He began by making a bold and free incision, about eight inches long, from the umbilicus to the pubis on a line with the linea alba, cutting through the skin, a thick layer of adipose tissue, and the sheath of the recti muscles, until he exposed the peritoneum, beneath which he could see the folds of the intestines. Then pinching up the peritoneum carefully between his thumb and finger, he nipt it open with the scalpel. Through this opening he passed a grooved director, and, with a curved probe-pointed bistoury, he slit open this membrane above and below to the extent of the outer wound. As soon as an opening was made into the peritoneum, most of the small intestines, several inches of the transverse colon, and a portion of the omentum, gushed out, and gave a great deal of trouble during the subsequent stages of the operation. The bowels were of a brownish cast, tolerably vascular, and considerably distended with wind. There also issued from the cavity of the abdomen about four ounces of thin transparent serum. His brother now took charge of the bowels, but found it very difficult to keep them out of the way. Indeed, it was utterly impossible to retain them within the abdominal cavity, and all that could be done was to hold them to one side while the operation progressed. The tumour was found occupying the right side, and dipping deeply into the pelvis, and, upon passing an index finger of each hand on either side of the tumour, until he got them rather under it, he was enabled, by using considerable force, to elevate it from its bed and slip it out of the opening, which was merely large enough to permit its escape. Although the tumour was now entirely dislocated, it was still held firmly down by its attachment so as to block up the wound; and this, with the mass of intestines lying out, so obstructed the cavity as to render it exceedingly difficult to survey the pelvis. Dr. Atlee, however, insinuated his finger alongside of the tumour into the opening, and the first thing he encountered was an immense pedicle running from the tumour to the right side of the uterus, about one inch and a half in length. This, for a moment, startled him. In order to examine the state of things, and that he might decide upon the propriety of severing so thick an attachment, he seized the tumour and made gradual, but firm, traction, so as to elevate it and the adhering uterus to view. This was accompanied with some manifestations of pain, great distress in the back, violent neuralgia of the thighs, and considerable gastric disturbance. The tumour now being sustained by an assistant, the pedicle was found to be a very dense, solid, thick, vascular mass, about two inches in diameter in a perpendicular direction, and one and a half inches thick in the antero-posterior diameter, rather diminishing as it approximated the uterus. It was determined to cut it, and he accordingly transfixed the pedicle close to the uterus with a needle doubly armed with a three-stranded silk ligature well waxed. The needle having been cut out, two ligatures remained, in order that each might embrace half the pedicle. In tying the anterior ligature, however, the resisting elastic pedicle relaxed the first knot, and thus showed Dr. Atlee that too much care could not be observed in this part of the operation. He, therefore, employed additional and continued force upon the strands, and one of them snapped. He replaced it immediately with the other ligature, and having drawn the first knot very tightly, an assistant kept it from yielding by pressing firmly upon it with the point of his finger, until it was perfectly secured. Another needle, similarly armed, was passed through the pedicle near the same place, so as to include a small segment of the circle of the first ligature. The half of this ligature was secured in the same way on the posterior portion of the pedicle, while the two ends of the other half were permitted to hang out of the wound, the pedicle being suspended in its loop, to serve in raising up the severed pedicle in case of hemorrhage. In transfixing the pedicle, the greatest

care was requisite to prevent the bowels being wounded by the point of the needle. Dr. Atlee, therefore, adopted the precaution of passing the left index finger down behind the pedicle, and receiving the point of the needle upon it; he kept it thus shielded until it was drawn out beyond danger. In order to make things doubly secure, a four-stranded ligature was thrown around the whole pedicle midway between its transfixed portion and the tumour, and tied first with a single knot, which was kept from slipping by grasping it in the fingers, and then again made to encircle the pedicle, and carefully secured. The pedicle was then severed close to the tumour. At this instant a gush of blood took place from the cut surface—it was the strangulated circulation of the tumour, amounted to from two to four ounces, and was the only hæmorrhage that occurred. The tumour being removed, the cut surface of the pedicle was examined; and although innumerable vessels, with open mouths, showed themselves like the pores of a sponge, not a single drop of blood escaped. The great mass of intestines which were out, and occupied the whole wound, prevented them from seeing into the cavity of the pelvis. Besides, the pelvis was unusually deep. Dr. Atlee made, however, a careful examination of it with his finger, and considered the uterus and left ovary perfectly healthy in every respect. He also felt the fundus of the bladder, which appeared to contain a small quantity of fluid. After removing the coagulated blood, and cleaning the surfaces with a soft sponge, he endeavoured to replace the bowels, but could not succeed, the cavity being, apparently, too small to receive them. He at length transfixed the two lips of the wound at the centre with a sewing needle, and secured them with a twisted suture. Then, every inch, from that point upwards, he applied a similar suture, retaining the intestines and omentum carefully at each point of application, until the upper half was thus secured. His brother supported, with the palms of his hands, the intestines that remained out of the inferior part of the wound. Just at the time of completing the upper portion of the wound, violent efforts at vomiting supervened, the diaphragm and abdominal muscles acted powerfully, producing a great expulsive force in the abdomen, and caused the bowels to burst out between his brother's fingers while endeavouring to restrain them, and also forced the upper part of the wound into a prominent ridge, with a gaping between each of the needles, through which interspaces he expected every moment to see the bowels rush—a portion of the omentum did escape at the upper part of the wound. During this he supported the closed part of the wound with his hand, and called for twenty drops of elixir of opium, which soon calmed the stomach so that he could proceed in the dressing. In consequence of these efforts producing such a strain upon the wound, he gave it additional security by introducing a hare-lip suture between every two needles already employed. The lower part of the wound was perfectly secured at half-inch distances by the same kind of suture, and the intestines gradually pressed in as he progressed downward, until the whole wound was perfectly secured by fifteen twisted sutures, and so firmly that it would resist the most powerful expulsive efforts that could arise. Considerable care was required in passing the needles through the lips of the wound, to prevent their points becoming entangled in the folds of the intestines and wounding them. The ligatures came out at the lowest point of the incision, and were secured to the abdomen by a strip of adhesive plaster. Adhesive plaster was also laid under the ends of the needles to shield the skin. A fold of patent lint, a compress and a towel-bandage completed the dressings, after which the patient was lifted from the table into bed, and ordered to have, occasionally, a couple of teaspoonsful of cold water. The operation lasted nineteen minutes and a half. The principal symptoms, after those indicating the severity of the shock had passed over, were those of general irritation, tympanitis, and abdominal tenderness which were checked by appropriate treatment. The wound was dressed, for the first time, on the seventh day after the operation, and six of the alternate needles were removed, pieces of narrow adhesive straps being substituted in their stead. The wound had united to a considerable part of its extent. The next day a considerable discharge of pus took place. Four days afterwards three of the ligatures came away. Ten days after that the remaining ligatures were taken away, and the catamenia appeared. The patient returned home four weeks from the date of the operation. The following is the description of the tumour, given by Dr. Atlee:—The tumour weighed one pound thirteen ounces; its several circumferences were one foot seven and a quarter inches, one foot six and a half inches, and eleven and a half inches. The cut surface, from which the pedicle was detached, was two and a quarter inches, and one and five-eighths of an inch in diameter, and six inches in circumference. The tumour was very dense and solid. In cutting it the knife felt as if going through sole leather—it partook, in a very slight degree, of the crackling feel of scirrhus. Dr. Atlee split the tumour through the centre—it had a beautifully variegated flesh-coloured appearance. Its cut surface was studded over with stellated points, the radii formed of alternate whitish and flesh-coloured lines, which also run in other directions, and intermingled with each other under various forms. Small orifices could be seen opening on to these cut surfaces, which were vessels cut across in making the section. The tumour was invested with two distinctly marked tunics—the peritoneal and proper coat, both very closely united, and both dense. The proper coat was less closely united to the surface of the tumour, than to the peritoneal coat. At two or three places these two coats were separated in patches about the size of a finger nail, and looked like emptied blisters. The tumour was nodulated over its whole surface, had a pinkish-white colour, and in its external aspect had all the characters of some specimens of encephaloid degeneration. Large vessels could be traced ramifying under its coats, concentring towards the site of the pedicle, and terminating with open mouths upon its cut surface; one of these vessels was as large as a common sized goose-quill. The tumour was of an uniform structure, no point having softened down. Dr. Atlee would call it fibrous or fibro-cartilaginous.

Extraordinarily Premature Occurrence of the Menstruation.—Mr. Whitmore has detailed, in the *Northern Journal of Medicine*, the following extraordinary, but not singular case:—Among the family of Mrs. M., was a female child who, from a few days after birth, had her catamenia regularly at periods of three weeks and two or three days, until she attained the age of four years and some months, when she died, after an illness of forty-eight hours' duration. She was attended on the occasion by the late Dr. Christie, an eminent physician of Cheltenham, who, for more than a year before her decease, had satisfied himself of the fact. The detailed particulars were communicated to Mr. Whitmore by Dr. Christie, by whose permission he had an opportunity of witnessing the examination of the body. When laid out for dissection, its great development was very striking—equalling that of a girl ten or eleven years of age. The mammæ were unusually large, the mons veneris collapsed, but well covered with hair, the labia pudendi sparingly so, though these organs themselves were of unusual size for a child. The development of the pelvis, and of all the deep-seated genitals, was very considerable; and the lower limbs were proportionately large. The child was of a fair complexion; and her hair, which was of a dark-brown colour, was very plentiful. It is much to be regretted that the secreted fluid was not examined microscopically.

Rupture of the Uterus.—In the *American Journal of Medical Science* is contained the detail of the following interesting case:—A coloured woman was seized with severe labour pains, and the membranes were early ruptured; she remained in this situation for about twenty-six hours, with excruciating pain, attended by a midwife. A physician was called in, who found a shoulder presentation, the arm having descended, and the child low in the pelvis, firmly grasped by the uterus, and the pains still very severe. He bled her freely, gave her an anodyne, and delivered by turning with much difficulty. Thirty-six hours after delivery, Dr. Morgan was called to see her; he found her labouring under obstinate constipation, with soreness and much distension of the abdomen; he ordered a blister to be applied to the abdomen, and, by persevering in the use of strong cathartics, aided by enemas, the bowels were opened after the lapse of four days, they having remained inactive for the ten or twelve days previous. From this period an evident improvement took place; the uterus, however, remained higher than usual, much harder, rather enlarged, and extremely painful on pressure. She continued to improve for ten days, when she was suddenly attacked with violent uterine hæmorrhage, attended with great relaxation of the womb, and prostration of the vital energies. The flooding yielded to proper treatment. About eighteen days after her confinement, Dr. M. learned that she was passing fæces per vaginam, and none by the natural passage. He immediately proceeded to an examination, expecting to find a communication between the rectum and the vagina; but, finding no rupture there, pushed his examination further. About the left fundus of the uterus the patient had complained of much soreness, and on pushing the fingers into that region, a large collection of fæcal matter was discovered. A syringe being introduced, several ounces of fluid fæces were removed. She continued to void her fæces involuntarily by the vagina thirty days, during which time she experienced rapid emaciation. A favourable change, however, shortly took place, and the evacuation of fæces through the uterus ceased. It is three years since the case occurred, and she has had no more children since, although she enjoys connexion as before, and bred rapidly previous to the accident.

Case of Poisoning with Hemlock.—At a meeting of the Medico-chirurgical Society of Edinburgh, Dr. Bennett mentioned the following case:—On Monday, April 21st, a man named William Gow, was brought into the infirmary by two policemen, and was found to be dead. On examination, the following appearances were observed:—Great fluidity of blood throughout the system. In the cavities of the heart only a few small grumous clots existed. The veins on the surface of the brain were much congested. The lungs, liver, kidneys, and almost every organ were also much congested. The stomach was found to be much distended with a pultaceous mass, which consisted of the fragments of green leaves and stalks. The mucous membrane of the stomach was congested, with slight extravasation of blood below the epithelium at its cardiac extremity. Intestines healthy. The body was muscular, and without external marks of violence. On examining the contents of the stomach attentively, it was ascertained, from some fragments of the stalks and leaves which had escaped the action of the teeth, that they were portions of conium maculatum. On bruising them with a solution of potash, the mousy odour of conia was strongly evolved. The symptoms presented during life, according to the account furnished by his friends, were as follow. Shortly after eating the hemlock, want of power was experienced in the lower extremities—he faltered in his joints. After a time he was observed to stagger, as a man intoxicated—he fell on his knees—and perfect paralysis of the inferior extremities was manifested. At this time his intelligence remained perfect; he spoke readily and sensibly to those about him. He complained of having lost his sight. The paralysis gradually crept upwards. There were ineffectual efforts to vomit—he could not swallow—slight movements of the left leg. These symptoms were present two hours after taking the poison, but his intelligence was still perfect. Asphyxia now gradually came on, and he died three hours and a quarter after eating the hemlock. These symptoms fully confirmed the description given by Dr. Christison, of the effects of hemlock and its alkaloid conia as observed by him in the lower animals. Some cases had been related, in which delirium was said to have been present; and others, where death was occasioned, were marked by stupor and coma, as when opium has been taken. Nothing of this kind was observed in Gow; but, on the contrary, gradual paralysis creeping from below upwards, referable to some change produced on the spinal cord, of a nature exactly opposite to that produced by strychnia. Dr. Bennett pointed out how these facts perfectly agreed with the account of Plato and Nicander, of the effects produced by the *Κωνειον*, or state poison of the Athenians. A difference of opinion existed among botanists, as to whether the modern conium maculatum was the *Κωνειον* of the Athenians. From the

effects produced in the case described, he was disposed to believe in their identity.

Hematemesis with Chlorosis.—Dr. Ashwell, speaking of the complication of chlorosis with hematemesis, says, that this last-named disease occurs more frequently than is supposed; and, in connexion with so much pain, fulness, and congestion in several organs, as might appear to justify active treatment. He has seen bleeding, purging, and lead, lavishly employed; but with decidedly bad effect. In four cases narrated, there was anemia, quick, irritable pulse, and excitement, precisely the symptoms of chlorosis, and such as may without difficulty be distinguished from similar symptoms dependent on acute inflammatory disease. The transient neuralgic character of the chlorotic pains, notwithstanding their severity, the amenorrhea, countenance, and pulse, must lead to a correct diagnosis, and to modified general and local treatment. The great indication is, either to establish or to restore the catamenial function, and to attempt the attainment of this point, even by the empirical use of emmenagogues, bad as the practice may be, is less injurious than a full pursuance of the antiphlogistic plan. Bloodletting can seldom be required. On one occasion he visited a chlorotic patient who had been bled from the arm for the relief of thoracic fulness and difficult respiration; she was partially and temporarily relieved. It was thought advisable to repeat the bleeding; and nothing could be more conspicuous than its bad effects. Her prostration of strength was extreme; the breathing was more laborious; and an anasarcous state of the body was universally apparent. Nor is it less important to reiterate the caution against excessive purging, especially where mercurial or drastic medicines are employed. The first object, doubtless, is to procure, by proper aperients, healthy and regular evacuations; but the anemia of the patient must be increased by their undue exhibition—a practice so common that some individuals doubt whether more harm than benefit has not accrued from their use. Let this be as it may, it is quite true, that the evil results of such a plan are not confined to the stomach and bowels themselves; the irritation and flatulent distention of the intestines leading to aggravation of the chlorosis, and to nervousness and distressing sinking, very difficult to be borne; and yet with such an increase of disorders, he has known mercury and aloes persevered in for weeks. So strong is the prejudice in favour of a 'good active purgation.'

Crepitus in the Lung after the Absorption of Pleuritic Effusion.—Dr. M'Donnell, in the *Dublin Journal of Medical Science*, describes several cases in which crepitus was heard in the lung after the absorption of the fluid effused in pleurisy had occurred: In the first case in which he observed it, the pleuritic effusion was attended with extensive bronchial respiration, which, as is usual, gradually diminished as the effusion was absorbed; when, just as it was concluded that the whole quantity of the fluid was removed, a distinct, loud, and sharp crepitus was heard, nearly all over the portion of lung, previously the seat of bronchial respiration. The crepitus gradually became less evident, and finally disappeared, leaving the lung free, and the respiratory murmur pure and loud. He had afterwards other opportunities of examining this sign; but in no instance were its peculiar characters better marked, than in the case of a young woman of a full plethoric habit, admitted into the Meath Hospital under the care of Dr. Lees. On examination, she was found to labour under effusion into the right pleura, extending up as high as the spine of the scapula, and, in addition, she complained of the usual symptoms of this affection. She was treated energetically, and in about a fortnight all trace of the disease had disappeared, except a slight amount of dulness, and, during inspiration, *a sharp and distinct crepitus*, conveying the idea of its being generated immediately on the surface of the lung. It extended over almost every part previously occupied by the dulness, and was not accompanied by any other râle or bronchial respiration. There was no dyspnœa, cough, rusty-coloured expectoration, or pyrexia; yet from the slight dulness which remained after the absorption of the fluid, and the sharp crepitus, it was almost impossible to distinguish the signs from those of pneumonia. In a few days, however, this crepitus gave way to a pure and distinct respiratory sound; the patient gradually improved, and was soon discharged, perfectly free from the least trace of pectoral affection. The next case is that of a small boy, aged eleven, who had laboured under pleurisy of the right side, with effusion, which had undergone absorption, leaving the side quite clear on percussion. On placing the stethoscope on the chest, a dry crepitus was extremely audible; it was only heard on forced inspiration, and was not audible either during expiration, or ordinary inspiration, and was unaccompanied by any other kind of râle. The boy had not, during any part of his illness, exhibited a sign or symptom of pneumonia, and his expectoration had never displayed the least trace of the pneumonic character. When listened to attentively, the sound gave the idea of being formed by the rushing of air into cells partially compressed, and the seat of slight infiltration of thin fluid, and of proceeding from the surface of the lung, as if generated in the superficial cells,—an opinion confirmed by the fact of its being produced only on his taking a deep inspiration. Dr. M'Donnell examined this boy daily for the next five days, and though at each time the sound had diminished greatly in intensity, it still preserved its dry crackling quality, exactly like the dry crepitus of pneumonia. Another instance was that of a strong, healthy woman, about thirty years of age, who was admitted into the Meath Hospital, under the care of Dr. Stokes, with extensive effusion into the left pleura. Previous to her admission she had been attended by Dr. Geoghegan, and the treatment he commenced was continued while in hospital. The dulness extended up to the spine of the scapula, and was accompanied by bronchial respiration and œgophony, but no crepitus or bronchitic râle could be heard, nor had she any of the characteristic symptoms of pneumonia. The bronchial respiration was soon replaced by a respiratory murmur, at first feeble, but it soon became louder and more distinct, and then a well marked, *dry, crepitating râle* was audible during ordinary inspiration, but becoming more evident on taking a deep breath:—it was unaccompanied by dulness, bronchitic râles, friction, or any other abnormal sound, and she had no cough, expectoration, difficulty of breathing, or pyrexia. It continued to present the above characters for the next four or five days, and then gradually disappeared.

Tetanus.—Dr. Newbigging related a case of tetanus at a meeting of the Medico-Chirurgical Society of Edinburgh. The subject was a baker in the Grassmarket, aged 28, married, of sober, industrious habits. On the morning of the 16th February, 1844, when engaged with his usual occupation in the bakehouse, he had occasion to go out into the intensely cold air, to chop wood, while in a state of profuse perspiration. In the evening he complained of stiffness about the angles of the jaw, which gradually increased till the 19th, when the jaw became almost completely locked. Afterwards, the different muscles of the body became affected. The duration of the case was about three months. The principal treatment consisted in the free use of morphia, and the occasional administration of croton oil; for although arsenic, Indian hemp, colchicum, &c., were administered at different periods, no decided benefit was ascribed to them by Dr. Newbigging, nor by the late Dr. Abercrombie, Sir George Ballingall, Sir William Newbigging, and Dr. Duncan, who also saw the patient from time to time. The author concluded his communication by remarking, that there is one point on which all authorities on idiopathic tetanus seem to agree,—the torpid state of the intestines, and the offensive nature of their contents; and this condition is worthy of attention, showing how important must be the employment of well selected purgative medicines in such cases.

Alcoholic Odour of the Fluid in the Ventricles of the Brain.—According to the *Illinois Medical and Surgical Journal*, Dr. Bradley, of Illinois, who was summoned before a coroner's inquest, held on the body of Samuel Page, as a medical witness, was enabled at the post-mortem examination to discover the presence of alcoholic odour in the fluid in the ventricles in the brain. The deceased was found about two miles from the village, in his waggon, with his feet hanging over the foreboard, his body resting upon a bag of grain, and his head upon the bottom of the waggon. He was totally insensible, and his breathing stertorous and difficult. He was taken to a neighbouring dwelling, where he died in about ten minutes. He had been drinking for several days previous, but was not an habitual drunkard. He had left a grocery store a short time previous to being found, partially intoxicated, without mittens or any other "extra over-clothes," though the weather was somewhat below the freezing point. On dissection, six hours after death, dark fluid blood poured forth from the sinuses of the brain, to the amount of eight or ten ounces. The brain exhibited excessive vascular turgescence; in the corpora striata, a small amount of sanguineous extravasation was detected, and in the lateral ventricles some serous effusion. Verdict, "death from apoplexy caused by intemperance." *The effused fluid found in the ventricles yielded strongly the alcoholic odour.* This was so apparent, that it was readily recognised by every member of the jury.

GOSSIP.

Apothecaries' Hall.—Gentlemen admitted Licentiates, 12th July, 1845:—John Foster Williams, Charles Vicary, Charles Houlton Webb, John Mason, John Hayward, John Edmund Brine, John Welch.

Election of Fellows.—Copies of the following circular have been forwarded by the Secretary to all the Fellows, with the date of July 19:—"I am directed by the Council to acquaint you that a meeting of the Fellows of this College will be held at the Hall of the College in Lincoln's-Inn-Fields, on Wednesday, the 30th day of July instant, at three o'clock in the afternoon precisely, for the Election of three Fellows into the Council, in pursuance of the provision of the recent Charter. Notice is also hereby given that the President and Council have received a notice, agreeably with the provisions of the Charter, signed by more than six Fellows, that it is their intention to propose Mr. Montague Gossett, a Fellow of the College, as a fit and proper person to be balloted for as a Member of the Council at the above election." [Mr. Gossot, we believe, will make a very worthy Councillor, but why does he not forthwith call a meeting of his supporters, and announce the principles he is prepared to support if elected. This is surely not too high a compliment to the Fellows who would be glad to know who they really were choosing. Last year they made a small mistake —Ed.]

The wrong way to vindicate Character.—Mr. Wakley, M.P., has been so badly advised as to institute an action for libel against the *Medical Times*, and has obtained damages to the amount of 150*l* Mr. Wakley may be gratified that he has put so much money in his pocket—and the proprietors of the *Medical Times* do not appear to care much for the bleeding, as they say "we are content—we never spent a hundred and fifty pounds more to our satisfaction"—but still the Coroner for Middlesex has not *vindicated his character*. He has only shown that a law framed in a dark age, when free discussion was not tolerated, and which pronounces any thing a libel *that has a tendency* to bring a man, whether good or bad, into contempt or ridicule, has enabled him to mulct a newspaper of 150*l*. The plea of "not guilty," which the defendants were obliged, from the nature of the case, to put forward, excluded by special technical rules a mass of evidence that could have alone enabled the jury to decide whether Mr. Wakley was really an immaculate character. As the matter stood, the jurors had only, according to the theory of the law, to declare the letter published in the *Medical Times*, reflecting upon Mr. Wakley, a libel. Our contemporary, in commenting upon the verdict, observes:—"Mr. Wakley's unfortunate character has been again placed under the care of the law," &c. * * * * Such must ever be the fate of those who, while professing that their object is the vindication of character, deceive themselves by foolishly thinking that the lynx-eyed and jealous public will consider the object accomplished by the victimising or crushing of a truth-telling and fearless journalist.—*World.*

No. 305. **SUMMARY.** July 26.

LECTURES ON DISEASES OF THE HEART.

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick, and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

PERICARDITIS.

This evening, gentlemen, I shall proceed to lay before you the means of cure necessary to be adopted in pericarditis. In speaking of the diagnosis of its first stage, we have seen that at this period the system is labouring under a shock analogous to, but much more intense than that which attends the infliction of a severe local injury. On perceiving this analogy, common sense tells us that the routine of treatment proper for removing the effects upon the constitution in the latter would come in here very properly; and experience teaches us that this common sense suggestion is right; for, when called upon to treat a case of the sort, if you should madly attempt to lower the powers of life, a very trifling abstraction of power from the almost paralysed circulation will quickly deprive you of your patient. I have told you that instances have not been unusual in this stage of the disease when persons have fallen into a fatal syncope merely from the effort of getting up in bed. This will caution you, whenever you find your patient in this very low state, never to be busy in putting him into an erect posture for the purpose of ascertaining by the stethoscope whether he may be labouring under pericarditis or not. It cannot be of the least service, and may produce fatal consequences. Here you must have immediate recourse to the administration of stimulants, such as ammonia, camphor, æther, &c., in doses proportioned to the exigency of the case. Opium in small and frequently repeated doses, taking care to avoid the induction of stupor, or even wine in very large quantities, may be necessary to sustain the flagging powers of life. Never under such circumstances use depletion or antiphlogistic means: the time for doing so has not come until the second stage has set in. Even now you must be cautious in your use of the lancet; along with moderate abstraction of blood by venesection, relays of leeches must be frequently applied to the side, and as soon as these come off they should be succeeded by the application of some strong counter-irritant. Of this class I think spirit of turpentine the best, applied in the manner so often recommended by me when lecturing on pneumonia, bronchitis, &c. This may be used as advantageously in the first stage as in the second; then it will materially help to excite the heart to stronger and more vigorous action, while in the second stage it acts as a derivative, by causing a revulsion of blood from the inflamed pericardium to the surface of the body. Turpentine, when used in the first stage, I reckon superior to other stimulants, such as the acetum lyttæ, as the former produces stimulating effects in an incredibly short space of time, when it would be madness to wait until a blister would produce its stimulation, occupying, as it *should* do, a period of some hours. In the second stage the application of a blister would prevent the frequent application of relays of leeches, a means of cure most important to be attended to. In the second stage, along with the employment of the means just recommended, you must lose no time in having recourse to mercury, administered in such a manner as shall soonest induce its specific effects. Should the bowels become disordered by its internal exhibition, you may direct its external administration, either by frequent inunction on the inside of the thighs or over the chest, while along with these means of employing it, any blister which you might apply should be dressed with unguent hydrarg. Another mode of inducing salivation is by introducing into the axillæ pledgets of tow charged with ung. hydrarg., allowing them to remain there until the mercury becomes absorbed; but the first method, that of internal administration, is the one which I would recommend for your adoption. When salivation is induced, it must be continued for twelve or fourteen days, and sometimes for a longer period.

The same treatment applies to the third stage, or that of effusion. Here you must excite salivation as speedily as possible, having due regard to the powers of your patient's constitution; and you will materially assist the absorptive powers of the mercury by the repeated application of blisters, dressed, when they come off, with mercurial ointment. In addition to these means, you must place your patient on a nutritious non-stimulating milk diet. If, during the convalescence of your patient from the effusion of pericarditis (should your efforts be successful), you should detect *regularly* bruit de soufflet, leading you to suspect that the heart itself is originally affected, your prognosis will require to be very guarded; you must restrict your patient to the mildest milk diet, debarring him from any thing at all approaching to the nature of a stimulant; you must at the same time warn him that unless he comply strictly with your every injunction, in all probability he will be doomed to labour under organic disease of the heart, from which months, nay, years, perhaps, may roll over ere he is restored to perfect health.

FUNCTIONAL DISORDERS OF THE HEART.

I should wish, upon the present occasion, to draw your attention to some functional disorders of the heart. On a former occasion, when speaking of an error very generally believed, that irregularity of the heart is associated with hypertrophy of that organ, I endeavoured to demonstrate to you the erroneousness of such a view. On that occasion I mentioned a fact of common occurrence when the biceps, or any other muscle of the arm may, in an hysterical female, acquire an increase of power so great as sometimes, by its violent contractions, to fracture the humerus. "Yet," I then asked, "would you be justified, from this temporary increase of vigour, depending upon an undue accumulation of nervous energy in the part, to infer that the arm was in a state of hypertrophy, and to take measures for the reduction of this excessive action?" I answered "that you would not." Just the same thing takes place in the heart, and here the inference would be false equally as in the illustration. This excessive action of the heart, so far from being hypertrophy, is, on the contrary, associated with extreme muscular debility of that organ. We find in persons naturally of badly formed chests, and in delicate females, in whom this conformation of chest is induced by tightly-laced stays, that a stronger impulse, and extending over a greater portion of the chest, exists than in persons whose physical powers and congenital formation have been more perfect. We may even find that a small heart in the above cases shall give a greater impulse, and that extending, too, over a greater portion of chest, than a heart of much greater magnitude in a healthier subject. How is this to be accounted for? Very easily. In persons whose chests are not properly expanded, whether from congenital malformation or from adventitious causes, we find that at each impulse a much greater portion of the surface of the heart comes into contact with the parietes of the chest than would be the case were the cavity of the chest properly expanded. From this we see the impropriety of considering every case of irregularity of the heart as being of necessity complicated with hypertrophy of that organ. With these prefatory observations I have to request your attention to a form of functional disorder of this organ which, in a paper published some time since, I have denominated "Irregular Action of the Heart in Growing Persons." The affection is curious, and one highly deserving your greatest attention. I have been frequently consulted on account of this affection by young gentlemen articled to merchants and attorneys, persons who spend the greater part of every day in an office busily employed in writing. I have also often found it attacking young lads from the country, who, being suddenly taken from school and its wild pleasures, are thrust into a Dublin warehouse, there to be taxed very often indeed much beyond what their strength would warrant. The time at which it generally appears is uncertain, varying between the ages of thirteen and three or four and twenty. It depends, in the examples I have cited, on the sudden change wrought in all the habits of the persons attacked by it, who, instead of running about merrily and taking all the wild exercise of schoolboys, are cooped up for ten or twelve hours out of the twenty-four in a dark dingy office, breathing its impure atmosphere in place of the pure air which they were wont to inhale in their days of freedom from all restraint, their muscular system cramped and contracted for want of sufficient opportunity of ample development.

In other cases, we often find it associated with spinal irritation, or, to speak more properly, dependent upon it. Here it sets in with persons of either sex who have shot rapidly into great height, who, in fact, have outgrown their strength, and whose muscular system has not had sufficient time allowed it to develope itself adequately to support, with proper firmness, the extraordinary and quick extension of the spinal column. In these cases it very often happens that the spine is never thought to have anything to do in bringing on the affection in question, until deformity or curvature of the spine unequivocally presents itself. It commonly sets in with these persons at or about this period of very quick growth, and is in general associated with other marks of debility. The patient will tell you that palpitations come on if he run or walk at all fast, that he cannot walk any distance without feeling a sensation of weakness across the loins extending down to the muscles of the legs, which, as in other affections of the heart, are often attacked with cramps, that he bleeds from the nose on making very trifling exertions, and that on such occasions his breathing also becomes oppressed.

In other instances it makes its appearance suddenly

The patient is attacked with night-mare, from which horrible state of feeling he awakes to find his heart affected with violent palpitations; the alarm is given; a medical man is sent for; he thinks (as the symptoms seem to him to portend) that an attack of pericarditis is about to set in, bleeds the patient, and thus makes matters worse than before. After some little time, in addition to palpitations coming on when the patient takes exercise, or is affected by mental irritation, they attack him when at perfect rest, in bed for instance, or uninfluenced by any perceptible cause. Perhaps now they are accompanied by pains shooting in the direction of the heart, *which, on contracting, often conveys to the sufferer a feeling as if it had grasped upon something*, so strong is the force with which it occasionally acts. But, no matter what the loudness of sound, or the force of impulse of the heart may be, the pulse in these cases is always soft, weak, and perhaps more frequent than natural. It would appear as if the heart did not possess sufficient power to propel the blood into the extreme vessels with a degree of force sufficient to render the pulse full. In these cases, the irregularity of the heart's action depends upon an undue degree of nervous energy being transmitted to it, which stimulates it to frequent and violent contractions; and this irregular concentration of nervous energy upon the heart is owing to derangement of the general health, produced by the altered habits of the individual affected. In this disorder you will always find the bowels confined; and you will derive great benefit here from keeping the alimentary canal in a healthy state.

The only diseases with which it could be confounded are, hypertrophy of the heart and contraction of the auriculo-ventricular opening. From both it will be readily and at once distinguished by the absence of bruit de soufflet, which you never find in this instance, no matter how loud the sounds, or how violent the action of the heart may be. It is an affection perfectly free from danger in itself, though, as I have said before, it often is but a symptom of spinal irritation, which is completely unheeded both by patient and physician, in their concern for the more vital organ, until plainly marked signs of this spinal affection make their appearance in the shape of curvature of the spine.

In such cases, our practice must be determined by the amount of mischief present. Here our first step must be local bleeding, either by leeches or cupping, or frequently repeated blisters; these, joined to a tonic plan of treatment, comprise all the items necessary to be adopted by us. In these cases, unaccompanied by spinal irritation, when business will allow of the patient's absence for some time, the unwholesome atmosphere of the town should be changed for the more invigorating air of the country. The constitution should be kept up to the highest degree of tone possible, only falling below that which induces inflammatory action. A full allowance of animal food, adapted in quantity and quality to the digestive power of your patient, should be given, joined to a moderate proportion of fermented liquors. Do every thing in your power to increase the general muscular energy, and, according as this is brought about, the symptoms of irregular action of the heart will cease. Along with this you will prescribe, with very great advantage, a residence on the sea-coast, where the benefit derivable from rambling along the crags and cliffs which oppose the destructive progress of the ocean's power, joined to contemplation of the grand and stupendous scenery so peculiar to the shores of the Irish Sea, will alike tend to invigorate both the corporeal and mental faculties. While speaking of the sea, I must not forget to remind you that sea-bathing is a most powerful auxiliary here to your means of cure, either in the magnificent bath which the hand of nature has fashioned from the waters of the wide Atlantic, or in the less noble, though occasionally more beneficial, substitute which the hand of art has provided for us in the cold or tepid shower-bath. Among the purely medicinal agents which we can employ in the disease, iron affords those from which most benefit is derivable. Of all its different preparations, the tartrate is that from which experience would warrant me to expect the most beneficial results. In order to effect any advantage, its use must be persevered in steadily for some months, in doses of half a scruple three times a day. This or some other preparation of iron should be given for the above period in doses adequate to produce a beneficial effect; while acid. hydrocyanic. or what is still better, aqua laurocerasi, in doses of half a drachm, three times a day, may be given with advantage in controlling the distressing palpitation of the heart. But one of the most beneficial means that we can adopt for improving our patient, consists in tranquillising the mind, and freeing it from all dread as to the ultimately favourable termination of the case. Tell him this simple fact, that the disorder, though an unpleasant, is not at all a dangerous one, and that as to its being finally removed, there does not exist room for a shadow of doubt or fear; but never lead him to imagine that the cure of it will be, by any means, a speedy one. *The contrary is the case, for, under the most favourable circumstances, a period of two or three years, and in unfavourable cases, perhaps, of ten or twelve years, may run over before the cure is obtained.* You can have no à priori conception of the good which is done by quieting the patient's mind in this disease. His mind, unusually sensitive about the result of the disease under which he labours, is, in its present unquiet state, a perpetual cause of irritation, keeping up the heart's irregular action. Remove the groundless cause of this exquisite sensitiveness touching the issue of the disorder, and the diseased actions themselves will, in every case, experience a sudden alleviation, almost magically produced. To sum up the treatment of this affection, recollect that the disorder is one of debility; the way to remove which is by keeping up the muscular energy to the highest pitch of tone, by a proper allowance of animal food, suited in quality to the digestive powers of your patient.

Your purely medicinal treatment will consist in regulating the state of the alimentary canal, and assisting to raise the system to a high degree of vigour by the administration of chalybeate tonics. Recollect that your medicinal treatment is ancillary, in a great degree, to the hygienic. Bear in mind that the disorder has been primarily induced by close confinement in an unhealthy atmosphere, and by a total and sudden change in all the previous habits and amusements of your patient. Restore him to these, aid this grand corrective means by the adoption of the regimen and medical treatment above detailed, and you will in every case have the satisfaction of finding that, according as your patient's debility of constitution gives way to your remedies, the palpitation and irregular action of the heart will cease, leaving your patient in perfect possession of renovated strength and health, the greatest blessing which you could possibly confer on him.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

With regard to the causes of fever, bad living seems to predispose individuals to fever in a high degree, and it is a question of great importance whether we may not engender the disease in this way. Whenever the people of a community suffer from wanting the necessities of life, typhus fever is pretty sure to break out, whether by predisposing, and laying them open to the influence of the cause previously existing, or whether it is in itself a sufficient cause, we cannot positively determine; practically speaking, it is the same thing, and it is necessary to guard against it. And the circumstance which certainly promotes the disease, and seems to lead to its propagation, is close and crowded habitations, where a number of persons are closely held together in a narrow compass. Bad ventilation, superadded to poorness of living, is almost sure to engender the fever; and it has been observed that where fever does prevail, the extension of the disease, and its fatality, is greatly promoted by the closeness of the habitations, and a want of attention to cleanliness and ventilation. It is remarkable how the type of fever may become changed by removal from a close and ill-ventilated habitation to the freely ventilated ward of an hospital. Fever patients in close habitations breed a sort of pestilence; and when these very patients are scattered about the wards of an hospital, and removed from one another, so that the sources of contagion are cut off, a highly infectious disease may be rendered comparatively uninfectious. This fact is very much acted upon in the fever wards of hospitals, which are now less crowded with patients than formerly. The same argument, however, may not operate against fever hospitals, where the ventilation is well attended to. Supposing the disease to be infectious, that each individual is a source of it, it is obvious that two will produce double the quantity. It is found that the effect of the fever loses its property by dilution, and there is no proof of its being communicated at a distance of twenty yards. There is great reason to believe that it may be conveyed in clothes, and may be kept there for weeks, or months even. And the fact of importance in regard to this part of the subject is, that this infectious property seems to be decomposed at a high temperature. Dr. Harvey, of Manchester, has found that the infection loses its property at a temperature of 120°; therefore, clothes and other things may be thus purified, by exposing them to a temperature of that amount. Besides contagion, I to have advert to the fact, whether it may be produced from any other causes than infection. Practically speaking, it seems to be produced independently of infection, by close habitations and defective nourishment; but whether these operate as predisposing causes, or there is really infection, cannot be traced, and we have not time to stop to inquire into it. Mental depression, combined with fatigue, has been known to lead to the production of fever. Animal and vegetable effluvia, in the most concentrated forms apparently most calculated to produce disease, do not suffice. It has been found that, near the great sewers of Paris, where the offal of the whole city is collected to be prepared for the purpose of manure, and where the stench arising from the decomposition is almost intolerable, fever does not prevail more than in the other parts of the town. The Poor Law Commissioners have brought to light some important facts in their last reports, that seem to prove clearly that the source of fever is connected with close and ill-ventilated habitations and imperfect food; and we can scarcely resist the argument this accumulated evidence brings with it, that these may prove the sources of fever independently of infection. It has been stated that the inhabitants of a district where infection prevails, escape, while persons coming to the new district are more apt to suffer. It would seem as if the residents became accommodated to it. With regard to many other poisons, they seem to produce the same effect as this. If the individual does not sink under it, the cause may go on for a long time and produce no effect. This may serve to explain many phenomena of the disease in this city and in Paris. The disease, there, is called by some gastro-enteritis, and by others fever; and it is a disease of a febrile character, although accompanied by gastro-enteritic symptoms.

Is there more than one kind of continued fever of the typhus class? Do they differ in their real nature and cause? There is synocha, and the different varieties described under the head of synochus; typhus of a severe form; gravior, mitior; and typhus petechialis; and there are some others: but so far as these give the other characters of continued fever, and are not essentially connected with any one of the complications which may exist in it; and in so far as they may occur in the same epidemic, with the same causes, but varying only in different individuals under the different stages, and appear under the same circumstances, they seem to be only the same thing, and there does not appear sufficient evidence to separate them.

The treatment of continued fever necessarily cannot be a simple subject. It must require considerable circumspection and knowledge. Although the fever is identical in its essential parts, yet we find that its type and its character vary greatly, and therefore practically, in relation to the treatment; it exhibits many and even opposite conditions, so much so that identical as it may be in its causes, we have to study it afresh at each epidemic, because the types of epidemics differ so

much. We have to study each of its changes at each period of the epidemic, as the disease is varied by weather and various other causes; nay, the disease is to be watched in each individual. In the same epidemic the disease will vary in the first instance, being typhoid or congestive; the type may change, and become inflammatory and complicated, though some of the converse symptoms take place; one patient may be affected with fever of the congestive form, and another the inflammatory form; one may present one complication, and another another, and in the same individual the disease may be different; in its cause it may become inflammatory fever or synocha, and afterwards typhus or the converse may take place. We shall understand how to modify the treatment if we refer to the elements of the disease. There is, first of all, a reducing agent, which is the cause of the disease—the poison; but this has local irritating effects, acting now on one organ and now on another; secondly, we have to consider the powers of re-action, which constitute the more permanent phenomena of fever; thirdly, the congestions and inflammations, which arise from impaired circulation and secretion, often complicated with irritation of the parts; fourthly, the altered state of the blood, which arises directly from the operation of the poison, or else from the influence of the poison in stopping the excretions, or in vitiating the processes of excretion and secretion; fifthly, the various irritations which arise from these vitiated secretions, and the mischief to which they are likely to give rise; sixthly, the exhaustion and inanition, the manner in which the nutritive powers and vital functions are suspended during the progress of the fever, and the wasting of the bodily strength; lastly, accidents arising out of the different visceral lesions are to be treated, such as ulceration of the intestines, perforation, diarrhœa, and so forth. From these different elements various complications, and most opposite states, may arise, requiring treatment of the most varied kind; and therefore you will be ready to see that the practitioner who attempts to cure all cases of fever by the same means, although they consist of such different varieties, will be less likely to succeed than he who does not *cure* at all—who leaves the issue to nature. There is likewise good reason to conclude that by some measures fever may be driven off, and these measures are those which excite vigorous action of the muscular system, and increase the secretions freely. Many persons exposed to infection, and who have exhibited the first symptoms, have adopted these different methods of treatment, and have not suffered any further evil effects. When the first symptoms of fever come on, an antimonial emetic and a calomel purgative will often remove the disease; cold affusion has also been used with effect in the earliest stage. The vapour bath has been said to produce similar effects in some instances. In robust individuals we find the same sort of change effected without material interference at all; they show sometimes the slight symptoms of fever, commencing during the prevalence of the epidemic, but the symptoms pass off on the occurrence of free perspiration or looseness of the bowels. When the fever is actually developed, the pulse frequent, the skin hot, and when the vascular system manifests the influence of the poison, there is little hope of stopping the fever; the disease has laid its hold; but although we cannot stop the fever, we may do somewhat in guiding its course and in moderating its effects. Here we cannot prescribe the same treatment as in intermittent fever. There are not those marked changes, for such positive interference; yet there is a period of depression, bad constricted state of the skin, and perverted sensibility, pains in the limbs, great shivering, and great defect of the capillary circulation; at this period, too, the disease is actually pronounced, and no doubt an emetic and warmth to the feet has the effect of relieving the circulation and promoting reaction. Then, when the febrile reaction is developed, and the fever begins to show itself, the treatment must vary according to the amount of that febrile reaction. When the febrile reaction is high, and the patient is plethoric, then there is no doubt of the propriety of depletion, with evacuants and cold affusion. On the other hand, where the febrile reaction is imperfect (which is by far the most common case), the pulse weak and frequent, small and irregular, where the typhoid or adynamic state prevails, and the strength is gone, here blood-letting is obviously injurious in proportion to the amount of the depression present. In the congestive variety, however, some depletion may become necessary. When the internal organs seem greatly oppressed by the quantity of blood thrown into them, and when the healthy secretion does not take place, and the functions of the liver are interrupted by the vascular congestion, and when the brain is oppressed, the pupils dilated, and there is stupor and a suffused state of the countenance, in this form of fever general blood-letting has been found useful; but it is only at the very earliest stage that is permissible. There is this to be feared from it: that in drawing blood from the blood-vessels of the arms when the viscera are oppressed, we may draw blood less from the organ that is oppressed than from the whole system; we may diminish the action of the heart, and the quantity of blood in the system, without materially reducing the quantity of blood in the oppressed organ. I should say, as the result of my own experience, and the observation of many patients for many years past, that we are not acquainted with any cases in which general blood-letting is serviceable in the adynamic forms of fever. If blood-letting is applied at all, it should be applied locally, to remove the blood from the seat of the congestion, and not from the general system. There is no doubt, when congestion has continued long, the tone of the vessels in the organs is lost, and you may draw all the blood from the other parts of the body before you succeed in affecting the congested organ. Cupping is the most effectual local depletion of any, because it has an influence in drawing blood from the neighbourhood of the part. Another means of relieving the congestion is by acting on the secretions. We often see congestions relieved naturally, by something that increases the secretion; and we see that fever comes to a termination on the occurrence of some spontaneous discharge. The medicines most generally useful to act on the secretions are antimony and mercury. Antimony is more depressing in its action, and is more calculated for the inflammatory forms of fever, when the increased action is considerable, its action being on the tonic power of the arteries, and tending to promote the secretion of the skin and free secretion of the mucous surfaces. Mercury is slower in its operation. These different remedies are to be tried in most cases of fever, not in large doses, but in small and repeated doses, taking care that they are neither reducing nor irritating to the stomach. And the class of remedies often highly useful, but perhaps less powerful than those I have mentioned, is saline medicines—saline diluents; they act in a similar way by increasing and modifying the secretions. Yet they may be varied according to the nature of the secretion, and according to the predominance of the reaction or depression that exists. In the inflammatory cases nitrate of potash, which is cooling and reducing, may be useful. The solutions of sulphate of soda, sulphate of magnesia, and tartrate of soda, combined with antimonials, more particularly with aperient salts where the bowels do not act spontaneously, are very serviceable. In the more adynamic states, the salts of ammonia, the acetate, muriate, and nitrate, may be useful. In the intermediate stages of synochus, citrates and tartrates are most useful. These become very good vehicles for tartarised antimony, whenever there is chest complication. Probably salines fulfil another indication: that is in restoring the condition of the blood. In the congestive and petechial forms of fever there is no doubt the blood is very much changed, and how far salines act in restoring and preventing this change we cannot pretend to say. The exhibition of chlorate of potash in the putrid kind of fever is supposed to counteract the decomposition. In some instances it has been found useful to give chlorinated solutions of lime.

Besides these remedies to act on the secretions, by increasing and modifying them, it is usually requisite to remove the bad secretions, and to cleanse the body, inside and outside, as freely as possible. Of the poison of fever there can be no doubt; it has a decided influence in injuring the vital properties, and, by perverting the vital powers, causing offensive matter to be engendered. Thus a person labouring under fever is a source of pestilence not only to others, but to himself; and as he poisons his own effluvia and his own secretions, it becomes a primary indication to remove the excretions as freely as possible. This is to be done firstly on the outside by washing frequently with fresh water, or vinegar and water, or warm dilute chlorinated solutions, and keeping the body in clean linen. The inside is to be washed out, too, and this is to be effected by mild aperients and the salines I have mentioned, and diluent drinks, such as barley-water. Nitro-muriatic acid is very useful on all occasions. Whenever there is any peculiar evolution of fetid gas there should be a free use of chlorine. Creosote may be useful for the same purpose. In the use of these remedies we must be guided by the symptoms, of the case. Purgatives must be avoided, as they prostrate; they may be useful at the first commencement, but after this they should be avoided. When the patient is very weak, we must be satisfied with an evacuation every other day. If the evacuations are bad in colour and fetid in odour, mercury is indicated; the milder preparations are preferable to calomel, because they are less reducing and irritating. The hydrarg. cum creta, Dover's powder combined with mercury, and occasionally a slight dose of castor oil to evacuate the canal. The above remedies tend to remove local congestions as well as the fever itself. The next indications to be considered are those arising from the type of the fever; if it is of the adynamic form, without any marked complication, it is a fit case for the use of stimulants, particularly wine; port and sherry somewhat diluted with water, and ammonia and ether might be given. The indications for the use of these remedies are—weakness, softness of pulse, coolness of the skin (there may be temporary heat, but no permanent heat), and the tongue dry and brown; the first sound of the heart is short, and perhaps the interval between the first sound and the radial pulse is prolonged, showing the want of tone in the arterial force. Dr. Stokes gives an additional indication—where the second sound is actually wanting. Wine should be given frequently, and a little at a time. When a flush comes in the face, wine should be diminished, as the object is not to produce marked excitement, but to support. In the advanced stages it is necessary to combine wine with nourishment as much as can be borne. In some cases beer and porter are preferred to wine, and generally towards the end of the fever bark and quinine may be used with great advantage. In the nervous form of fever, narcotics, of which opium is the chief, are to be used, combined with mild mercurials, and antimonial salines, in small doses. Where there is no tendency to congestion of the brain, anodynes are useful with narcotics. Laudanum, from four to ten minims, or as many grains of Dover's powder, and one-eighth up to one-fourth or one-third of a grain of acetate of morphia.

LECTURES ON THE PHYSIOLOGY AND DISEASES OF THE BRAIN.

By J. BOUILLAUD, D. M. P., M. A. M., Member of the Chamber of Deputies, Professor of Clinical Medicine at the University of Paris, Knight of the Legion of Honour, Physician to the Hospital de la Charite, &c. &c.

LECTURE V.

Meningitis (continued).—Other proofs may be given in favour of the opinion announced in the preceding lecture. Thus, in the immense class of surgical diseases, do we not daily see scratches, contusions, wounds, in short, all the various kinds of traumatic lesions, followed by angéiolencitis, more or less intense, of the lymphatic vessels comprised in the wound, and with it the *engorgement* of the ganglions in which the wounded vessels terminate? When the first stage of this adenitis is passed, without appropriate remedies having been made use of, tubercular matter is generated, and the ganglions are changed into masses, offering all the signs of tubercles. A striking example of this species of transformation happened last year in the ward St. Jean de Dieu, No. 5, where a patient died of pleuro-pneumonia, complicated with albuminuria, in which all the glands of the parotidean and submaxillary regions formed a tumour almost as hard and as resistant as bone; their volume had increased fourfold; when divided, they were found to be com-

posed of yellowish masses of a soft, granular matter, similar, except in colour, to a mixture of coarse plaster with water, on the point of solidification · in some spots they were completely softened, and, by pressure, a yellowish-white pus escaped, offering all the characters of softened tubercles or tubercular pus; all the mesenteric glands presented the same degeneration. If, therefore, in external diseases we observe a species of tubercle developed; if we see it produced incontestably by an inflammatory disorder of the lymphatic glands; if, in fine, we remark that this tuberculisation takes place, as it were, step by step under our eyes in the lymphatics of the external organs; it may be asked, why should it not be concluded, by the closest analogy and the most rational induction, that it is produced in the same way in internal organs?

It would be very fortunate, if all the inductions hitherto made, or to be made hereafter, could show as good foundations as this one; for then medical science would progress with much more rapidity and certainty; true principles would be far more numerous than they are at present, and a great number of facts, isolated, because they have been imperfectly studied, on account of no one daring to raise the mysterious veil in which they were necessarily enveloped whilst medicine was still in its infancy, might then be assimilated, grouped, united, and classed under general laws.

A very great fault in many observers is to imagine, from the inconceivable tendency to see everywhere nought but mysteries and prodigies, that nature acts in a thousand different ways, whilst, on the contrary, we ought always to be deeply penetrated with the fact, confirmed by daily observation, that nothing is more unchangeable than nature's acts, and that nothing is more invariable and fatally identical than the mode of development and the effects of a given disease in the same tissue, in the same organ, or the same system. Thus the result is the same if the affection, inflammation for instance, is left under the influence of the same causes to the sole healing powers of nature.

But what is a tubercle, and what is the relation of cause and effect between tubercle and inflammation of the lymphatic vessels? Tubercular matter is to inflammation of this system what pseudo-membranes are to the vascular; for whenever inflammation attacks the latter, it generates a peculiar secretion or exudation from the internal membranes of the vessels. This secretion is carried off, either entirely or in part, by the blood, mixing with its fibrine, which thus becomes more glutinous, more coagulable, and more plastic, and reveals itself to us under the form of the buffy coat, a real organised germ, a real elementary tissue, which needs but to be grafted on a living organ to become vascular and to live. This takes place in a great many cases—for instance, when it is poured out by the capillaries on the surface of a serous membrane, or in the lacunæ of the cellular tissue, where it is changed into a pseudo-membrane, which, if not absorbed by the efforts of nature alone, or aided by appropriate remedies, is soon organised, and vessels being formed in its substance, is converted into serous or fibrous tissue, as the case may be, which may at a later period itself be transformed by an operation of nature, which we are unable to explain, into cartilaginous, osseous, and even calcareous matter. Again, it is well known that in other affections of the vascular system, especially local phlegmasiæ, the vessels are obliterated owing to the exudation of plastic lymph and the coagulation of the blood. The clots then formed are soon converted into real fibrine, adherent to the walls of the vessels, and in many instances organised, so as to form pseudo-membranes, and even sometimes, owing to the increased intensity of the inflammation, they terminate, like inflamed cellular tissue, by suppuration, as is frequently observed after phlebitis. Finally, when the inflammation goes through its various stages with rapidity, so as to reach suppuration, an exudation or purulent secretion takes place immediately in the vascular system, or rather only in the capillaries, and it is in these cases that primitive purulent effusions in the serous cavities are observed; these are never organised, but act as foreign bodies, which nature constantly endeavours to eliminate by absorption or otherwise.

All that has been said relative to the vascular system is equally applicable to the lymphatic, for there a coagulable liquid circulates as blood does in the blood-vessels; like these the lymphatics in the first stage of inflammation, especially the adhesive, secrete a liquid, which may become organised as a pseudo-membrane, but is of a different nature, since it is nothing more than tubercular matter, the germ of the tubercle, and is identical with the coagulum of the lymph. At a more advanced stage, this substance being agglomerated, may obliterate the lymphatics, be organised and transformed, or suppurate in a mode similar to that already mentioned while speaking of the clots of blood, in nature identical with the pseudo-membrane secreted by the internal membrane of the blood-vessels. In short, as in the capillaries of the vascular, so in those of the lymphatic system, suppuration may take place, though the product—pus—is not quite the same.

This established, I will now proceed to explain the nature of those granulations or tubercles met with on the surface of the peritoneum, pleura, pericardium, and arachnoid, in the lacunæ of the sub-serous cellular tissue, and in the pia mater, during the course of, or after, certain inflammations, especially in individuals of a lymphatic temperament. They are the products of the exudation in the lymphatics, which participate in the inflammation, and which are so numerous in the serous membranes and the cellular tissue lining them; in short, they are nothing more than the analogue of the pseudo-membranes of the blood-vessels; they present characters almost identical to these, may become organised and vascular, and may live in the same manner, and then, as they no longer act as foreign bodies, they may remain many years without giving rise to any sign by which their existence can be discovered. But when organised and living, these products of inflammation may become—and that unfortunately too frequently is the case—the seat of phlegmasia, which may terminate by suppuration, and this is the termination in the great majority of instances. At other times these granulations may be transformed, like false membranes, into fibrous, cartilaginous, or calcareous matter, and while undergoing these metamorphoses they very often are a cause of inflammation in the containing organ in which they were deposited subsequently to a previous phlegmasia, and it is after these secondary inflammations, in which the granulations themselves partake, that suppuration takes place

Having thus terminated the declaration of my opinions on the origin of tubercles, I will now finish what I have to say relative to the pathology of meningitis. The cerebral substance in almost every instance is affected at the same time as the meninges, by reason of its contiguity; a layer, more or less thick, of the cortical substance becomes the seat of congestion, and sometimes appears soaked with blood; at the same time it is less firm, and in some cases even softened. The white substance is likewise congested, and when cut offers numerous red spots; but the diminution in the consistency does not exist, except when the inflammation has lasted some time with considerable intensity, or when the ventricular membrane was the seat of the disease, as in this case the subjacent white substance, like the cortical substance covered by the pia mater, always presents a considerable degree of congestion, and is almost always softened to some depth. What I have just stated of the lesions of the cortical substance, which complicate inflammation of the meninges, is a fact which might, by the most simple reasoning, have been predicted before hand, and without the aid of pathology, for how could we explain the delirium and the more or less intense disturbances of the intellectual faculties in cerebral fever by the existence alone of meningitis?

Professor Graham's work, "The Elements of Chemistry," has been better appreciated in Germany than at home. Translated by Dr. Fr. Jul. Otto, the eminent professor of chemistry at Brunswick, the first edition is already out of print, and we understand that Dr. Otto has just committed to the press his second edition.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

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Muco-purulent Sputum.—This variety of expectoration is met with in every-day practice. To the inexperienced or incautious physician, its presence is often a source of considerable perplexity. It is frequently discharged in large quantities when there is not a trace of disease in the respiratory organs, and again, when more limited in quantity, it will be the concomitant of fatal pulmonary mischief. Its indications are of much value in diagnosis, but they should never be trusted singly.

Appearances and Qualities.—Muco-purulent sputum is of variable aspect. It is usually of a yellow colour, differently shaded, and variegated with patches or streaks of a transparent, pearly-white, green, tawny, or orange hue. Its specific gravity is very inconstant, but is for the most part above that of healthy mucus or pus taken singly; in scrofulous and cachectic subjects, it is sometimes found much lower; it then has an appearance like that of serum or whey. It is seldom frothy, except upon its surface, and the bubbles disappear after a few hours' rest. It may or may not be offensive; it is occasionally intolerably fœtid. It may be tasteless or sweet, sour, bitter, or saline. Its composition is just that of mucus and pus in combination, and varies only as one or other of these fluids may predominate The proportion of pus is generally small to that of the mucus; but they are sometimes pretty equally balanced, and again, the pus will be in the greater abundance. Of course it answers to reagents, as do mucus and pus. As I have before said, we must not pronounce a sputum to be purulent until we are justly satisfied that it contains pus. To this end it is advisable to employ the chemical and microscopic tests which have already been commented and insisted upon.

Pathognomonic relations.—This sputum is often met with, as I have said, when there are no co-existent signs of local disease. Hoffman mentions the case of a clergyman who expectorated pus for forty years, yet without any disease of the lungs.[1] Similar cases are recorded by Morgagni. Storck says, puriform expectoration often attends upon simple catarrh [2] Baumes, in his treatise on pulmonary consumption, speaks of some females, who, after the cessation of the menses, coughed up pus periodically, yet without any injury to their health, and with no indication of pulmonary mischief.[3] Dr. Young observes, ' it has occasionally, although very rarely, been observed, that after every ordinary symptom of a confirmed consumption, with purulent expectoration and diarrhœa, which has ended fatally, the lungs have exhibited scarcely any appearance of diseased structure, the whole of the matter expectorated having been afforded by the morbid secretion of the membrane lining the bronchi."[4] In various forms of heart disease, when the lungs are in a state of perfect soundness, it is not uncommon for muco-purulent sputum to be continually expectorated. I attended, some months ago, a young female, who for the last eight years had suffered from the effects of pericardial inflammation, and during that time had constantly been discharging purulent sputum. Pericardial adhesions and thickening and shortening of the heart's valves on the right side were discovered after death, and there was slight œdema in the lower portion of each lung, but not a single trace of mischief in these organs or in the bronchi to account for the purulent expectoration. The dyspeptic affections of bilious and elderly people are often accompanied by morning cough and profuse spitting of muco-purulent matter, and in very many such cases no signs of lung disease are detegible. It will sometimes happen, that a sudden attack of dyspepsia, from confinement of the bowels, want of exercise, irregular living, or other incidental causes, will be as suddenly attended with cough and muco-purulent spitting, yet without any appreciable pulmo-

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1 Opera Physico-medica. Fol. Genev., 1740.
2 Biennium Medicum. Sugd. 1761, 8vo. p. 158
3 Andral, Thesis., p. 24.
4 On Consumptive Diseases, 1815, p. 31.

nary disease; and as the dyspepsia is relieved, the accompanying ailment subsides proportionally. The periodical cough to which some chlorotic females are subject, is attended with this form of sputum. During the attack, which usually lasts from three to six days, there is nothing whatever, beyond the cough and expectoration, to indicate that the lungs are disordered. In other cases again, this variety of sputum will be discharged, occasionally, and even constantly, to various extent, without the general health being impaired, or any particular function, except the secernent one, of the lungs or bronchi, being deranged.[5]

On the other hand, muco-purulent sputum is a frequent accompaniment of disease and disorder of the respiratory organs. It is common to phthisis in every stage, but it is chiefly found after the softening of the tubercles. It is met with in the third stage of pneumonia, and in gangrene of the lungs. It is an almost constant symptom of bronchial dilatation.[6] I never saw a case of this kind without such expectoration. In pulmonary emphysema it is very common. It often occurs critically upon acute bronchitis, and as often attends the habitual cough of the chronic variety. Asthmatic subjects are liable to it, no matter what the remote or immediate cause of their ailment.

In exanthematous diseases a sudden suppression of the eruption is often followed by cough and muco-purulent sputum. A stout lad, seventeen years of age, caught the itch. It lasted five or six days, and then disappeared quickly, and without the use of remedies. He was immediately seized with cough, attended by muco-purulent expectoration, that continued for nearly a month, during which time his respiration was quite natural.[7] A sudden check to the progress of scarlet fever is sometimes followed by similar consequences. It is more frequently the case with measles,[8] but most of all with small-pox. Great as is the danger attending the suppression of variolous eruptions, there is little to fear if a copious muco-purulent expectoration set in. Such cases are almost invariably favourable in their termination.

This variety of sputum, again, has been known to follow suppurative inflammation, whether arising spontaneously, from operations, or from injuries.

The discharge of this sputum may be either casual or critical. It may subside suddenly or slowly, or may pass into the "thin acrid" or "opaque mucous" variety.

Local Symptoms and Physical Signs.—As muco-purulent sputum is sometimes expectorated when there is no disease whatever of the respiratory organs, so it will be understood that its presence is not always indicated by corresponding signs of local disorder and lesion; and for the same reason it is often not accompanied by any general symptoms which denote impaired health. It does not necessarily, therefore, point to the existence of mischief in the system, or in any part of it. More frequently, however, it is connected with certain other conditions, which, with itself, serve as faithful guides in diagnosis. Percussion sometimes discovers dulness in the lower portion of one or both lungs, and more rarely circumscribed spots of dulness in the middle and superior portions of the lungs. But as a rule, percussion elicits only normal sounds. Auscultation at one time detects pectoriloquy—at another, bronchophony—in a third case, a crepitating râle—and in others, sibilant, sonorous, mucous, or grating rhonchi. Of course, the breath-sounds are as various as the local diseases from which the expectoration may arise. Nor is it necessary to add that the general symptoms are as variable also.

Pathology.—When muco-purulent sputum is unaccompanied by any other signs of lung disease or disorder, it would appear to be dependent upon simple irritation of the lining membrane of the trachea and bronchi. In this manner do we account for the idiopathic affection, as also for its occurrence sympathetically with remote organs that are irritated or diseased—the stomach, or the uterus, for instance. It is neither more nor less than a perverted secretion, and mere irritation of a mucous membrane is quite sufficient under certain circumstances, to give rise to it. In other cases, again, it will be the offspring of inflammatory action, more or less severe, and its appearances and qualities will vary with the degree of inflammation, and with the health and strength of the patient. Thus, in bronchitis, in pneumonia, and in cases of tubercular excavation of the lungs, in one example, genuine pus will be discharged, and in another, nothing but a foul corrosive ichor. In the same subject, even, the sputum will often vary to a great extent, and very rapidly. When this sputum is discharged as a consequence of the sudden suppression of eruptive diseases which do not lead to purulent deposits, or to the generation of pus in the system, it is doubtless owing to that irritation or inflammation which mucous membranes are apt to suffer from, sympathetically with disordered functions of the skin. When, on the other hand, it arises from an arrest of, or an imperfect development of, the pustular eruption on the skin, in cases of purulent exanthemata, it is obviously the morbific matter of the blood diverted from its proper course and the function of the mucous membrane then, is vicarious of that of the skin. When it occurs as a sequela of injury, amputation, or abscess, it indicates the absorption and transition of purulent matter. In such cases, the expectoration is generally curative; whereas, if the matter, instead of being discharged by a secreting surface, be re-deposited, the consequences are for the most part fatal.

The appearances presented by the trachea, bronchi, and lungs, in fatal cases of muco-purulent expectoration, are often in no essential degree morbid. But more frequently we observe an unusual paleness, or œdema of the mucous membrane; again, there will be slight ulceration of it, and vascularity more or less intense and diffused.[9] The lungs may be simply œdematous, congested, hepatized, gangrenous, or penetrated with cavities.

Treatment.—In desperate cases, and where there is much structural lesion, the treatment of course can be only palliative. And it is best under such circumstances that the measures employed should be as mild and as little troublesome as possible. When the expectoration is critical of acute disease, or vicarious of the function of some organ, it should rather be encouraged than checked, but the safest plan is not to interfere with it. If it arise from sympathetic irritation, local means may be used, such as counter irritation, and the respiration of the vapour of hot water, at the same time that treatment is directed against the remote cause of the disorder. When it proceeds from idiopathic irritation, according as this arises from relaxation, or congestion, or has a tendency to run on to inflammation, should the local treatment be energetic or mild. The vapour of hot water may be respired either alone, or in combination with opium, henbane, camphor, chlorine, or iodine. According to circumstances, may one or other of these be added to the water. Counter irritation, with blisters or rubefacients, should be tried. I have often known sponging with cold salt water to do good. For general treatment, the tonic plan is preferable. Quinine, sulphate of zinc, and muriate of iron, are good remedies. In old subjects I have given copaiba with benefit, and I have seen more than one intractable case cured with antimonial emetics.

PURULENT SPUTUM.—This variety of expectoration is less frequently met with than that last described, and like it, also, may accompany the most serious disease, or the simplest disorder, of the respiratory organs.

Appearance and Qualities.—In its purest form, this sputum is is neither more nor less than genuine pus. It is distinguished from "muco-purulent sputum," in that it is almost always expectorated alone; at least, however, it is very rare to find it accompanied by mucus, and when such does happen, the mucus is not, as in the preceding variety, in intimate intermixture with the pus. If they chance to be discharged together, they are very obviously distinct in the spitting vessels, but it is more usually the case that they are expectorated singly.

The appearance and qualities of genuine pus have been already sufficiently described to render a repetition of the description unnecessary in the present place. The purulence of sputum must be determined by the microscope, and by the chemical tests which I have before mentioned. The microscope, however, is the more certain, for it often happens that when pus is tinged with any colouring matter, the action of chemical reagents upon it is somewhat modified.

Purulent sputum may be variously coloured; an intermixture with blood may give it a red, brown, or black hue; and bile and other foreign matters may tinge it yellow, orange, and green, of all shades. But it is usually met with of a light yellow or cream colour, smooth, diffluent, and free from frothiness. Its odour is generally like that of fresh meat, but it is often devoid of smell; and again, it may be excessively offensive, as in gangrene of the lungs, in expectoration from a vomica, wherein the matter has been long pent up, in discharge of the fluid of empyema by the lungs, &c. So also may expectorated pus be neutral, acid, or alkaline, to test paper, and may be tasteless, bitter, sweet, mawkish, or sour. This sputum varies much in density; the better the pus the healthier it will be, and conversely. In debilitated, cachectic, and scrofulous subjects, purulent sputum is often very thin, watery, and acrid. Under such circumstances it is frequently mistaken for "serous sputum." Two tests easily distinguish these fluids. If heat be applied to the thin variety of purulent sputum, it causes merely an irregular and imperfect flakiness, whilst if the same heat be applied to "serous sputum" it will coagulate the greater part of it. The former, again, when viewed under the microscope, shows a greater or less number of stray pus globules, of all sizes and shapes, and an endless variety of torn and shrivelled pus envelopes, pus granules, &c.; none, or at least very few, of which things are met with in "serous sputum."

Purulent sputum is seldom critical; it is generally constant whilst it lasts, and, if cured it either ceases entirely, and without the succession of other expectoration, or it passes into the "thick opaque" or "thin mucous" variety.

Pathognomonic Relations.[10]—This sputum is often

[5] The sputum of phthisis is often exceedingly acrid. It inflames and corrodes the parts whereon it lodges, and excoriates those over which it travels. The air passages, and the mouth and lips of consumptive patients are often abraded by it. If swallowed, it will bring on diarrhœa or dysentery, and not unfrequently inflammation or ulceration of the bowels.

[6] Laennec speaks of a case of dilatation of the bronchi, in which an expectoration of pus alternated with that of puriform mucus.—"On Diseases of the Chest," translated by Dr. Forbes, p. 3., Andral says, a very abundant puriform expectoration generally prevails in dilatation of the bronchial tubes.—These. pp. 29—30.

[7] "Bennet mentions a case of psora, which remained obstinate until an expectoration took place, and was then relieved."—Young on Consumptive Diseases, p. 46.

[8] There is a case related by Lieutaud of a child dying "full of measles," whose bronchi were found loaded with purulent fluid; nor were the lungs free—"pulmonibus inculpatis,"—Hist. Anatomico-Medica, Lib. 2, Obs. 4.

[9] Lieutaud, in describing the *post mortem* of an individual who had died with the symptoms of a mere cough, says—"Tubus trachealis extus œdematosus videbatur. Ejus facies interior levi phlogosi correpta materia crustacea obtegebatur. Bronchiæ et vesiculæ pulmonales pure scatebant, etsi intacta erat pulmonum substantia." Hist. Anatomico-Medica. Lib. 1., p. 1—4. This same author, in his work on the Practice of Physic, records a case in which the bronchi were found full of pus or puriform mucus, yet the lungs were sound. "Comperiuntur bronchiæ muco glutinoso vel pure concreto infarcta, vasa circa hæc reptantia plus æquo turgida varicosa."

[10] Under this head I have stated, a little further on, that pus is sometimes expectorated in consequence of the bursting of an hepatic abscess into the lungs. The following very remarkable case in illustration is recorded by Stalpartius:—"Ipse olim cum D. *Theod. Liebergen*, Medic. Doctori celeberrimo visitavi quendam *Joh. Henrici* nobilissimi D. *Quintini de Veer*, Balivi (quem vocant) quondam Hagiensis ministrum, qui diu de latere suo dextro sub costis nothis conquestus erat; unde suspicabamur, postquam alias satis intellexeramus circum-

discharged when there are no co-existent signs whatever of pulmonary disease. It is sometimes met with in females, during and after the "change of life," yet without any local disease to account for it. Baumes, in his "Treatise on Pulmonary Consumption," speaks of some females who, after the cessation of their menses, coughed up pus periodically, but with no manifest injury to their health. More rarely it is observed in young females to be apparently vicarious of the menstrual discharge. In "Les Ephemerides des Curieux de la Nature" is the case of a woman who had a monthly expectoration of pus amounting to upwards of three pounds. Van Sureten mentions a striking case of purulent expectoration, in which a *post mortem* showed the lungs to be perfectly sound. "Tamen fatendum est, non semper inveniri in phthisicorum cadaveribus pulmones consumptos, licet quotidie ingens sputi purulenti copia prodierit, et hinc medici suspicati essent, viscus illud totum fere contabuisse. Lubens fateor, mihi hoc aliquoties contigisse; et memorabilis talis casus in noscomio practico Viennensi visus est (De Haen "Rat. Medend. I." p. 118, II. p. 620) ubi post sputa purulenta copiosissima pulmo satis integer inveniebatur; undique quidem accretus pleuræ et pericardio in sinistro thorace; sed quomodocumque dissecaretur, nec guttula puris, nec vomicæ vestigium, inveniebatur: in trachea incisa tamen quid purulenti aderat."[11] Dr. Badham has recorded an instance of purulent expectoration during bronchitis, "and the patients had also the symptoms which attend the formation or absorption of purulent matter; he had rigorous regular exacerbations of fever every evening, and sweated profusely, yet the lungs were quite sound."[12] Pus may be derived from the trachea and bronchi, and may continue to be discharged for an indefinite time without any structural disease or disorganisation, as Galen,[13] Willis,[14] and Schenk,[15] tell us. In simple bronchitis the expectoration of pus will often be enormous, perhaps amounting to two or three pounds in the day; yet such cases will recover, and leave no vestige of mischief. It is chiefly observed in the chronic variety of the disease, but sometimes in the acute. Occasionally, the matter will be discharged profusely and with a gush, as though a vomica had suddenly burst, or the pus of empyema had found its way into the bronchi, and yet no rupture of parts may be detergible. Laennec says, it is observed in pleuritis, when there exists no communication between the pleuritic cavity and the bronchi.[16] In the severer forms of bronchitis, terminating fatally, and with various structural disintegration, purulent sputum is often met with. In dilatation of the bronchi and in emphysema pulmonum it is sometimes discharged, but less frequently than the "muco-purulent" variety. In subacute and chronic pneumonia it has been seen, and it is one of the most distinguishing characteristics of the third stage of acute pneumonia. It occurs consequently upon the rupturing of a pulmonary abscess, and may also follow the bursting of an hepatic abscess into the lungs, or the discharge into them of the matter of empyema;[17] in the two latter cases the pus is mostly of excessive fetor.[18] It is most frequently met with, protractedly and in profusion, as the secretion of the lining membrane of a tuberculous cavity. It sometimes succeeds the suppression of pustulous exanthematous eruption, and has been known to be discharged as a metastasis of the remote absorption of pus.[19] It has also followed the sudden stopping of an issue, and the spontaneous healing of chronic ulcers.

Local Symptoms and Physical Signs.—This expectoration is, of course, always accompanied by a cough, but it sometimes happens that there are no other symptoms either troublesome or dangerous. These cases are those in which there is no pulmonary disease or lesion. The cough in such instances is generally not very frequent, and only excited by the presence in the air passages of pus, which having been expelled, the cough ceases. The cough is mostly of a clear, ringing, urgent kind, whilst, in other cases of purulent expectoration, as in bronchial dilatation and tuberculous cavities, it is heavy, labouring, and hollow, and often not connected with any necessity or ability to expectorate. In some examples, the sound of the chest on auscultation and percussion is perfectly natural, with the exception of now and then a little irregular bubbling ronchus in the course of the bronchial tubes, the proper vesicular murmur of respiration being heard at the same time. In other cases, again, the stroke-sound of the chest may be dull in places, or over the entire of the lower portions, with a crepitating or a sharp mucous râle superiorly, or there may be bronchophony, ægophony, metallic tinkling, or pectoriloquy. Mucous râles of every intensity, variety, and duration, are also met with,—so numerous are the functional and structural derangements of the bronchi and lungs which purulent sputum accompanies. There is sometimes considerable pain and soreness in the trachea, and a sense of heaviness in the chest, aggravated by coughing. The voice may be unusually grave, or shrill, or husky, or totally lost. The breathing is generally more or less oppressed, even when there is no physical disease or disorganisation. There is seldom any fever except hectic.

stantias, hepar male se habere: cum vero ille aliquoties sputa purulenta per os tussi egereret, nec ulla sese affecti pulmonis proderent indicia, toti in hoc eramus, ut, unde pus progrederetur, expiscaremur. Quod tamen tum demum nobis scire licuit, cum aperto cadavere, præsente fratre meo quondam carissimo *Joh. Stalpartio vander Wiel*, ingens nobis apparuit Jecoris abscessus, simulque vidimus illud inferiori diaphragmatis parti ad latus dextrum, in pectore autem pulmonem ad idem latus superiori diaphragmatis parti adhærere, et accretum esse, ita ut pus è dicto abscessu per fistulam quandam illo loco diaphragma perforantem ex hepate in pulmonem haud difficulter transire, atque ita ejus pars tussi egeri potuerit."—(Observat. Rarior. Med. Anat. Chirurg. 1687, tom. i. p. 202, Obs. XLVI.)

[11] Comment. in Aphorismos Boerh." 1764, p. 54.

[12] On Inflammation of the Bronchiæ p. 71; see also Hunter's Observations on the Phthisis Pulmonalis, York, 1792, p. 66.*

[13] De Locis Affectis, lib. iv., cap. 8.

[14] De Medic. Operat. sect. 1, cap. 6, p. 161.

[15] Observat. Med. Rar. p. 260.

[16] On Diseases of the Chest, translated by Dr. Forbes, p. 449. Andral says, in a case of a *sudden* evacuation of pus, we are not able to affirm that the liquid evacuated has proceeded from the cavity of the pleura, for it is equally able to proceed both from a vast tubercular excavation, from which there is suddenly an opening into a bronchial tube, or from the mucous tissue of the bronchi themselves. —Thesc. p. 56—7.

* "Mr. Abernethy mentions the cessation of a purulent-like discharge from the lungs, to the extent of more than a pint daily, on the removal of a diarrhœa by calomel and opium. Perfect recovery followed."—Law on Derangement of the Digestive Organs, 2nd Ed. p. 188.

[17] A case of empyema, in which the purulent expectoration was enormous, is related by Dr. Pitcairn in Transactions of Med. Chir. Society of Edin. page 2.231.

[18] This is a rule, and a tolerably correct one too, but it is liable to some exceptions. These exceptions are chiefly met with in instances of evacuation of pus from a vomica, but they are sometimes found, and unaccountably, when the pus is secreted entirely by the lining membrane of the bronchi, and conversely, the pus of empyema is occasionally met with free from fetor. I can only point to a solitary case in my own practice, and I believe the occurrence to be rare in the extreme. Andral, however, seems to have more often remarked it. He says, "the extreme fetor of the sputa, their alliaceous odour, like phosphuretted hydrogen, has been regarded as one of the surest indications that the sputa have had their origin in the pleura. But the sputa of phthisis are sometimes fetid; and we have seen patients whose sputa were inodorous, although we had found in them a communication between the pleura and the air-tubes."—(Thesc. p. 55.) Vater has recorded a case of evacuation of pus from the cavity of the pleura, wherein it had been confined "per integros quatuor annos," yet the matter was free from offensiveness.—Ext. in Haller, Disp., tom. 2, p. 418.

[19] In the Philosophical Transactions for 1702-3, xxiii., p. 1372, Abr. v. 221, p. 1386, Abr. v. 225, is a case related by Dr. Wright and Mr. Cowper of pulmonary abscess succeeding to small-pox, in which pus was freely discharged when the head was placed in a dependent position. A caustic was applied externally, which caused sloughing, and opened a communication with the bronchi. Injections were used successfully, and the ulcer finally healed. It is stated that the lungs were a good deal exposed, and exhibited no sensibility when touched. Slight pressure on the heart caused faintness. Purulent expectoration, on the other hand, is sometimes relieved or arrested by the formation of remote abscesses. In Hautesierck's Collection of Observations is a case in which a purulent discharge from the lungs was permanently suppressed by the occurrence of fistula *in ano*, and another wherein a like pulmonary affection was cured by an abscess of the liver.—Recueil d'Observations de Médecine des Hopitaux Militaires, 1772, p. 286.

ON THE NATURE AND TREATMENT OF SCABIES.

By W. PHILLIMORE STIFF, Surgeon to the Nottingham Union Hospital, Member of the Royal College of Surgeons and University of London, and Licentiate of Apothecaries' Hall.

Writers on therapeutics agree that the number of specific remedies is limited. Chomel states "that mercury, quinine, and sulphur are those only which merit this appellation. To these, vaccine may be perhaps added; but its influence is merely preservative. Remedies can only be termed specific when they act against a disease produced by a specific cause. Syphilis, itch, small-pox, and ague are the only affections against which we know of specific remedies: and should a new specific be discovered, it will be against a disease due to one cause, such as canine madness, or scarlet fever, or measles, and not against a disease like epilepsy, depending on a variety of causes."—*Pathologie Générale.*

During the last six months, I have tested the specific action of sulphur in scabies, and have come to a conclusion at variance with the generally received doctrine. I do not consider sulphur to be a specific. I consider that scabies may always be cured without it, and that it is no remedy when exhibited internally, so as to exude from every pore, and to blacken silver worn in the pocket. The truth of this assertion is rendered more evident by looking into the nature of the disease, and by a physiological consideration of the parasitical animalcule by which it is caused. The class arachnida is composed of mites, spiders, and scorpions; the itch mites, sarcoptes galei, belong to the former division, and, like the class insecta, breathe by ramified tracheæ. They are furnished with four pairs of legs; the two anterior pairs terminate by adhesive suckers, rendering their extraction difficult; the two posterior pairs terminate by setæ, and to these the itching itself is probably due. Breathing, as they do, by tracheæ, it is evident that if we smear them over with oily or fatty applications, their respiration cannot be carried on, and of necessity they become asphyxiated; and it appears to me, that the eradication of the itch mite, when treated with sulphur ointments, is due, not to the sulphur, but to the lard which the unguent contains. This opinion is confirmed by the perfect cure of forty cases, coming under my care during a period of six months, all of which were treated with simple lard, and secluded from other treatment; the average time of treatment was only one week, whilst the common sulphur ointments require a longer period. This mode of curing scabies is quicker, more cleanly, less irritant, and far cheaper than all others. Several remedies, no doubt, act as poisons on the sarcoptes, such as ointment of iodide of potassium, but it is too expensive for general use. The outward application of nitrate of silver is ineligible, on account of the discolouration it produces, and of its positively injurious tendency in cases of eczema, which not unfrequently accompanies scabies. Lard, scented with bergamot, will be found sufficient for the cure, nay, its application was found to be so pleasant by a certain class of patients as to be used as a pommade; a little sesquioxide of iron is still better to disguise it. I have seldom found scabies to be transmitted by touch or by slight contact; in the majority of cases,

sleeping with parties contaminated, or in beds in which they have slept, is generally the mode of contagion. The ova appear to be the medium of transmission, for the disease does not present itself immediately, as would probably be the case if a transference of the itch mite itself took place, but some days elapse before it is noticed. The vesicles are found generally at the flexures of the joints, where great warmth favours the development of the ova, and are seldom, if ever, observed on the face, a part much exposed to cold; or on the surfaces of extension, where the skin is rough and liable to friction; or in the palm of the hand, where the epidermis is thickened. Of the forty patients noted, twenty-three were girls, five boys, six women, four men, and there was no case amongst aged men or women. The more delicate texture of the skin of girls may be better adapted as a nidus for the parasite than that of boys, adults, or aged subjects. On the foregoing principle, I have little doubt but that the treatment of scabies by oily applications is equally applicable to the destruction of other treacheary parasites, such as pediculi, phthuiri, &c.

POISONOUS EFFECTS OF GUANO.

By CHARLES KIDD, M.D., Member of the Royal College of Surgeons, and Physician to the Doonass and Limerick Dispensaries.

The immense interest attached of late to compounds of ammonia in the argricultural world, especially guano, the chief of the nitrogen suppliers, has led me to the conviction that the particulars of the very singular case appended, which occurred within the last month, may not be unattended with good effects, in directing the attention of the profession to a subject at present, perhaps, quite unsuspected, or lead to the observance of more general caution in using this very active agent; the case itself, perhaps, will form the best introduction to the subject.

On Thursday, June 19, I was called to see J. H., a farmer, some three miles from Limerick, who, I was informed, had been for the previous forty-eight hours throwing up blood, and who was now *in articulo mortis*. On arriving at the house, I found him with a large vessel full of dark coloured venous blood, mixed with mucus and saliva, between his feet, while in the intermissions of the deepest prostration he ineffectually attempted to clear the back of the fauces of a thick tenacious, bloody mucus, the greater part being pure venous blood, of which he had now thrown up about four large pailfuls. Struck with the singularity of the matter, I at once questioned the attendants, when I obtained the following history:—He had been to town a week previously for some bags of guano; in his anxiety to get away home, he assisted to fill the bags, and while doing so he held one corner of each of the bags in his mouth. The guano was very dry, and he felt some of the dust of it going down his throat —in his own expressive phraseology, "he felt the fumes and dust of it burning him internally." Returning at night, he complained of his throat; his tongue became painfully swelled, and his lips and mouth excessively sore; he made little of it, thinking it would wear away, but hæmorrhage soon after setting in, he got frightened; by some mismanagement, however, even then no assistance was obtained, and up to the present he had done nothing. On examining the parts, I found the lips and gums exceedingly red and sore; the tongue very much swollen, so as to present a considerable obstacle to an examination of the parts about its base; the posterior fauces also appeared red and swollen, and on examining them over and over again, a gradual exudation of blood took place from some deep source, which we were unable to detect; the submaxillary and sub-lingual glands were somewhat swollen and painful, the swelling extending to the anterior part of the neck, as low as the thyroid cartilage; and, added to these appearances, the poor fellow was troubled with an irritative cough, produced every five minutes, by the blood exuding somewhere about the rima glottidis, if not lower down. Imagining the possibility of something wrong within the chest, I ran the stethoscope over it, but everything seemed quite normal, with the exception of the heart, which plainly betrayed evidences of the drain on the vascular system; the pulse was similarly characterised, being small and particularly weak.

Symptoms of the blood beginning to make its way into the stomach were becoming apparent since morning, as he complained of nausea with tendency to vomit, headache, and general uneasiness; his bowels had also been affected, the dejections being quite black and grumous; he had lost all appetite or wish for anything eatable, and had subsisted for the last three days on some simple acidulated drink; and to complete the sad list of the poor fellow's sufferings, he had not slept for three nights, from fear of suffocation.

From the great necessity which existed to do something at once, I thought first to use pressure on some of the branches of the carotid, or on the vessel itself; the hæmorrhage being manifestly venous, it had no effect. In the meantime I ordered a strong astringent gargle, with alum and creosote, and an acidulous aperient mixture. (Inf. rosæ, sulph. magnesiæ et acid. sulph. dil.) After using the gargle four or five times, the hæmorrhage manifestly abated to a certain extent. The peculiar saline exudation, attended with cough (from the rima, or, possibly, ventricles of the larynx), was more troublesome if possible, so that when flattering himself that the worst was over, more than once, an irresistible effort to cough brought back the hæmorrhage again. The medicine also had a very good effect, and brought away large quantities of blood, acted on by the acids of the upper part of the alimentary canal. The creosote seemed to act very efficiently, but the cough was incessant, as likewise the renewal of the hæmorrhage. I was anxious to try opium; from the great tendency, however, which he evinced for sleep, and which he resisted, fearing suffocation, I was induced to lay it aside.

20.—He was seen to-day by several persons: ever and anon, as the tickling and cough abated, the hæmorrhage diminished. But no combination of astringents that we could devise seemed to have the least effect on the blood coming from the vicinity of the glottis; cough most distressing and constant, at the same time that every thing within the thorax appears quite natural.

21.—Manifestly worse to-day; hæmorrhage uninterrupted. Towards evening the poor fellow shewed some signs of amendment; soon after, however, the pulse became gradually less perceptible; the blood collected in great quantities in the fauces, all assistance became unavailing, and he sunk from complete exhaustion. After death, the blood continued to exude for several hours, till the entire sanguineous system, I should say, had become completely emptied of its contents—a rather singular confirmation of an opinion I had formed, that the hæmorrhage was of a venous character.

I was particularly anxious for a necroscopic view of the organs implicated, but the friends would not permit it. The exact condition of the parts must necessarily be a matter of conjecture. To arrive at something like a conclusion on the point, it would be necessary, perhaps, to enter somewhat into the physiological action of the ammonia compounds, especially with reference to their action on the blood; and see what analogous affection the practice of medicine offers to this very singular case. The poor man was previously quite healthy, indeed, a perfect model of strength and activity, but seemed at once to "break down" under the effects of the ammonia on his system.

The tendency of the pathology of the present advanced state of science is evidently towards an improved "humoralism." It argues much indeed, I think, in favour of the venerable fathers of medicine, that, with all our acquired experience, our intimate familiarity with the most minute parts of the organic mechanism—our refined physiology —our microscopes and micrometers—our modes of analysis, all perfect—that we are insensibly going back to doctrines long considered obsolete, and dignifying with new names, opinions and theories long since laid up in illustrious neglect. Foremost among the modern humoralists, need I say, stand Liebig and Mulder, with the numerous array of their German disciples. John Hunter, however, was perhaps the first who advanced the opinion that the blood was endued with vitality, as much alive, in point of fact, as any other part of the system; a doctrine opposed with much ingenuity by the "solidists," who, with a veneration for the organic scaffolding which we cannot fail to admire, believed, and thought, and wrote, that the initiative and sustaining principle of life existed in the solids; these very solids differing in nothing from the fluids from which they are formed. The phenomena engaged in the formation of blood itself must be familiar to every reader; we shall consider it after its exit from the thoracic duct; in this vessel, experiment would seem to show that the organic globules first make their appearance. On reaching, however, the proper circulatory system, these characteristic indications of vitality become more apparent; they are accompanied in the blood with a certain amount of fibrin in solution, which has a tendency to coagulate and enclose the globules, on any diminution of the vital forces of the system. On the other hand, an opposite condition of the circulating current is readily induced by certain agents of a physical character—soda, nitre, *ammonia*, &c.—an effect which becomes much more obvious in the smaller vessels and capillaries. In the latter, the motion of the red particles becomes retarded; their relative constituents, in common with those of the other components of the blood, become assimilated—identified—each with a particular structure, and the mystic work of fashioning the mighty fabric proceeds. The normal constituents of the blood remain in solution while in contact with living vessels, *coagulation* being merely another name for the death of the fluid. A total absence of fibrin, from any cause, will induce a state of the blood in which coagulation cannot take place; under such circumstances, it becomes incapable of properly stimulating the great centre of the circulation, and death of the entire system soon follows that of the vital fluid. In cases of death from starvation, the blood is found in this uncoagulable condition. J. Hunter mentions that he found it in the same state in a person who died in a fit of passion; and Dr. Copeland gives two cases of hydrophobia, in which he found the blood black, "so fluid in the heart and veins, that it flowed out abundantly from the vessels of the head and neck, and when removed did not coagulate." Indeed, so completely vitiated is the blood in hydrophobia, that I have often thought our utmost skill will continue to be baffled till some one tries *transfusion*, having previously emptied as much as possible the venous system; from the magical effects witnessed in the last stage of collapse in cholera, from throwing saline matters into the veins, I am sanguine about its similar utility in this fearful disease; indeed, it is too obvious that we have entirely lost sight of the extraordinary results of saline injection in cholera, and that in many other affections, where the nervous system is not completely poisoned, it will yet prove of inestimable service.

Of the numerous causes which occasion deterioration of the vital current, there is none, perhaps, more efficient than the action of animal and vegetable effluvia from matters undergoing decay on the extensive but delicate surface of the pulmonary air-cells. Little illustration on this point is necessary; every epidemic of fever, scarlatina, or other infectious disease, affording instances too familiar to the practitioner. The gaunt distortion of the frame, produced by breathing imperfectly oxygenised air to me seemed almost incredible, reading Lord Ashley's harrowing details, till visiting some of the manufacturing and coal districts some short time since, I witnessed, in many instances, some of the hideous ravages of this parent of disease. In many of these *etiolated* beings the blood is in such a dissolved and unhealthy condition, the slightest scratch is followed by intense hæmorrhage; and when they escape from death by accidents, scrofula or phthisis seldom fails to make certain of its hapless victims. Many of the bad effects of ill ventilation depend on taking into the system again excrementitious products previously thrown off from the surface of the lungs or skin, and positively injurious to that nice play of the machinery of life so essential to health. The invisible poison given off from guano differs in nothing, and of its results the case under consideration affords perhaps only one out of the many equally illustrative instances. The pages of phy-

siology teem with experiments on the subject; perhaps those of MM. Gaspard and Magendie are most to the point. These observers state, that in animals they exposed to the emanations from putrid matters, symptoms like those of yellow fever ensued. The blood was found to alter in a most remarkable manner, becoming quite thin, dark coloured, *and exuding from the capillaries* into the different viscera, and even from *the free mucous surfaces*, and when the septic influence was protracted till the death of the animals, the softer solids—the lungs, liver, heart, &c.—were found more or less included in the morbid infiltration. The poison of the viper injected into the veins changes the colour of the blood suddenly into a livid black, the entire vital current quickly coagulating into a mass! and the effects produced with such celerity by four or five drops of strong prussic acid would appear in no way dissimilar; indeed, analogy and experience are quite insurmountable on these points. In every-day practice the same train of phenomena, in a less concentrated manner, is observable. A morbid impression on the myriad ramifications of the nerves of organic life is made, followed by prostration of the vital powers; the innate effort of the system being sufficient to throw off the matter, health is re-established. If, however, the morbid depression be excessive, or if the normal constitution of the blood be altered, the vitiation of the vital current (explain it how we will) goes on increasing; the different secretions necessarily become altered also; the vital current becomes incapable of exerting its normal influence on the viscera; their functional activity becomes deranged, in some entirely annihilated. Some vital organ at length, the brain, or heart, or lung, becomes, in an especial manner, the victim of the encroaching malady, and the patient soon sinks; many dying from a want of proper constitution of blood, it being quite dark-coloured, thin, and watery, deprived of its fibrin and salts, in other words, completely unable to stimulate the sensitive surface of the endocardial membrane and capillaries. The effect of the continued use of alkalis, more especially ammonia, is decidedly to aggravate this state of the system. The only means of obviating it when established, as in purpura, scurvy, and possibly the case under consideration, consisting in tonics, particularly of the acid kind, fresh air, and nutritious materials of the nitrogenised and non-nitrogenised classes.

Several substances, such as gypsum and lime, have been spoken of, to prevent the effluvia from guano in store-houses, vessels, &c. In more than one instance, indeed, such places has been represented as nuisances, and actions at law instituted, as persons in adjoining habitations were incapable of carrying on their ordinary occupations from ill-health. In a case not long since, in which a factory was on the point of discontinuing work, in consequence of the workmen being unable to bear the powerful ammoniacal fumes of a guano store adjoining, the curious power of charcoal to absorb that gas led me to recommend *blocks* of it to be placed about, not *powdered*, as that seems to injure the effect, and we were very well pleased with the result. A more manageable and efficient preventive, however, is obtained, by mixing one part of ordinary bleaching-powder with ten of wet turf mould or saw-dust, and strewing it over the bags of guano; when dry, to be wetted with water containing a small quantity of common oil of vitriol (sulphuric acid). *Gypsum* is also of some use in preventing the unpleasant effects of ammonia; but lime, though sometimes thought of use, merely makes matters worse. Besides ammonia, guano gives off several other ill-defined nitrogen combinations. These are, perhaps, best removed by thorough ventilation; indeed, in every case where exposure to these emanations becomes unavoidable for any length of time, a current of air is the only effectual mode of obviating the deleterious agency to which we have alluded.

Inversion of the Uterus.—Dr. Skae, of Leven, records, in the *Northern Journal of Medicine*, a case of inversion of the uterus occurring at the fourth month of utero-gestation, which produced abortion. The displacement was reduced with some little trouble, and the patient did well.

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

Reported for the Medical Times by H. J. M'Dougall, Esq. late House-Surgeon.

John Prior, æt. 61, a coachman, married, and of temperate habits, was admitted into No. 2 ward, under Mr. Quain, on the afternoon of the 30th of May 1845. Twelve months previously, while riding post, he was thrown with considerable violence against the pommel of the saddle; swelling of both testicles followed, but subsided by the use of leeches and fomentations. Since that time has always had some difficulty in passing his urine, increased by exposure to wet or cold, and also by taking any quantity, however small, of stimulant liquors; the stream has been for some time small and forked, and latterly the urine has constantly dribbled from him involuntarily. A fortnight before his application at the hospital, the swelling again appeared after having, with greater difficulty than usual, passed his urine.

On his *admission*, urine was found to be largely extravasated in the perinæum, scrotum, and prepuce, extending considerably above the pubes, more especially on the left side. His health did not appear as much disturbed as might have been expected from the extent of the effusion. (In fact, he had walked to the hospital, and for some time stoutly resisted all the arguments urged to induce him to become an in-patient.) He could give no precise information as to when he last emptied his bladder, which was now observed a good deal distended in the usual situation. His tongue was slightly furred, but moist; and his pulse 85, small, and weak. Free incisions were made in the perinæum, scrotum, prepuce, and above the pubes towards the left side. That in the perinæum was followed by a gush of fetid, urinous, purulent fluid, which gave considerable relief. Fomentations were ordered to the parts. To take a tablespoonful of brandy every hour, with eight drops of laudanum; wine, beef-tea, and arrowroot.

31. During the night a large quantity of urine has been discharged through the incision in the perinæum, soaking through a quadrupled sheet in less than an hour, and notwithstanding frequent changes of the drawsheets, saturating the mattrass, and forming a large pool on the floor. He slept for several hours at different times, and has taken a good deal of nourishment during the night; tongue much the same as yesterday, if anything, rather more dry; pulse, 90, small, and weak. Considerable tenderness over the abdomen, which is a little tympanitic; bowels have not acted since his admission. ℞ Spt ammon. aromat. ʒj, Magnes. ustæ, ʒj, Aq. menth. pip. ℥iv. ft. mist. capt dim. statim et rep., post. hor duas. To continue the beef-tea and arrowroot, with wine and brandy, when necessary. A bag filled with dry heated camomile flowers to be applied over his abdomen, and changed frequently. Evening: Somewhat better; less tenderness of abdomen; tympanitis has almost entirely disappeared; pulse fuller and firmer; tongue rather dry and furred. He has passed a large quantity of urine during the day. The extent of the effusion has certainly not increased, and above the pubes a red line of healthy inflammation appears.

June 1. Bowels have not been yet relieved. To have an enema of gruel and soap. Urine still discharges freely; abdomen a little tender; takes beef-tea with much relish. Pulse 90, fuller; tongue rather dry. Evening: His bowels have been relieved twice by the injection, and he has passed a good deal of flatus with much relief; appetite still good; pulse much the same as in the morning, tongue not so dry; no abdominal tenderness; a free discharge of urine takes place through the perinæum as well as from the incisions above the pubes.

2.—The patient's appearance is altogether more favourable; there is no tenderness over the abdomen nor tympanitis; tongue cleaner and moister; pulse 80, firmer; appetite continues good. There are, however, very large sloughs to separate, and the patient will certainly require great care, and the administration of as much support as possible.

The patient progressed favourably until June 6th, when his bowels were rather relaxed. This soon ceased on his taking a mixture, containing aromatic confection, chalk, and tincture of opium. Sloughs separating favourably; no urine passed by the urethra; appetite good, and he takes a pint of porter daily, with wine, beef-tea, and mutton.

12.—Is going on well; no urine has as yet passed by the urethra. The sloughs have mostly all separated, and a healthy granulating surface appears. The wound in the perinæum is rapidly filling up.

17.—The patient improved in strength. The wounds granulating, dressed with red wash; the urine no longer passes through the perinæum, but is voided by the incisions above the pubes. None has as yet been passed by the urethra. Evening: This evening the patient complains of much pain and tenderness over the abdomen. The pulse is quick and thready; the tongue dry, and covered with a whitish fur. Fifteen leeches, with fomentations to the abdomen, and mercury and chalk to be administered internally combined with opium.

18.—The patient is worse this morning; he has all the symptoms of acute peritonitis. Leeches to the abdomen to be repeated, and followed by fomentations constantly applied.

11 P.M.—Tympanitic state of the abdomen; extremities cold; pulse very rapid, small, and thready; tongue covered by a dry, brown fur. Mustard poultices to the abdomen.

19.—During the night there was constant delirium, and this morning the patient was insensible; and at eleven o'clock he died.

Post-mortem appearances twenty-six hours after death. Body a good deal emaciated; abdomen much distended, and as tense as a drum. The wounds in the perinæum, scrotum, and above the pubes are all apparently healthy, and going on rapidly towards cicatrisation. On opening the abdominal cavity the peritoneum was found covered by opake flakes of lymph, and in the lower parts of the cavity, towards the pelvis, a good deal of opake serum was found. On removing the bladder, it was found to be enormously hypertrophied; its walls being in some places upwards of an inch in thickness. At its fundus, a little to the right of the mesial line, a small abscess was found in the substance of the viscus, which had opened in two situations; one into the cavity of the organ, and the other by a very small opening into the cavity of the peritoneum, thus allowing a free escape for the urine into that cavity, and at once explaining the origin of the peritonitis as well as the utter futility of the attempts to relieve it. On dissecting the perinæum the sloughing consequent on the effusion of urine was found to be confined to the superficial cellular tissue; the urethra was almost closed near its membranous portion by a very narrow stricture (which would hardly admit a bristle), and behind this the canal was ruptured. The ureters of the pelves and kidneys were a good deal dilated.

Needle in the Gall-bladder.—Dr. Tebbetts, of Andover, N. H., has published in the *Boston Medical and Surgical Journal*, the case of a boy, two years of age, who had previously been remarkably healthy, but was attacked with abdominal disease, the exact character of which it is impossible to learn, so imperfectly is the case recorded, but which terminated fatally in about ten days. On examination after death, the stomach and small intestines showed appearances of congestion, with slight inflammation. The spleen, pancreas, kidneys, bladder, and large bowels, appeared perfectly normal. The liver was nearly twice as large as natural, highly congested, and also showed some appearances of inflammation. The gall-bladder was distended to more than twice its original size, with very dark-coloured bile, and contained a common sewing needle, highly polished, about one quarter part of its length (the pointed extremity) being gone. There was no appearance of the needle being corroded, the point merely showing signs of recent fracture. The inside coat of the gall-bladder was completely disorganised, from the inflammation which the needle had produced. The examination of the brain and thoracic organs was not made. When or how the needle got into the gall bladder is altogether unknown.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, July 13, 1845.

Power of motion of the upper and lower limbs of the left side paralysed; slight contraction of the muscles of the upper extremity; chalky transformation of the arteries of the brain.—The following case, which I owe to the kindness of Dr. Hillairet, occurred in the clinical wards of Professor Bouillaud, who, from the symptoms, diagnosticated *hemorrhage in the right thalamus nervorum opticorum and corpus striatum, as well as in the surrounding parts.* Case.—Susannah Rendilot, ætat. 69, born at Nancy, living in Paris for the last forty-five years, entered the Hospital de la Charité on the 23rd of February, 1844, and was placed in the Salle St. Madelaine, No. 13; of feeble constitution; lymphatico-nervous temperament; catamenia were always regular, but ceased about fifteen years ago; mother of three children; accouchements had taken place without any accident; at 22, was affected with rheumatism of the right arm, which was complicated with little or no fever, and, after two months' treatment, yielded to frictions with a camphorated ammoniacal liniment; with the exception of this disease, had never been ill. The day before her entry, on waking, she found that all power of motion was abolished in the left arm and leg, together with a considerable degree of numbness, and impossibility of moving out of bed. To these symptoms, intense cephalalgia, with slight giddiness when she sat up, and anorexia, were added the day after; neither nausea nor vomiting; sleep natural; no treatment had been prescribed, and she had taken nothing but broth since the disease commenced. No cause could be assigned for the attack.

State on Admission.—Face yellow, without any characteristic morbid expression; mouth considerably deformed, upper lip drawn to the right; tongue remains in its normal situation, and is mobile; speech somewhat difficult; pupils dilated, contracting by the influence of a vivid light; hearing normal; left upper and lower limbs completely paralysed; when raised from the bed, and let go, they fall like an inert mass; sensibility normal; forearm slightly bent on the arm; tongue rose coloured, clean, and moist; thirst; loss of appetite; difficult deglutition. Nothing remarkable in the abdomen; a natural stool was passed yesterday; micturition not so easy as in the normal state; pulse 88, full, regular; matity of the præcordial region does not extend beyond the usual limits; bruits natural, but somewhat harsher than usual; no bellows' sound; percussion and auscultation of the thorax indicated nothing wrong; cephalalgia limited to the upper and central portion of the right side of the head; no dazzling nor giddiness while lying down; *intelligence in its normal state;* no bellows' sound in the carotids.

Venesectio ad ʒx; ordinary tisanne.

24.—Paralysis continues; semi-flexion of the limbs, yielding to the slightest effort; mouth deviates slightly to the right; in the act of blowing, the lips contract as usual; pupils as before; motion of the lids free; pulse 88, regular, full; the clot of blood drawn from the arm very slightly cupped; no buffy coat; normal consistency; serosity somewhat opaline.

℞. Sod. sulphat. ℥j, statim sumend. ex cyath. decoct. herb. (bouillon and herbs, composed of leaves of sorrel, ʒxiij, lettuce, white beet, and chervil, of each ʒv, boiled in water, ℔jss, to which is added butter and salt, of each ʒss); Enema cum ol. oliv. ℥ij. Vespere: two cups of broth.

25.—Cephalalgia no longer exists; good night's rest; speech easier; pulse 88, not so feeble, and softer; limbs and mouth as before.

Repetant. medicam.

26.—Death took place at 5 A.M. without a struggle; her end might be compared to a fire, which goes out for want of fuel.

Autopsy, performed twenty-eight hours after death.—Brain covered with serosity; on removing it, the basillary artery and its divisions were found to be covered with a calcareous secretion; cerebral substance, when cut, offered numerous red spots; examined with the greatest care, no traces of hemorrhage nor any remarkable softening could be found, and it could hardly be said that the right thalamus nervorum opticorum, or corpus striatum, was firmer than its fellow; nothing abnormal in the ventricles, the pons varolii, or the medulla oblongata; all were firm; the only lesion which attracted attention was the *chalky condition of the arteries of the base of the brain.* Medulla spinalis and cerebellum in their normal condition. Heart considerably hypertrophied; the walls of the left ventricle, near its base, thicker than usual; the semilunar valves evidently thickened, cartilaginous, and presenting near their base several chalky spots; except this they were normal; mitral valves opaline and thickened; orifices of natural dimensions; right cavities rather larger than usual; tricuspid valves of an opaline tint, and a slight tumefaction on their free edges. Lungs slightly engorged. Spleen somewhat softened. Nothing remarkable in the other organs.

Remarks.—A microscopist having examined the cerebral substance with the microscope, the result of his investigations may here be given, although they do not explain why the paralysis affected one side only. "In the right corpus striatum and thalamus nervorum opticorum, a part of the cerebral substance was softened. The microscopical examination of this part shewed that the varicose tubes of the brain were broken, and that the capillaries were covered with a great number of granulations, which in some spots covered the whole length of the vessels, and in other parts formed round masses, placed between the tubes of the cerebral substance. The brain contained numerous globules of blood infiltrated into its tissue; the softened spots were very circumscribed, and, in the parts isolated from them, the tissue of the organ presented no granulations, but appeared in its normal condition."

On the Action of Veratrine in Diseases of the Eye; by F. Terrier (d'Angers), M.D.—The author prescribes this substance in an ointment, or dissolved in alcohol, as follows:—

No. 1.—℞. Veratr. gr. x, Adip. præp. ℥j, Alcohol. q. s. ut ft. unguentum.

2.—℞. Veratr. ℈j, Alcohol. q. s. Adip. præp. ʒj.

3.—℞. Veratr. ℈jss—℈ij, Alcohol. q. s. Adip. præp. ʒj.

The quantities are the same dissolved in ʒj of alcohol; they must, in both, be somewhat less for children, women, and persons with a very thin skin. Two frictions a day should be used, from five minutes to a quarter of an hour each, with ℈ij of the ointment or alcoholic solution; care must be taken not to let any get into the eye, as it produces a smarting pain which lasts several hours; after each friction the part must be carefully wiped; the frictions should be performed, alternately, for five days on the forehead and three days on the temples, and the parts must be washed once a day with a bit of linen moistened with the solution.

Topical Action.—During the friction, or in general immediately after, the patient experiences slight heat, prickings, and tremors, compared by him to an electric shock, or rather to numerous pricks with a needle; effects which vary according to the dose, the thinness of the skin, and the duration of the frictions, and which soon become less intense, so that at a later period, even with a stronger solution, they are not so marked; there was no appearance of eruption, vesication, tumefaction, nor of any symptom of intoxication, though the alkali evidently was absorbed in part.

Therapeutical Action.—These frictions seem to act in two ways: first, locally, by establishing near the eye a permanent counter-irritation, and, secondly, as an excitant of the nerves, especially of the fifth pair. The diseases in which it may be usefully applied are: photophobia; pain in the eye; loss of sight, produced by ophthalmia or other appreciable causes; amaurosis, at its commencement (amaurotic amblyopia); and sometimes in the accidents consecutive to the operation for cataract by couching.

Duration of the Treatment.—Photophobia produced by external ophthalmia generally yields to six or eight frictions; that caused by internal inflammations requires many more, the number of which it is impossible to state precisely; if, however, after employing the frictions for several days, there is no amelioration, they should be discontinued; in amaurosis the treatment must be persevered with much longer, though it is not infrequent to see, after eight days, a slight amendment, which may increase or remain stationary; finally, it may happen that a favourable change takes place after the cessation of the frictions, though they produced no amelioration during their employment. The same author recommends the following remedy in amaurosis complicated with or dependent on neuralgia facialis: ℞. Rad. aconit. napel. contus. ℥j, Alcohol. rectif. ℥ij; infuse for eight days and filter. This solution may be employed in frictions either pure or mixed with any fixed quantity of hog's lard. —*Gazette des Hopitaux.*

Academy of Sciences; Sitting of the 7th July.—M. E. de Beaumont in the chair.—The Academy proceeded to elect a member to occupy the place in the section of medicine and surgery vacant since the death of Breschet. Number of members present, 54. Dr. Lallemand obtained 33 votes; Professor Gerdy, 10; Dr. Bourgery, 7; Professor Berard, 2; Dr. Jobert de Lamballe and Professor Blandin, each 1. Dr. Lallemand was consequently declared duly elected. His nomination will be submitted to the approval of his Majesty.

On the Cephalo-rachidian Liquid.—Dr. Longet, M.A.M., addressed the following letter:—"In the last sitting a learned academician (Dr. Magendie) stated that fifteen years ago Dr. Pinel-Grandchamp gave an experimental demonstration of the facts described in the memoir entitled 'New Experiments relative to the Removal of the Cephalo-rachidian Liquid, and the influence exercised by the Posterior Cervical Muscles and the Ligamentum Nuchæ on Locomotion.' But in a work recently published (1842), and in which are resumed all Dr. Magendie's researches on the cephalo-rachidian liquid, the result stated to have been obtained previously by Dr. Pinel-Grandchamp is nowhere indicated; nay, more, this gentleman, after witnessing my experiments, affirmed positively that he had never published anything on this subject; on the contrary, until the present moment he partook the general opinion entertained concerning the influence of the cephalo-rachidian liquid on locomotion. If in 1823 Dr. P. saw a guinea-pig, after the section of the soft parts of the nape of the neck, stagger when put on its feet, still he declares that he had not the remotest idea as to the cause, nor did he repeat the experiment, which was *never published by him;* and finally, that he never thought of attributing to this division the accident which, from a series of experiments, I have proved to result, and which, in a future memoir, I shall have the honour of communicating to the Academy.

On Real and Spurious Anemia, by Dr. Beau.—The state of pallor and weakness presented by individuals who have suffered from profuse hæmorrhage, is supposed to be owing to the diminution in the quantity of blood, and is known under the denomination of anemia, characterised by small pulse and noise in the arteries. This state, however, is produced by two causes very different from, though succeeding, each other, and which may be described as follows:—1° *Real anemia* appears immediately after hæmorrhage; is accompanied by pallor, weakness, small pulse, considerable thirst; the quantity of water taken passes into the vascular system, renders the blood more liquid, and increases the quantity of the circulating fluid; no noise in the arteries. 2° *Spurious anemia* or *serous polyæmia* is consecutive to the preceding; comes on two or three days after the hæmorrhage, but is not very apparent before the fifth day; it may last for a considerable length of time. Characters: pallor, weakness, pulse more developed, and sometimes stronger than before the loss of blood; beating of the larger arteries visible at a distance, and accompanied with a bellows-sound; capacity of the arteries augmented; cavities of the heart dilated, and the walls hypertrophied. These distinctive characters, consecutive on profuse hæmorrhage, are founded on clinical facts and numerous experiments on animals.

On Secondary Cataract, by Dr. Tavignot.—The conclusions of the author relative to the pathogeny of this affection are: 1° when the anterior portion of the capsule is opaque at the same time as the lens, the development of secondary cataract is not much to be feared, because the posterior portion of the capsule very rarely becomes opaque; 2° when, the lens alone is opaque, and the capsule transparent

the latter may become inflamed, and produce secondary cataract, if it was spared by the needle, or not sufficiently torn. The author, in order to displace the opaque crystalline lens, and tear the still transparent capsule to a considerable extent, proposes employing an instrument formed of a small plate of the shape and size of the pupil, moderately dilated. This plate presents a pedicle about three quarters of an inch in length, fixed at right angles on a metallic handle, similar to that of the cataract needle. *Modus operandi.*—An incision of about three lines is made over the outer edge of the circumference of the cornea; the aqueous humour once evacuated, the instrument is introduced, the edge directed upwards until it reaches the pupil, previously dilated by belladonna; it is then pressed against the capsule, and by a rotatory movement from before backwards, and afterwards from above downwards, the lens and capsule are depressed; the instrument must then be withdrawn by a motion the reverse of that employed for its introduction. By this mode of operating, not only the lens, but likewise, as Dr. Frestal has observed on the dead body, the anterior, and even the posterior, portions of the capsule may be torn.

On the Microscopic Characters of Cancer. By Professor Sedillot, of Strasburgh. This memoir, containing several observations and drawings, is intended to demonstrate the utility of the microscope in the diagnosis of cancer; in one case the disease relapsed, though it was not cancerous, as a second operation proved since it was followed by a permanent cure: in another the author was enabled to diagnosticate cancer of the stomach from the patient having thrown up cancer cells mixed with pus.*

On the Action of Ergotine in Hemorrhage. By M. Bonjean, of Chambery.—From the experiments performed conjointly with Dr. Chevallay on a sheep, a rabbit, and a fowl, the authors conclude—1° That fifteen grains of ergotine in half an ounce of water is sufficient when small vessels are wounded. 2° That the solution must be more concentrated when the vessel is larger 3° That the lint on the wound must be moistened from time to time, so as to replace the ergotine removed by the flow of blood.

Experimental Researches on the Chemical Phenomena of Digestion. By MM. Bernard de Villefranche and Barreseuille.—The principal corollaries to be deduced from the facts contained in this memoir, are—1° The peculiar digestive action of the fluids poured into the gastro-intestinal tube may always be determined by their mode of reaction; thus the gastric juice dissolves only azotised substances, owing to its acidity, but if it is rendered alcaline, it becomes like the saliva and the pancreatic juice, only capable of assimilating amylaceous substances; on the other hand, these two last when acid, act solely on azotised alimentary principles. 2° The remarkable property possessed by these three fluids, of assimilating fecula when alcaline, and dissolving meat and gluten when acid, depends on the presence of an active organic principle, identical in the three; and what proves this is, that when this principle is precipitated by the action of caloric, they form nothing more than an acid or alcaline liquid as the case may be, without any action whatever on amylaceous or azotised principles. 3° The chemical modifications that food undergoes in the stomach and intestines are produced by an active principle, always the same, but which produces a different effect according as the liquid, in which it is contained, is acid or alcaline. 4° Not only gastric juice (as advanced in a previous memoir) contains two useful principles, its organic principle and its acid reaction, but likewise saliva and the pancreatic fluid present two essential elements, viz.:—their *organic principle and their alcaline reaction.* 5° Artificial gastric juice, obtained by infusing from twenty to twenty-five fresh pancreases, taken from fowls, in ℔j water, for one and a half or two hours, at a temperature of from 95° to 104° F., is of a slightly opaline or citrine colour; no peculiar odour; of a sweetish taste; analogous to the white of an egg dissolved in water; dissolves meat quicker than the normal gastric juice, owing to its acidity. 6° If this identity is established by subsequent observation, it will no longer be necessary to open the stomach in order to procure gastric juice.

* This mode of investigation is useful, as by it the physician may, as Professor Sedillot, form a positive diagnosis in cases, which otherwise would remain doubtful, and the surgeon may be enabled to ascertain the true nature of the affection, and say whether a relapse is to be feared or not.—G. de B.

Medico-Legal Researches on Arsenic; by M. Blondlot.—The author states that two modifications ought to be made in Marsh's apparatus: 1° In destroying the animal matter by sulphuric acid, as recommended by MM. Flandin and Danger, the operation should not be continued until a light friable charcoal is obtained, but should cease as soon as the mixture presents the consistency of paste; water must then be added, and a current of chlorine gas made to pass through the solution, so as to remove all the organic matters; finally it is this liquid which must be made to act upon zinc. 2° Marsh's apparatus should terminate in Woulf's tubes, in one of which the zinc, in a spiral form, should be placed so that merely by elevating or depressing it the current of hydrogen gas may be augmented or diminished, as by this means the liquid will act on more or less of the zinc plate.

On the Ioway Indians; by M. Jacquinot.—In a previous communication the author stated that the tribe presented all the characters of the American race, and remarked the analogy which existed between them and the inhabitants of the Polynesian Islands, and especially the New Zealanders. Dr. Serres, on the contrary, asserted that the men presented the Scandinavian type, whereas the females offered the Mongol. In the present memoir M. Jacquinot, founding his opinion on the zoological characters, that is to say, those drawn from the outward man, concludes that they are very different in the two races named; and he is convinced that both men and women are of the same race, the only difference being that the latter are inferior in a physical point of view, a fact recorded by numerous travellers as existing among uncivilised nations, and which the author himself had an opportunity of observing among the Polynesians, and especially the inhabitants of the Marquesas; that the identity between the Ioways and the tribes inhabiting the valley of the Mississippi is an allowed fact; finally, M. Jacquinot concludes by some considerations on the origin of the American tribes, by which he is led to admit what he hopes to be able to prove in a subsequent memoir, viz., that America existed as soon as the other parts of the world, that its population is primitive, and that it has undergone the greater part of the revolution noticed by history as having occurred in the old world. Dr. Serres still considers this opinion to be erroneous, from the author having founded it on the external characters, neglecting entirely those furnished by the study of the skeleton and the internal organs, by which alone an exact determination of human races can be obtained. Dr. Serres, at the same time, informed the Academy that he hoped in the next sitting to read a memoir on this subject.

M. A. de St. Hilaire, M.A.S., addressed from Montpellier an article relative to the antiquity of the American races, which contains opinions contrary to that announced by M. Serres, relative to the analogy between the Bolocudos and the Mongols. The author states that after studying attentively the natives near Rio Janeiro and the Chinese, he remarked, that the only difference between them is that the face of the latter is flatter and larger than that of the former.

On the Inhabitants of the Marquesas, by M. Le Batard, Surgeon in the Navy.—The author studies their physical characters, measures the different dimensions of their heads, and concludes that the form of the head is not so perfect as in the Caucasian race; that this difference, though only slight, coincides with a degree of intelligence somewhat inferior to the Europeans; that the inhabitants of the islands of the Pacific Ocean form, by their language and their general organisation, a primitive and a separate group, which may be denominated the "oceanic race."

Academy of Medicine; Sitting of the 6th July.—M. Caventou in the chair. Dr. Ferrus remarked, that he had attended Corvisart's Clinical Lectures in 1798, and that he was certain that if the intestines were not opened in every case, this was done whenever any symptoms of disease had existed in the digestive organs.

On Epizootics.—M. Dupuy read a memoir entitled "Mon dernier mot sur les Epizooties," in which he mentions the danger attendant on the use of bad meat, and considers that it is wrong, and productive of great loss, to destroy an animal in order to save the rest of the flock. M. Renault does not consider the destruction of the animal in the same light as M. Dupuy; numerous proofs may be given as to the utility of such a measure; the following, however, may be quoted as one of the most recent:—from 1828 to 1840 an epizootic of typhus declared itself in Southern Russia, and invaded Gallicia, Moravia, Austria, and Bohemia, where no preventive measures were had recourse to; on the contrary, in Prussia, Wurtemburg, and Baden, where the animals were killed, the disease was not propagated. M. Barthelemy inquired what measures M. Dupuy intended to substitute. M. Dupuy replied, that they would be given in another memoir. As to the epizootic mentioned by M. Renault, it was not typhus, as none of the characteristic lesions of that disease existed; but serious disturbance existed in the spinal marrow at the roots of the sensitive and motor nerves, where pustules similar to those of variola were discovered. M. Hamon mentioned the accidents which follow the use of bad meat, and the necessity of putting a stop to its sale.

Discussion on Typhoid Fever, arising out of Dr. Gaultier de Claubry's memoir, read at the sitting of the 24th June.

Dr. Rochoux: Before replying to the author, I will briefly answer Drs. Merat and Castil. The former is not altogether in the wrong, as my critical remarks on pathological anatomy ought not to have gone beyond 1804, at which epoch the work by Prost, so extraordinary and yet so seldom consulted, was published; however, I maintain, that before this nothing was printed in France, on the pathology of fevers, which may be considered of any real utility. The latter stated that all is relative in this world, and that medicine does not form an exception: I, on the contrary, say, all is absolute in the universe, in medicine as in every thing else. Are we not an absolute number of individuals within these walls? Has not each of us in his pocket an absolute number of pieces of money? and have we not an absolute number of organs? Has not each of these organs an absolute number of atoms? The consideration of objects in a relative sense indicates the weakness of our minds, since all is absolute here below; and while the former is productive of doubt and confusion, the latter, which is nothing more than the Epicurean system, leads to certainty in the natural sciences. With respect to the arguments presented by Dr. Gaultier de Claubry, he was right to establish generalities, since it is by them alone that we can form true principles. These generalities are founded on three important distinctions: the contagion of typhus, the nature of the eruption, and the duration of the disease, which are contrary to the identity of the two affections, as stated by Gaultier de Claubry. As to the facts quoted, they offer no weight, considered as a proof of contagion, for, if typhoid fever is contagious, why does it attack medical or law students during the first year of their studies? What a difference between this disease and the typhus which, in 1815, attacked indiscriminately individuals of both sexes and of all ages? Again, how very different from rubeola and variola! While speaking of variola, I cannot help saying, that I cannot imagine how any author could assimilate the lesions of Brunner's glands with varioloid pustules. Professor Chomel, whose opinions on scientific subjects are of such weight, shewed the groundlessness of this doctrine, founded on the fact that dothinenteritis, like typhoid fever, attacked an individual but once in his life. The reason of this is, the aptitude to contract typhoid fever diminishes with age, since, after 40 or 50, it is no longer seen; therefore, it is not astonishing that no relapse has been observed. This is not the case with variola, since it may take place at all ages, except when the person has been vaccinated, inoculated, or previously affected with the disease. To conclude, it may be asserted that facts, generalities, and reasoning, are contrary to the opinions

of Dr. Gaultier de Claubry; besides which, Aristotle, Seneca, and all ancient writers, consider the majority of but very little moment in scientific subjects; and if Dr. Gaultier de Claubry has for him Drs. Britonneau, Leuret, Gendron, Putegnat, Bricheteau, Huret de Tancrel, Lombard, Alison, Patris; in the opposite camp we met with Drogart, Gerhard, Bischopp, Schatenck, Tweedie, Grenet, Montault, Valleix, and a short memoir read by me in 1832. In short, truth cannot be put to the vote, and he who finds it is obliged to inquire if many others are of his opinion.

Dr. Dubois d'Amiens read a manuscript in which he endeavoured to prove the two following propositions:—Typhus and typhoid fever are identical, and differ only in intensity; the facts recorded are not sufficient to prove that typhoid fever is contagious.

GARLAND DE BEAUMONT, D.M.P., B.L. & S., &c.
Honorary Physician to the Spanish Embassy.

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, July 19.

Case of Amputation, with Clinical Observations; by Mr. Ellis. The amputation case at Jervis Street Hospital, under the care of Mr. Ellis, of which I gave a short outline a couple of weeks ago, as far as the progress of the case then permitted, again presents itself for consideration, occurrences of an interesting and, at that period, entirely unexpected nature having since taken place. On the 6th of July, the day after the last report, the patient complained of heat in the outside of the knee, extending up the thigh in the same course; the pulse was quick and sharp; the tongue furred.

An anodyne draught produced a good night's sleep, but the sense of heat in the limb increased, and was followed by an erysipelatous blush up the outside of it and round the stump, the face of which now assumed a somewhat sloughy appearance; this continued to spread, large vesicles containing a dark ash-coloured fluid appeared round the stump, the bursting of some of which exhibited a gangrenous condition of the parts beneath. In a day or two after an abscess was discovered at the outside of the knee, which discharged itself along the tracks of the ligatures. The sloughing process progressed for some days, during which fermenting poultices were applied, and tonics, including quinine, and beef tea were administered, with an oil draught, which the state of the bowels rendered necessary. Some of the ligatures came away on the 11th, the sloughs still continuing to separate, and on the 13th these had all fallen off, leaving the stump with a clean granular surface, the pulse having lessened in frequency, and the patient looking better. The separation of the sloughs was necessarily followed by protrusion of the bone, a portion of which was removed on the 15th, since when the condition of the patient has been most satisfactory.

MR. ELLIS'S CLINICAL OBSERVATIONS.

Lecturing at this season, gentlemen, is not the usual custom; but from the degree of interest attached to this case there appears to be a sort of necessity for my offering a few observations. As the greater number of you are juniors, let me, in the first place, remind you of the division that has been made of fractures.

The lecturer having here briefly alluded to this portion of the subject, proceeded to say—Keeping this classification in view, if called to a case of compound fracture, and a question arises whether amputation is to be performed or an attempt made to save the limb, you are to consider not alone the amount of local injury, but also the age, circumstances, rank in life, &c., in which your patient is placed. In reference to age, as a general rule it may be decided that in a doubtful case occurring in a boy of eight or ten years old, for instance, you would not remove the limb, for though the case be a bad one as regards the amount of injury sustained, yet the powers of recovery at this age are considerable, exceeding very far indeed those of more advanced life. Well, then, we shall say, under circumstances of this kind, you would not operate on the child; you would have much hesitation in doing so in a young man; while in an old person you would at once have recourse to it. Let us for a moment consider the question in a mercantile point of view, if I may use the phrase, and see the amount of use available to the child of eight years by a saving of the limb. To him it might be estimated at a period of fifty or sixty years, while suppose your patient to be an old man, arrived at this latter age, his limb would not be worth ten years' purchase, so that his parting with it would be comparatively a trifling loss, while in attempting to retain it you expose his life to considerable risk.

Suppose again you have two patients of the same ages, the one a young nobleman, the other a slater, with an equal amount of injury in each, and so great that in attempting to save the limb you do so at the risk of life; you would amputate in the case of the young nobleman, because by so doing you would have, in the first place, almost a certainty of saving his life, and in the next, he can spend a pleasant life with one leg; besides, he can afford to get an artificial one of the most expensive kind; while to the slater his limb is of almost equal value with his life, and a wooden leg would be of comparatively no use to him as an organ of locomotion. Now let us take up an ordinary hospital case. If you amputate soon after the occurrence of the accident, you reduce the case to one of simple incised wound, while, if you do not interfere, there follows, after a species of injury such as we are discussing, a succession of dangers. In forty-eight hours from the occurrence of the accident, you frequently have gangrene established, and this occurring in lacerated structures is not likely to be limited. The attendant fever, too, at first of an inflammatory character, soon becomes typhoid; then, if your patient does not die in a few days from these causes, he is exposed to the risk of hæmorrhage on the separation of sloughs, to the consequences of extensive suppuration, and the tedious separation of fragments of bone, and most likely, if the leg be the subject of injury, to deep-seated abscesses. Thus he becomes ultimately run down. Again, in eight or nine days after the accident there is a great liability to the occurrence of tetanus, while if you amputate early your patient is pretty sure to escape it. I do not mean to say that there is no instance on record of tetanus occurring after the operation, but it rarely happens after a simple wound.

These dangers, then, are all arrested by early amputation, and a consideration of them should act powerfully on the mind of the surgeon in making his decision, and should oblige him to divide the responsibility by looking for a consultation.

Erysipelas, you are aware, occasionally comes on after operations, and if, as in the present case, after amputation, the stump is usually much disfigured from its partaking of a gangrenous character.

The soft parts you saw sloughed away, but the bone not partaking in the inflammation; a conical stump is the consequence, to avoid which we have removed a portion of the bone, and I think we may expect eventually to have a very good stump. Any sharp angles that remained after the saw, were removed with a rasp; but even had this been omitted, the absorbents would in a few days have removed them. Lymph will be shed on the smooth surface of the bone, and into this vessels will shoot, forming granulations, so that the entire surface will soon present the homogeneous appearance of an ulcer. The end of the bone, you have observed, comes over the surface, but the weight of the limb will not have to be borne by the extremity of the stump; it will be supported by the patella, so that there is no danger of ulceration of the new skin occurring hereafter from pressure.

Remember, that in choosing the time for operation, the first opportunity for the purpose is included in a period of thirty-six hours from the occurrence of the accident, previous to the occurrence of inflammation; that after this has supervened the operation is improper. All military surgeons agree in saying, that the patient generally dies if it be performed in this stage. Do not amputate, then, if you lose the first opportunity, until suppuration has been established; but remember the risk your patient is exposed to by being allowed to lie over for eight or nine days. I shall reserve any further observations, gentlemen, until the issue of the case has been decided.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

On the Urine in Bright's Disease; by T. Schlossberger, M.D., late Assistant-Teacher at the Chemical Laboratory of Edinburgh, and Professor of Chemistry at the University of Tübingen.—Since the discovery that albuminuria is often combined with the so-called Bright's disease of the kidneys, the presence of albumen has been generally considered as an essential sign of this complaint, and this opinion has been apparently further confirmed by the action of the mineral acids. These delusions have now ended since the chemical analysis of urine has been so much improved and varied by the methods of Simon, Becquerel, Lecannu, Golding Bird, and others. The presence of albumen in the urine instead of being, as was usually supposed, an unusual occurrence, is now proved to be so common, that its absence is most deserving of notice. This fact has made it very improper to conclude, from the presence of albuminous urine alone, that any structural alteration of the kidneys has taken place.[1] In order to supply this deficiency in diagnosis, on the part of chemistry, recourse was had to its important auxiliary, the microscope. T. Voger, Scherer, Simon, and others, have lately discovered in the urine, during Bright's disease, pipe-like corpuscles, which appear, according to the latest representation by Henle, as group-like formations in the finest tubes of the cortical substance. Dr. Schlossberger found in the urine of persons labouring under Bright's disease, the same pipe-like cells in considerable quantity, and of various and very different sizes; they were mostly filled with Gluge's exudatory (inflammatory) globules, others were filled with molecules, perfectly identical with the single corpuscles from the aggregation of which Gluge's globules were formed. These isolated molecules probably give rise to larger globules by means of subsequent agglomerations, or perhaps the former arose from the dissolution of the latter. The diagnostic value of these plastic formations, as regards the renal degeneration in question, seems to the author to be very doubtful, since they may be equally found in the urine of persons suffering from primary or consecutive nephritis, if it occasions any group-like exudation. Lehman and Scherer have already discovered the same pipes in the urine of patients suffering from scarlatina. Thus the presence of albumen and pipes does not suffice to fix the characters of Bright's disease. Scherer mentions several analyses of Bright's urine in his chemico-microscopical researches (Heidelberg, 1843), according to which the sum total of solid constituents is considerably diminished, notwithstanding the presence of albumen; thus, he once obtained from 1000 parts of urine in Bright's disease only 12·4 solid parts; another time only 11·7, from which even two to three parts of albumen must be deducted. The normal urine of healthy persons exceeds that quantity two, three, and even four-fold. If this paucity of solid residue had been constant in Bright's disease, it might have been considered as pathognomonic, together with the presence of albumen and pipes; the more so, as the albuminuria generally only occurs in severe inflammations, or in violent, particularly exanthematous, fevers; in which diseases, the solid, and particularly the azotised constituents of the urine, exceed the normal average in consequence of the increased sanguineous metamorphosis. Becquerel's observations make the urine of Bright's disease appear to be anemic; but out of his seven analyses he once obtained urine with 24·5, and at another time with 35 parts of solid residue in 1000; the latter urine was in a case of acute disease, with fever. Simon, however, found, in several analyses of this urine, 33·51 to 66 as the sum total of solid constituents; even after deducting for the albumen which is often present in considerable quantity, the solid residue is very nearly normal. The above

[1] Bastow, who examined the urine of the first patients treated by Bright himself, even then mentioned that the healthy urine almost always contains albumen, which may be increased by many trivial causes.—*Bright's Clin. Reper.*

shows that the sum total of the solid constituents of the urine is very variable in Bright's disease, often approaching anemic, often normal, and occasionally the loaded state of urine in fever. The different casualties, and the stage and character of the disease, explain this variation. But another question is, whether the proportion of the normal urinary constituents does not undergo a material change in Bright's disease? Before, however, discussing this question, the author gives the analysis of some urine, which partly refers to the point in question, and partly excites interest on account of the state of the patient when it was excreted. The author begins by reporting the case, in order that the nature of the morbid product may be better appreciated.

Case.—The patient was a basket-maker, æt. 19, of scrofulous habit, and bloated appearance; both his parents died of general dropsy, caused by an organic affection of the liver in his mother. He was not aware of having suffered any previous disease. Last Easter he was suddenly seized, probably after taking cold, with colic, and subsequently with œdema of the legs, and he found the urinary excretion greatly diminished; four weeks afterwards dropsical swelling of the abdomen appeared, which extended slowly, but steadily. The urine continued scanty, but clear, till the middle of August. From that time it became high coloured. Anti-hydropics were administered to no purpose. The disease pursued a very chronic course, when suddenly, one evening in September, cerebral symptoms appeared, with maniacal paroxysms, and perfect unconsciousness. These paroxysms lasted about twelve hours, after which the patient regained his previous state.

The author analysed the urine, discharged immediately before the paroxysms, in Scherer's laboratory, and at the same time his friend, Dr. Menges, of Nassau, analysed the urine excreted in the first hour after the paroxysms, and has kindly permitted the publication of the result. 1° The urine discharged in the evening before the paroxysms, amounted to about ten ounces. It was pale yellow, weakly acid, rather dull, and contained distinctly the above described pipes, besides epithelium scales. After standing eight hours, a considerable sediment of uric acid was deposited. Spec. grav. 1011·6. It was evaporated in a water-bath, and dried at 100° C. without further loss of weight. Out of 1000 parts, 58·06 remained as solid matter. When this was incinerated, 9·77 of salts remained unaltered by fire. On coagulation by boiling (with the necessary precautions) the result was 17·9 albumen. After a deduction for the urea (fixed by nitric acid, and amounting to 7·6) the filtrate furnished 19·5 of matters soluble in alcohol, consisting of extractive matter with different salts; 12·7 of matters insoluble in alcohol, 2·6 of which were uric acid and mucus, so that 10·1 remained for the earthy phosphates and sulphates, and the insoluble extractive substances. 2° The urine excreted after the cerebral paroxysms, and analysed by Dr. Menges, displayed similar physical properties, as is shown by the following comparison:—

No. 1.—*Urine before the Paroxysms contains in 1000 parts.*

Water	942·0	Water . .	942
Albumen	17·9	Solid residue	58
Urea	7·6		——
Alcoholic extract with salts	19·5		1000
Uric acid with mucus . .	2·6		
Watery extract with earthy phosphates	10·1		

No. 2.—*Urine after the Paroxysms contains in 1000 parts*

Water	931·3	Water . .	931
Albumen	17·0	Solid residue	69
Urea	4·5		——
Alcoholic extract with salts	20·5		1000
Uric acid with much mucus	5·2		
Watery extract, with phosphates, &c.	20·9		

In both analyses, a high sum of solid constituents was thus obtained, even after making a deduction for the albumen. In Becquerel's, as well as in the above analyses, the quantity of urea is found diminished, for in healthy urine it generally amounts to half of the solid constituents. Berzelius and Lehman found 30 parts of urea in 60 parts of solid residue. Lecanu also fixed for normal urine, 30·27 parts of urea in 1,000. (But since he did not fix the total amount of solid residue, his results are of less comparative value.) In the analysis, as given above, the urea only amounts to about one-sixth, and in that excreted, 16 hours after, to one-eleventh of the whole solid residue (after a deduction has been made for the albumen). Becquerel also found the urine in all his analyses in cases of Bright's disease (with one exception), to amount only to one-third or less, of the whole solid residue. Thus, a relative and absolute diminution of urea seems to be pretty constant in Bright's disease. But the author does not yet draw any inferences, preferring to wait the results of further experiments. Only renewed researches can discover whether the chief source of diminished urea is to be sought in an alteration of the blood, in a morbid organic change of matter, or in a degeneration of the secreting organ itself. But in many cases, deficient metamorphosis does not seem to be the cause. Urea is produced, but not excreted in sufficient quantity, and thus the blood is charged with this remarkable excretion. The blood thus altered, seems to exert an intoxicating effect on the brain, which the author has observed in several cases of icterus, in which similar nervous symptoms occasionally appear. The existence of urea in the blood of those suffering from renal degeneration, is no longer doubtful after the experiments of Babington, Christison and Simon, though others have sought it in vain. But one positive assertion of a credible authority has more value in such questions than a host of negative results. Even in the serum, which easily exudes in the cerebral ventricles during Bright's disease, urea has several times been found. The author himself observed such a case, when assistant-physician to the Catharinen Hospital, at Stuttgardt, he distinctly found urea in the serum, which had been effused into the cerebral ventricles. The quantity of the other solid constituents seems to be also subject to irregularity. Thus the quantity of uric acid is greatly diminished, according to several chemists, whilst in the above analyses it considerably exceeds the average. In the present methods, however, several sources of error are concealed, and will probably be removed by future progress.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the principal articles of interest to our readers in three numbers of the "Medical Gazette."]

Hæmatemesis from swallowing a Copper Coin.—Mr. Dicken relates the case of a boy, ten years of age, who swallowed a copper coin while playing, which however produced little inconvenience for several days, the boy complaining occasionally only of a sense of weight and uneasiness in the epigastric region, rather towards the right side, and a sense of distension after meals, which generally subsided in the course of three or four hours. Nearly a month after the accident, while in bed, he was suddenly seized with sickness, and instantly vomited a large quantity (more than a quart) of fluid arterial blood. The hæmorrhage continued at intervals through the night, but was checked by giving large doses of tartrate of antimony, which considerably depressed the action of the heart. On the next day the bleeding again recurred to a great extent, and after throwing up a considerable quantity of dark fluid, he became sensible (as he described it at the time) of something passing the stomach, and thence into the bowels. A temporary relief was obtained, and sanguine hopes were entertained that the mischief was arrested, but the hæmorrhage again recurred, and he suddenly sank on the evening of the succeeding day in a state of collapse. The body, which was examined thirty-six hours after death, presented externally a complete state of paleness from draining of blood. On opening the stomach a circular ulceration of the mucous surface was observed, corresponding exactly in size to the halfpenny, but at a considerable distance from the pyloric orifice. The surrounding coats of the stomach did not exhibit any unusual vascular appearance, nor were any traces of inflammatory action observable in any other part of the organ. The coin had evidently escaped through the pylorus. On tracing carefully the track of the whole alimentary canal from the duodenum to the rectum, the halfpenny was discovered at the very termination of the colon, lying loose, and easily removable; in fact, its situation was such that it would in all probability have been voided by the next evacuation from the bowels. Not the slightest alteration of structure, nor any abrasion of any other part of the mucous surface of the alimentary canal, existed, nor any other morbid appearance.

Encysted Empyema.—Mr. Henry Lee details the post-mortem appearances in a case of this kind, which occurred in a man, 59 years of age, who had laboured under the disease for twelve years. The malady commenced in the form of inflammation of the right side (pleurisy?), which terminated in suppuration, and the formation of a fistulous opening which remained till death. Considerable quantities of pus were at different times discharged, but it occasionally happened that the opening became nearly closed, and great oppression of the breathing would then be experienced until a free discharge of pus took place. When the external opening was larger than usual, a quantity of air would sometimes enter, and this the patient could again expel at pleasure with considerable force. During a few weeks preceding his death, a very considerable quantity of blood was passed with the discharge from the side. On examining the body after death, the following appearances presented themselves:—The lower part of the right side of the chest was compressed, and from this point the upper part of the body was inclined towards the right side, presenting a similar appearance to that which would be produced by a lateral curvature of the spine. Between the anterior extremities of the fifth and sixth ribs, upon the same side, were two fistulous openings, with their edges inverted, and discharging a bloody fluid. The two layers of the right pleura were connected by numerous bands of adhesion. Between them, in the upper part of the chest, were contained about six ounces of transparent serum, while in the lower part a cavity presented itself, containing a dark gangrenous fluid, and circumscribed by extremely firm adhesions. This cavity was about six inches long, and four inches broad, and communicated freely with the exterior of the body by means of the sinuses above mentioned. The pleura, in this situation, was in some places three lines in thickness, and was lined upon its internal surface by a soft vascular layer, from which the bloody fluid in the cavity had apparently been secreted. The structure of the lung in contact with the diseased pleura was condensed to the depth of two or three lines only, but in other respects did not differ from the remainder of the pulmonary tissue. The lower surface of the right lung, and the upper surface of the right lobe of the liver, were firmly adherent to the diaphragm. The left lung presented soft adhesions over its whole surface. On both sides the lungs were greatly emphysematous, and their structure was everywhere loaded with serous effusion. In several situations small masses of calcareous matter presented themselves, but in no part could any tubercular deposit be discovered. The pericardium was universally adherent. The heart was healthy, with the exception of the tricuspid valve, the aperture of which was dilated.

Preparation of Phosphoric Acid from Bones.—Dr. Gregory recommends the following process for obtaining pure phosphoric acid from bones:—Having removed the whole lime by means of sulphuric acid, and evaporated the filtered liquid (filtering again if any sulphate of lime separates during the evaporation) to the consistence of syrup, a few drops of sulphuric acid are added, to make sure that no lime remains. Of course, if turbidity ensue, the lime has not been completely separated; and the addition of sulphuric acid, filtration after adding some water, and evaporation, must be repeated, till the syrupy liquid continues quite clear when sulphuric acid is added. The liquid then contains only the phosphoric acid, magnesia, and the excess of sulphuric acid. It is concentrated and heated in a covered platinum crucible, until the whole of the sulphuric acid has been expelled, and the residue has acquired a low red heat. On cooling it forms a glass, perfectly colourless and

transparent, which contains only phosphoric acid and the magnesia of the bones. This glass, when boiled with water, dissolves rather slowly, but completely. When the solution is again concentrated in a capsule of platinum, until most of the water is expelled, and the temperature rises to between 595° and 600° F., it suddenly, while hot, becomes turbid from the separation of a peculiar phosphate of magnesia. At the same moment the phosphoric acid begins to crystallise like the granular sugar deposited in honey, a form ascribed by Peligot to the bibasic or pyro-phosphoric acid. If the same temperature be kept up for fifteen minutes (and it can be ensured without a thermometer by heating to that point, and no further, at which the acid begins to vaporise with the water in the open capsule), the whole of the magnesia separates in the form of a powder, which is quite insoluble in water or acids. When cold, the mass is digested with water, which dissolves the phosphoric acid, leaving the phosphate of magnesia as a heavy, fine, snow-white powder, of a faint silky lustre. *The filtered liquid is free from every trace of magnesia*, and may be considered as pure phosphoric acid. Of course, however, if the bones contained chloride of sodium, a trace of phosphate of soda would remain. In that case the burnt and powdered bones ought to be boiled with water, to remove any soluble chloride. There is no difficulty in the execution of this process; it is only necessary to keep up the heat of about 600° for twelve or fifteen minutes, but not to go beyond that temperature, because a stronger heat would again, no doubt, produce the glass formed as the first fusion, which, as has been seen, is entirely soluble in water. The acid is easily tested for magnesia by diluting and super-saturating with ammonia, when, if magnesia be present, it very soon appears as ammoniaco-magnesian phosphate.

Poisoning by Prussic Acid.—Mr. Hicks narrates at some length, the particulars of a case of accidental poisoning by prussic acid. The patient, a female, twenty-two years of age, lived ten minutes after his arrival. When he saw her, she was lying on her back perfectly insensible, the teeth clenched, foaming at the mouth, and the face so greatly congested as to be almost purple; the breathing was slow, laborious, and at long intervals, the pulse gone, and the action of the heart but feebly to be felt; the eyelids were partly closed, and the eyes appeared as if pushed forward between them, while the pupils were dilated, and quite insensible to the stimulus of light; the whole body was under such strong spasmodic action, that the head seemed buried between the shoulders, and the arms nearly turned round by the action of the pronators. There was neither emprosthotonos nor opisthotonos. Stimuli, medicinal and dietetic, were administered, but it is doubtful whether any was swallowed on account of the spasmodic condition of the muscles of deglutition. Cold affusion was also used, but in vain: the breathing became gradually slower, and in less than ten minutes after his arrival the patient died—death appearing to be caused by the perfect inability of the sufferer to inspire, from the muscles of the chest, as of every other part of the body, being under strong tetanic spasm; the natural consequences being extreme congestion of the brain and lungs. No scream nor shriek was heard after the ingestion of the poison, but a loud gasping sound in lieu thereof. The principal appearances after death were congestion of the brain and lungs, the blood being fluid and very black. The odour of prussic acid, or rather its effects in producing a constriction of the fauces, was perceptible both in the chest and stomach, but not in the brain. Chemical analysis clearly demonstrated the presence of prussic acid in the contents of the stomach, and it was ascertained by computation, that she had taken about *nine-tenths* of a grain of the anhydrous acid.

Acute Hydrocephalus.—In the treatment of this disease, Dr. Blackmore advises general and local bleeding, practised according to the age and strength of the patient; arteriotomy he considers the most advisable plan; opening the jugular vein he says is not to be generally used. Blistering the head or neck he also recommends, and free purging. Diuretics, and mercury he regards as uncertain. The latter he says may be useful in the advanced stages of the disease.

Epilepsy.—When this disease is produced by the original constitution of the patient, it is incurable; when caused by plethora, or accompanied by symptoms of cerebral congestion, venesection, free purging with sulphate of magnesia, and aloes with colocynth, and the use of blisters in succession are advised by Dr. Blackmore. In addition, the diet should be cool and spare; the patient should not take a stronger liquor than small beer; distilled spirits and all fat meats should be strictly forbidden, and animal food should be used sparingly. The patient's diet should be milk and vegetables, and the quantity should be limited. The exciting causes should be avoided, and the passions of the mind kept under. Exposure to great heat, either from a fire or too much bedclothes is injurious. The patient must not sleep on a soft bed, but on a mattrass, with a hair pillow; when the disease is caused by inanition, the diet should be nutritious with animal food, and a little wine. There are not any specific tones for epilepsy; but—Exercise will increase the strength, promote the appetite and digestion, and a proper deposition of nutritious matter; it must be within the limit of fatigue. The action of the muscles of the arms is promoted by dumb-bells. Cool fresh air, the shower bath, and the cold bath strengthen; the patient should plunge in head foremost, and come out immediately. Washing the head with cold water thrice a day is good. A long sea-voyage has cured the habit that occasioned the disease. Superstitious remedies, influencing the mind with awe and reverence, have cured it; as eating the sacred birds among the Romans; and the *viscus quercinus*, misletoe, the oak being an object of great veneration in the time of the Druids. Bitters are employed; they possess efficacy, as is seen in intermittent fevers; but cinchona is scarcely ever successful in epilepsy. Iron in any quantity or form is not successful; it is thought a tonic. Dr. Blackmore has used half a drachm of the precipitated carbonate with valerian, without bad effects; when given freely it has carried off worms, and so has done good. Tonics are not to be trusted to. Arsenic has been given; it was thought to be a tonic by Cullen, but it is not. Argentum nitratum is also thought a tonic, and a cure for this disease; Dr. Blackmore has tried a quarter of a grain in a pill without success; it must be given with caution. One patient came to take a grain and half daily; then a violent diarrhœa came on; the fits were suspended for six months; yet there was organic disease in this case, which led to a subsequent loss of the mental faculties. The cuprum ammoniatum is praised; a large dose has induced violent vomiting and purging. Oxydum zinci produces no effect; sulphas zinci is a better astringent. Hydrargyrum, particularly calomel, purges, and does some good. In the cure of this disease no one remedy, nor all of them together, can be relied on. The fœtids as valerian, assafœtida, musk, castor, camphor, are thought to be antispasmodic. One patient took valerian, and the fits ceased; it was omitted, and they returned; it was given again with the same success. Dr. Fothergill thought these medicines acted, in epilepsy, by disordering the stomach and impairing the appetite. He was a man of genius and observation, and his theory is deserving of credit. Opium may do good in some cases of this disease; it is tried with success in asthma, which is a violent spasmodic disorder, and in hysteria.

Hysteria.—In the treatment of this *opprobrium medicinæ*, Dr. Blackmore trusts to well-managed diet and exercise, cold bathing, and the shower bath, and the patient being much in the open air, which he says strengthens the sufferer, and lessens irritability.

Latent Scarlatina.—Under the title, 'Record of Cases,' Dr. Mayo describes two cases of scarlatina, in which the exanthem remained as it were latent, and which terminated fatally soon after the disease commenced. The treatment consisted of free purgation, and the exhibition of stimulants. There was not any examination of the body made in the first case after death; the appearances in the second, that of a boy seven years of age, were those of cerebral congestion and effusion.

Dislocation of the Shoulder.—Mr. Collier describes two cases in which dislocation of the head of the humerus into the axilla took place from sudden and powerful muscular action.

Tetanus.—The following is the plan of treatment recommended by Mr. Stafford in this formidable disease:—If the patient be plethoric, one general bleeding from the arm may be had recourse to, according to the violence of the symptoms. Leeches may be applied along the whole course of the spine, and more particularly at those spots where the muscles are most spasmed. The extract of belladonna may be rubbed on each side of the spine, and more particularly at the spasmed portions, whereby the paroxysms may be prevented. Purgatives may be administered, and the contents of the alimentary canal evacuated gradually, as recommended by Mr. Abernethy, by giving doses of calomel and jalap every three hours, and if that should not be active enough, one drop of croton-oil. When the bowels have been sufficiently relieved, then calomel and opium may be prescribed as for iritis, and persevered in until the mouth becomes sore. Should the disease become chronic, counter-irritants may be employed, such as blisters on each side of the spine. Should the paroxysms of spasm be very violent, opium, the tincture of cannabis sativa, or the extract of belladonna, or any other antispasmodic, may be exhibited internally, according to the best judgment of the medical attendant. Soothing remedies may be employed to the wound, such as a strong solution of opium, hyoscyamus, poultices, &c. If there be tension of the nerves they may be divided, and should there be a peculiar state of the wound, causing more than ordinary irritation, or should it be impossible to save the limb, then amputation may be performed.

Serious Injuries unattended with much Constitutional Disturbance.—Mr. Meade has narrated four cases which are interesting on account of the slight degree of attendant constitutional irritation, the non-occurrence of which he thus explains. "It seems that in very extensive injuries, where several distinct parts of the body are hurt at the same time (when the shock is not so great as to destroy life before reaction takes place, and in which no internal and vital organs are seriously injured), the injury in one part acts as a check upon that in another, producing a sort of counter-irritation, which keeps down violent inflammatory action, and sympathetic fever." The first case is that of a robust powerful man, who had met with severe injuries while blasting a rock with gunpowder. When seen by Mr. Meade, both hands were completely shattered; the fractured extremities of the radius and ulna were exposed on one limb, and only remained attached to a few blackened fragments of the wrist and hand; while the mutilation of the opposite limb was not much less. The integuments of both arms, as high as the elbow, were much lacerated and burned; the skin, and in many places the cellular tissue beneath it, being infiltrated with dirt, fragments of stone, and gunpowder. The head and face were much injured. The features were so blackened and cut that it was difficult to recognise them. Sight appeared, at first, to be totally destroyed, the sclerotica and cornea of both eyes, as well as the lids, being extensively lacerated with fragments of stone, and blackened with gunpowder. On separating the lids the man could see light with the left eye, but the sight of the right was quite gone. Vision was probably destroyed at once by concussion of the retina, as the globe of the eye was not apparently penetrated by any of the wounds on its surface. There were several wounds in the scalp, and one deep cut on the front of the left leg. On recovering from the immediate shock, amputation of the arms was performed, and the other wounds cleansed and dressed. He recovered without a symptom of constitutional disturbance. The stumps united with rapidity; one was quite well in a fortnight, and both arms completely healed in three weeks. The chief sufferings arose from the injury to the eyes; considerable inflammation occurred in both of them, affecting all the external proper tunics, and being very protracted in its course. In the right eye, matter formed in the anterior chamber, and between the layers of the cornea, and complete disorganisation of the globe took place. In the left, very considerable inflammation of the cornea and sclerotica occurred, extending to the iris, which required for its removal the repeated local abstraction of blood, and the long-continued administration of mercury, so that

to keep up a slight affection of the mouth. He ultimately recovered the sight of this eye, though it still remains very imperfect in consequence of opacity of the cornea, owing, in a great measure, to the presence of particles of gunpowder which are imbedded in its substance. The next case is somewhat similar: amputation of the left arm and of the right thumb was required; one eye was destroyed, the scalp and face were extensively lacerated, and there was also a severe compound fracture of the left leg below the knee. This accident also happened by blasting rock with gunpowder. This man recovered without any febrile disturbance, or disorder of the general health. The stump rapidly healed, and the wounds on the head and leg soon closed. His chief sufferings (as in the former case) arose from the injured eye. Chronic inflammation of all the tunics occurred, which terminated in suppuration and collapse of the globe. His complete recovery was also retarded for some time by want of union between the bones of the fractured limb. The external wound soon healed, so that it became a simple fracture; but it was necessary to continue the use of splints for nearly three months before union became firm. It seemed a consequence of the complicated injuries under which the man was suffering, that there was not sufficient vigour in the constitution to effect union between the fractured bones. The third case was one of severe concussion with suspected fracture of the base of the cranium, from an accident with machinery. The man was treated, after the subsidence of the shock, by venesection, leeches, aperients, low diet, quietude, &c., and ultimately got quite well, and still continues so. The fourth case is entitled severe sprain of the sacro-iliac articulation, and is thus described. It occurred in the person of a young man who was working in a mill for the construction of machinery. A rack suspended from the roof or ceiling of the building in which he was working, and which was filled with a number of heavy bars of iron, gave way, and fell upon him. He was standing in a corner of the room, and was in a stooping position at the time, so that he received the weight, amounting to more than a ton, on the back of his head and shoulders, and was forcibly bent down into the corner with his legs doubled under him. When extricated, it was found that his head and back were unhurt, but he complained of the most excruciating pain in the right hip, and at the lower part of the back, which was increased by any attempt to move the right leg, or to bear any weight upon it. I saw him about two hours after the accident, and found him complaining of constant and dreadful agony, which he described as having the aching character peculiar to a severe sprain. On examining the part affected he referred the pain exactly to the point of junction of the sacrum with the right ilium. There was no bruise or sign of external injury over the part, except some swelling, and, in fact, he said that he had not been struck in that situation, but felt as if the injury had been caused by the weight which fell upon him forcibly doubling him up, and straining the lower part of his back. Mr. Meade could not detect any injury to the bones of the pelvis or thigh, nor to the hip-joint, and the man could move the affected limb, though it caused him an increase of pain to do so. There was great tenderness, and some swelling over the sacro-iliac articulation. The pain continued for several days, of the same constant aching character, but was unaccompanied by any constitutional disturbance. It gradually subsided, though for several weeks he could not bear to press the foot on the ground, and it was six or seven weeks before he attempted to walk. He ultimately quite recovered, and returned to work about two months after the accident: he was then still rather lame. The treatment consisted of perfect rest, with the application of leeches and fomentations in the first instance, subsequently gentle friction with soap liniment, and ultimately the application of a soap plaster spread on thick leather, supported by a bandage.

Hydrocele.—Mr. Burton has published the particulars of a case of hydrocele, in which the tumour was of very large size, and which was cured by an injection of a solution of sulphate of zinc.

The Matter of Contagion.—Berres in a paper published by the Imperial Medical Association of Vienna, and noticed in the British and Foreign Medical Review, says, contagion may consist of either dry or moist matter; the former may be in the shape of scales, scurf, or abrasions of the epidermis; and the latter a fluid, contained in vesicles or pustules; and, finally, contagion may be propagated by any secretion or excretion from the surface of the body. The essence of dry contagion exists in an aggregation of semitransparent greyish white globules, about 1-10,000th of a Vienna inch in diameter. These globules swell somewhat in water, but exhibit no further internal structure. In the moist form of contagious matter, we observe a vesicle filled with a clear fluid, which exhibits no traces of organisation; but should it become in the slightest degree discolored, then a number of greyish white, round molecules appear in the fluid. These are about 2-10,000th of an inch in diameter, and contain a small cavity, apparently filled with a delicate vapour. But should the contents of the vesicle or pustule become more turbid, then the large spherical pus-globules become visible. It is well known, that certain fluids are at one time contagious and at another totally inefficient; and the microscope has hitherto signally failed in discovering the cause of this remarkable variety of effect. From the result of his observations, M. Berres contends that all fixed contagions are, at their origin, alike in form, and that they consist of larger or smaller globules, which, in the moist variety, are surrounded by a clear fluid; moreover, that we have no data to explain the extreme variety in the effects and operations of contagion; and, lastly, that we must allow a specific life and separate existence to *contagion*, which combines itself with the globules above referred to, and employs them as the means of transport of its hidden power. He conceives contagion to be propagated in two different ways, the material and the dynamic or vital. In considering the first-named mode, our attention should be directed to the anatomical constituents of contagion, as before described, and also to the surface of the human body, as its destined recipient. He denies, or at least strongly doubts, the possibility of dry contagious matter acting through the epidermis; and even in the moist form it would require a large quantity for the necessary endosmose: We must, then, allow, that it is not the materies of contagion, but its specific life or vitality, which constitutes disease: and infection is then a dynamico-vital process, which takes place between living contagious matter, and the individuals predisposed to receive it. If this be true, it follows that contagion in all respects resembles the process of fecundation; where it is not the semen itself, but the aura seminalis, which operates on the germinal vesicle.

Cretinism.—According to Dr. Knolz, who resided for ten years among the cretins at Salzburg, in the Tyrol, the entire body of the cretin bears the marks of insufficient or irregular development. The average stature is far below that of the Caucasian race; the head is small in proportion to the size of the body, and, from its peculiar form, resembles rather that of the lower animals than of the perfect human being; as the lower portion of the face, containing the organs for the reception of food, are infinitely more developed than those allotted to the senses. The facial angle usually approaches more nearly to that of the orang outang than to that of man. The occiput is generally flat, and the back part of the skull runs parallel with the spine, as in ruminating animals. The occipital foramen, probably from deficiency of the cerebellum, lies very far back in the skull; and this, no doubt, is the cause of the head falling so far forward upon the chest. The face is usually broad and short, as are also all those features which give to the countenance its intellectual character. The eyes are sunk in the head, and widely separated; the eyelids heavy and overhanging; and the forehead retreating and low. The jaws are extremely prominent; the mouth wide, with thick sensual-looking lips, from which the saliva constantly flows over the scarcely perceptible chin. Dr. Knolz entirely denies that the dimensions of the thyroid gland afford any just measure of the amount of cretinism in individuals so affected. From the peculiar position of the spine, in relation to the thighs, the cretin's gait resembles not a little that of some of the monkey tribes when walking erect. Ipzhofen denies that the genital organs in cretins are unusually large; but Dr. Knolz confirms, in this respect, the statement of others, and asserts their excessive development to be an universal law. With respect to the physiological qualities, the digestive organs of cretins greatly preponderate in activity over the others; the whole occupation, the whole life of the cretin is centered in the enjoyment of eating, though Dr. Knolz does not think, with the Wenzels, that their digestive powers are necessarily in proportion to their enormous appetites. The liver in cretins, as in the lowest class of animals, is of great relative size. They undoubtedly possess muscular irritability, and also the faculties of thought, and of will, but in a very inferior degree. In the complete cretin, the power of speech is almost entirely, or is quite, extinct; nor does this result from deafness, for he is equally unable to learn the finger-language of the deaf and dumb. The true characteristics of the cretin are then to be sought for in the head, both in the skull and in the face; and to these may be added, the undue development of the liver, and of the sexual organs. Fœtal life in the cretin may be said never to be extinguished; he is never developed into the man, scarcely rising above the condition of the merest infant, save by the great activity of the digestive and sexual organs. In fact, they otherwise possess merely a vegetative life; and, were their appetites and power of locomotion taken away, they would be no more, observes Dr. Knolz, than warm-blooded plants. The disease of cretinism Dr. Knolz considers to arise from undue activity of the ganglionic or vegetative, with a deficiency of the cerebral, system; and not, as many have imagined, from any peculiar induration of the whole or of parts of the brain, or from rachitis, syphilis, &c.

Remarkable Case.—The following singular case of hernia cerebri, recorded by Professor Wagner of Lemberg, is published in the *British and Foreign Medical Review*. The patient, a girl of eight years of age, born of healthy parents, was observed at birth to have a small tumour on the right side of the nose, near its root. The tumour was then only the size of a hazel-nut, insensible to the touch, and covered with a skin similar to that of the neighbouring parts. Before the child was a year old, the growth had increased to the size of a pigeon's egg, and had become dark coloured and tender. Eight years elapsed before medical aid was sought. The child then appeared healthy, and all the functions were perfectly normal. The tumour extended from the inner canthus of the right eye over the cheek as far as the right ala nasi, and, passing across the mesial line, covered also a portion of the left side of the nose. It was seven inches in circumference at the base, two in diameter, and four in length; its consistence soft and pasty; and the colour brownish red, with several white cicatrices. The eyelids of the right eye were partially everted, and inflamed; while the ball itself was thrust outwards towards the external canthus. The patient complained of a dull pain, extending upwards to the brain, when the tumour was much pressed or handled. From the great apparent vascularity of the tumour, Dr. Wagner and his colleagues would not venture upon extirpation by the knife, but it was determined to make shallow incisions on the surface, and then to excite suppuration and the destruction of the whole by strong corrosives. This was done; but the application of the solid nitrate of silver gave rise to severe symptoms of cerebral reaction, and to erysipelatous inflammation. But the treatment was still persevered in for ten months and more, though, in spite of all their efforts, new growths were constantly put forth to supply the place of those that had been destroyed by the butter of antimony, and other caustic applications. About the beginning of April, ten months after the patient had first entered the hospital, a great increase of the constitutional symptoms took place, and masses resembling cerebral substance came away from the profusely suppurating surface. On the 10th, the patient was seized with violent general convulsions, which soon ceased; but there remained complete paralysis of the left side of the body. These convulsive attacks frequently returned, until the death of the patient on the 2d of May. The examination was commenced within five hours after dissolution. The right anterior lobe of the brain was found to have constituted the tumour observed externally during life;

a prolongation of its substance, to the extent of five inches in length and an inch and a half in diameter, passed out through the right orbital foramen into the face, having destroyed a portion of the frontal, the nasal, and ethmoid bones, to form a canal for its exit. The membranes of the brain exhibited a high state of inflammation.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers who are in arrear since Midsummer, are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared to us. Our rule is to be paid in advance.*

A. M.—*We can give an Irish apothecary but small encouragement in reference to English assistantships. Already we have far more than can be decently placed.*

M.D., *who has sent us some suggestions of apparent importance, will oblige us by developing his views more at large. The step he advises is so important that the data on which he grounds his opinions should be very certain and conclusive.*

Dr. Jacobs' *letter is surely unworthy of the position he enjoys in Ireland, both as a gentleman and a man of science. To speak of one of our correspondents, whose name is unknown to him, as a "despicable individual," whom he "regards with* contempt;"—*to apply off-handedly the word "baseness" to his* "motives," *of which he can know equally little, and finally to hint, however obscurely, that we have held up Dr. J. to reprobation for "offered inducements," is to shew, not that Dr. Jacobs is better than he is thought, but quite another thing, viz., with what a smal amount of knowledge or truth Dr. Jacobs can constitute himself the accuser of men a thousandfold* more *we had almost said, but at least* as *conscientious and honourable—especially if this letter be taken as evidence—as himself. No correspondent has made in our columns any strictures on Dr. Jacobs as a* public *officer, who did not previously communicate to us his name as the test of his sincerity and worth, and if Dr. Jacobs felt that his merits, rich or poor, were misapprehended, he well knew that our columns were freely open to his explanation. Dr. Jacobs makes a great mistake if he supposes that he has in any way aroused a personal ill-feeling in our minds; much more if he fancy that he is too important a personage for us to afford to do him justice. There is not one of the million persons of whom we know nothing, about whom we are more indifferent. The critic Dennis, who was in daily fear that Louis the Fourteenth, to avenge a libel, might land an army in England for the critic's special arrest, was almost the type of Dr. Jacobs in his foolish fancies of the extensive antipathies of the* Medical Times. *A copy of Dr. J.'s note shall be sent, as desired, to our correspondent.*

Communications have been received from Mr. Allan of Epsom, and Mr. Thompson of Ripon.

We regret to be obliged to postpone a mass of correspondence till next week.

THE MEDICAL TIMES.

SATURDAY, JULY 26TH, 1843.

Fortem posce animum, et mortis terrore carentem,
Qui spatium vitæ extremum inter munera ponat
Naturæ, qui ferre queat quoscunque dolores,
Nesciat, irasci, cupiat nihil, &c.—JUVENAL.

THE session will almost inevitably close without anything being *done* in the House for Medical Reform. Sir James Graham will, in a day or two, probably re-introduce his Bill, and make that explanatory statement which is to serve, we fear, rather as the *elegy* of the Minister's past Medical labours, than the *genesis* of a successful Bill in the future. Yet we look forward with no discouragement, backward with no regret. The Profession never stood in a more promising condition than now. The great fact that meets the eye is that there is but one party among almost 30,000 practitioners, and that that party is influenced by one mind, and allows all its energies to be wielded directly or indirectly by a Council of its own choice. In the COMMITTEE of the National Association the Profession finds its Executive. Everything rests on that Committee! With a clear and sagacious view of an improved medical polity—with a fixed and, we are able to say, an *enthusiastic* resolve to exert every atom of their power to develop and encourage to the utmost all that is high and able in the Profession, they cannot continue in the high position in which the Profession has placed them without accomplishing that revolution in Medical government towards which every thoughtful mind wishing well to the progress of science is yearning. Perhaps the real matter for congratulation is, that Sir James Graham has been practically coerced by corporate influence to deny the Profession's Committee the limited concessions he had prepared for them. The new negotiating party had scarcely time to acquire the full sense of its own potency, and must have felt an almost irresistible tendency to compromise much that it had a right to, to secure the conquests that can no longer be denied it. To use Sir James Graham's words on another occasion, they were likely, by their position, to be urged to the very utmost "verge" of good-humoured concession. They were, in truth, in an obliging temper by feeling, an humble one by novelty of place, and by habit, interest, and love of peace (by every sort of circumstance, in fact) in that accommodating humour when, for an amicable solution of the problem of Medical Reform, they would have made the utmost sacrifice compatible with the retention of honour. The Corporations, in resisting too much, have let the favourable moment pass by, and their next negotiations will find the yielding party of this session the stubborn and exacting party of the next, with demands higher and more clearly defined, and from which no Corporation, no Minister, nothing but the universal voice of the Profession shall make them abate one jot. This, to us, in the review of the session, is matter for congratulation only second to the success of a good Bill itself, just as carefully and wisely to organise victory is the next thing to secure it.

From the College of Surgeons we have no *fears* for the future movement, and we have long ceased to nurture *hopes*. The Council know nothing of the age in which they *now* live. The progression of Medicine has been far more rapid than they have been able to allow for. They cannot keep up with the feeling of their brethren. They cannot be taught that the period for fostering, under the *name* of Colleges, dining clubs and sinecure emoluments for themselves and friends, professedly on behalf of *science*, has gone by; or, if they begin to fancy such "pretty things" a little shakey, imagine that a nominal concession—a greater or less partition of their future spoils—will set all to rights. Mistaken persons! When they find a National Faculty of Medicine springing up as by magic, and graced with all that is really illustrious in the Profession, and their own Institution a bankrupt and ruined pile, then will they awaken to the extent of their blindness!

We mistake the Profession vastly indeed, if any lures from that body of incapables, or any miserable attempts at dissension outside, will interfere with that imposing attitude which their union and mutual confidence now give them, or impair that confederated potency, which, continued, is the sure earnest of a complete and happy change in the affairs of Medicine.

Quanti emptæ? parvo. Quanti ergo? octo assibus. Eheu.
HORACE.
What doth it cost? Not much, upon my word.
How much, pray? Why, two-pence. Two-pence, O Lord!
CREECH.

——— Quis talia fando,
Temperet a lachrymis?—VIRGIL.

To call the Medical Profession "degraded" is to apply to it one of its most common and, in some respects, deserved epithets.

'Tis true, 'tis pity, and pity 'tis, 'tis true.

The stigma, however, is less applicable to the Profession on the continent than in England—the more their honour, and our shame! Abroad it has a fair chance in the great race for emolument and fame—at home it is disputed and denied the privilege of creditable competition. There, title and emolument are equally within its grasp—here, it is esteemed, and even made, inaccessible to either. Comprehending in its essence and import the accumulation of the loftiest of human knowledge, and the dispensation of the choicest of human good—a vehicle of heaven's bounty, and an opportunity of man's gratitude—it merits in itself little less than the divine honours which antiquity was pleased to award it. In their keeping, unchristianised though they were, it was a solemn means and a sacred emblem; respect was had to the purposes of its fulfilment, and its duty was, in some measure, the hand-maid of devotion. Far otherwise is it now. The fane is desecrated—corruption has despoiled it—the fair proportions have sunk into deformity, and what was once purity and strength, has become degeneracy and weakness.

Heu, quantum mutatus ab illo Hectore!

For this degradation, however, the Profession is, in a great measure, its own debtor. Had it paid to itself the respect due to its intrinsic importance, it would have exacted, in some sort, a worthy measure of respect from the world at large. Failing in this, society has taken advantage of its impoverishment, and has burdened it with humility, instead of blessing it with honour. The evil has increased until it has acquired a consequence little short of criminal, and now the members of this ancient and learned community are respected and recompensed like the veriest hirelings of drudgery. They are openly advertised for as common marketable commodities, and are offered the benefit and bounty of serfdom The instances of this insult are of constant occurrence, and seem daily to be growing in their grievance. As a type of the whole, and certainly, as a climax of most of them, we refer to an advertisement which has appeared upon the covers of our own Journal, and upon those of some of our contemporaries. Our *public* duty gave sanction to its insertion, but a sense of *professional* duty prompts us to expose and repudiate the contemptible conditions of its offer. The advertisement was for a "*professional* man of *gentlemanly* and cheerful man-

ners, and *good education*, to take care of a nervous invalid." He would be expected to "*shave and dress* his patient," to "join him at meals," and accompany him in his walking and riding exercise. For these several "light duties" the poor hireling was promised to be "*treated like a gentleman*," and to have a bonus of *fifty pounds a-year!* As the Kentuckian said, this is the "most tarnation staggerer" we have met with for many a-day. If it be come to this, "throw physic to the dogs," and "cry havoc" in all schools and colleges, say we. This premium-impoverishment was last week commented upon by a "Constant Reader," who wittily observed upon the disadvantages of abolishing barber-surgery. We are precisely of our author's opinion, for though it would be a maximum degradation for a surgeon to take upon himself the duties of a barber, it was the highest honour, in days gone by, for the latter to dabble in the mechanical delicacies of surgery; and they only want inviting to become the same reputable men as aforetime they were. Why did not the advertiser solicit the services of a knight of the shaving-brush at once, and say that he must hold himself responsible for the performance of sundry chirurgical arts? Such an announcement would have carried some weight with it, and no doubt plenty of *professional gentlemen* would have been found ready and willing to do the artistical and attentive, in all agreeableness and good humour. Every requisite, from a newsmonger to a nerve-doctor, would have been found centered in a single individual, had he been applied for in the right quarter. Possibly, a man might have been hit upon who would work in such magic combination the double duties, as to defy you to say which of the two had the preference. He is dead now, poor fellow, or else a "cracksman," of whom the following epigram was written, significant of his aptitude for *cutting his customers*, would have been just the man, and cheap at the bargain, to serve the purposes of the advertiser.

> Barbers in days of yore, we find,
> Shaving and surgery combin'd;
> Lancet or razor, at their will,
> They us'd alike with equal skill;
> But you surpass them far, my friend—
> Both trades you dexterously blend;
> And for a single penny, you
> Shave customers and bleed them too.

Fifty pounds a-year and *gentlemanly treatment* to a *professional man, well educated*, who will be expected to *shave* and *dress* his patient! Perhaps he would also be required to mend his patient's stockings and make his patient's clothes; to be *modo vir, modo fæmina*, now a man, now a woman—an *epicene*, or what you will. We are not told whether he would have to cut his patient's corns, and pick his patient's teeth and ears; but most likely he would, and we should be far from considering this extra "light duty" either an imposition or a degradation; on the contrary, we should say that there was something classical in it, for we find Tryphon, the barber, in "Herod and Antipater," speaking as affectionately of the instruments sacred to these operations as of any in his service—

> Toothpick, dear toothpick; earpick, both of you
> Have been my sweet companions.

There could be no objection, therefore, to the *professional superintendent*, when not otherwise engaged, attending to these little decencies. He would be expected, "so says the bond," to take his meals with his patient, which we apprehend to mean neither more nor less than having to tie the patient's bib and fill the patient's mouth before pretending to put a trifle into his own. In so far the duty would certainly be light. Also, he would have to accompany his patient in his walks and rides. Judging from what has gone before, we take it that his peregrinations would chiefly consist in his being his patient's walking-stick at one time, and his carriage horse, in a Bath chair, at another. There would be nothing amiss in this exercise, because it would breathe the doctor well, and give him plenty of fresh air, both of which we know to be very conducive to health. When the advertiser was about it, he might as well have suggested that if the professional attendant, along with the duties of a barber, could also couple those of a joiner and cabinet-maker, the extra accomplishment would render him additionally useful; and so it would, for he might then employ his leisure hours in making rocking horses and easy chairs for his charge. Considering the liberal salary and the "light duties," it strikes us as being an oversight not to insist upon further qualifications on the part of candidates. It would have probably brought more into the field, and multiplied the chances of favourable selection. We remember in familiar rhyme a distinguished name that would have done honour to the situation advertised, had its illustrious possessor been fortunate enough to have become the "chosen-one." His acquirements were numerous, and precisely to the point, as is testified when he says—

> "What with shaving and tooth-drawing,
> Bleeding, cabbaging, and sawing,
> Dickey Gossip, Dickey Gossip is your man,
> Match him if you can,
> Dickey Gossip, Dickey Gossip is your man!"

In our opinion, he would have been, of all men, *the* man to discharge the "light" and "gentlemanly" duties, and to pocket the premium and affront together.

But we must part with pleasantry now, and view the matter in a more serious light. We regret to have to do so, for we love a joke when it is harmless—*castigare ridendo mores* is the happiest mode of correction we know of, and we always adopt it when practicable. But in some cases it does not suffice singly, and the present is one of them. There is fun enough in the matter, *de se*, and we have really enjoyed it, but as most questions, like Janus, have two faces, we find that this also presents an aspect the reverse of mirthful. In itself it is nothing, but, as we have said, it is in some sort a type of an existing state of things, which is compromising the best interests of the profession. In what esteem must medico-chirurgy be held, when one of its "well educated" and "gentlemanly" disciples is advertised for, to take charge of a patient, and shave and dress him? Must not its disciples be considered little better, and no more deserving, than barbers and valets? Fifty pounds a year as the premium of intellectual prostitution! The wages of a decent footman, and a *salary* that a journeyman shoemaker would turn up his nose at! Is such a thing to be found in the world's history, as a lawyer, or a parson, or even a pedagogue, being required to shave his client, his parishioner, or his pupil? And why is the indignity levelled alone at physic? Simply because its visitation has been invited. The profession has forgotten the respect due to itself, and the world has rewarded it with a solicited insult. Is there anything in the preparatory study, and in the examination, to qualify a man to practice law, or preach the gospel, which gives to such man an intellectual or a worldly dignity above a physician or a surgeon? We deny that the pursuits of legal or clerical studentship are anything so various and comprehensive as those which are imposed upon the medical student; and we also deny that the examination for the pulpit or the law bears any comparison with that for physic and surgery. At least, then, both in the compass and the cost of study, the medical practitioner is quite on a level with members of other professions, and in his state in life, is a man of as much personal consequence. But here the relationship ends. The clergyman, or the lawyer, remembers the dignity of his calling, in all his dealings with the world, from which he never fails to exact the deference which is his due. When he serves society, it is to serve himself, and he is never prodigal of gratuitous labour. You neither find the one opening his house and his wisdom on certain days to all penniless comers, nor the other administering "even a cup of cold water," without "fee or reward," to the dying inmate of a hospital or a workhouse. Each knows that as a labourer he is "worthy of his hire," and, as becomes a man of the world, he makes professional service synonymous with payment; and so the world esteems him, and sets full value upon what he does for it. It is the opposite of these things which has degraded the medical man. He is ready with his advice for everybody, whether it be asked of him or not, and he squanders it with a profusion which suggests a belief that it is valueless. He serves public institutions for nothing, and private individuals also, if they ask his gratuity. Nay, rather than not be "up and doing," he will, upon the same terms, run any distance after patients, if they do not choose to run after him. In committing these follies, he lessens both his personal consequence and his income; for, whilst his services are esteemed insignificant, being *given away*, yet are there plenty who will receive them as *priceless*. But, whilst he affects this charity to those who *will not pay*, he is willing to be, to any amount, a stipendiary upon those who *will*. Herein consists his chief discredit. If he cannot get a legitimate fee, he will take its lowest representative. Hence has arisen the pauperising system of club attendance, the penny fee trap, and the other abominations which degrade and ruin the profession. Not the public only, but actually the legislature, has taken advantage of this servility and weakness, and they give to a union, or a parish surgeon, a stipend that will barely keep his horse. They look upon him as a mere drudge, and pay him the wages of a menial. There is something humiliating enough in being required to *shave* a patient, but this degrading office is scarcely more contemptible than doing the dirty work of clubs and parishes at such emoluments as are accepted by members of a learned profession. If we did not give the world to believe that we are corrupted and corruptible, it would not dare to throw the temptation to disgrace in our way. If we did ourselves more justice, society would be glad to contribute to the homage. If the evil is to be remedied—and God speed it—the reformation must begin amongst us, and with that class especially (alas! how numerous) who teach the world to believe that the duties and the pay of a medical practitioner are those of a servant of all work.

LETTER FROM DR. C. J. B. WILLIAMS.

We should have inserted the letter below last week, except for a charitable feeling, that a tolerable interval of time might suffice to give the writer that second, and better thought, which must have followed the first exercise of reflection. The result is other.

To the Editor of the Medical Times.

Sir,—As I find that many persons are under the impression that the reports of my lectures on the Practice of Medicine, which have for some time past appeared in your Journal are authorised by me, I think it due to myself publicly to state that they are not so,

I believe that they were taken by a short-hand writer who is ignorant of medicine and medical terms; and if they have been corrected at all, it has not been by myself, nor (except some of the early lectures), so far as I know, by any of my pupils.

I trust that you will publish this statement to account for numerous errors and omissions, which in many parts of these reports are such as to destroy or wholly pervert the sense; and for which it is not fair that I should be supposed to be responsible.

I am, Sir,
Your obedient servant,
C. J. B. Williams.

Our correspondent seems angry because it is supposed that he (Dr. W.) gave any "authority" to the publication of his lectures. We may possibly not form the same favourable estimate of the importance of his "authority" as the writer, who is understood to be well up in this part of science; and hence, perhaps, has it arisen that we have felt pleased to announce—as more than once or twice we have distinctly announced—that the lectures, after revision by a medical man, came to us through a short-hand writer. All we claimed was to have published them (with the amendments they necessitated under a medical revision) as Dr. W. delivered them to his class. So much for our thought of his "*authority?*"

But suppose, after all, the "authority," important or unimportant, *was* given, how, then, will our correspondent stand? And we ask him, was not a small portion of the course furnished us, to his own knowlege and privity, by a very distinguished pupil of his? Did he not *give* with his own hand *a ticket of admission* to the lecture-room to our reporter, for the special purpose of taking the rest of the course for us? And did he not, for seventy or eighty successive mornings, retail his lectures with the daily understanding, that they were being stenographed for our publication? Nay, that some of them then were undergoing publication? These are plain facts; things that have no nonsense, nor sham, nor pretence in them; no winding, nor hiding, nor artifice—neither a *suppressio veri* nor *suggestio falsi;* and they do make us wonder how Dr. C. J. B. Williams, F.R.S., can come before the public, giving some rude guesses as to the supposed way the lectures were procured, and generally disclaiming his "authority" (much more his facilitating aid) for their publication. Dr. W., no doubt, fancies he adheres strictly to his creed of veracity. With that we have nothing, or *will* have nothing, to do.

The reporter is incontestably one of the best *verbatim* short-hand writers of the day, and is employed in the most important *legal* cases, in which his really wonderful fidelity is relied on where property has been in question to the amount of hundreds of thousands; and where, without the most rigorous accuracy, his presumption would be ridiculous. Though, in literal reporting, as in the present case, a knowledge of the speaker's technical terms is anything but indispensable, he really has a large acquaintance with the medical vocabulary. He has reported at least three full courses of medical lectures—one on forensic medicine, for a legal journal of high standing, to which his reports added great credit; and we should not be ever the mark in saying that he has stenographed at least a dozen courses of lectures, all enjoying high repute as verbatim reports. Such was the reporter. To make surety doubly sure, however, each lecture, before publication, was submitted to the careful revision of a medical gentleman for years past in close connexion with all our medical literature. That under this revision the lectures underwent changes, we do not deny; but when we mention that there was scarcely a lecture without a multitude of repetitions of the same sentence, that no *additions* or interpolations in *matter* were *ever* allowed by us to be made to them, and finally, that they were delivered extemporaneously *and* by Dr. W., we think we may claim with confidence that the suppressions in some cases, and changes of literary style in others, were not made to the lecturer's injury. Some slight auditory mistakes may, of course, have occurred to the reporter, however perfect; some oversights, possibly, to the medical gentleman revising, however attentive; and typographical errors in a weekly work are things almost impossible to avoid. The reported—and the reported-for—know all these things, and we are the last to deny them, though to the benefit of a somewhat unkindly correspondent. But as a general *report* of the course we pledge ourselves to its accuracy. If Dr. W. at last would disown them himself, he avows his plight as a lecturer to be bad, indeed.

Of the profound, Graves-like qualities of the lectures we shall be silent: if they do not interest, the only consolation that remains for our readers and ourselves is, that involved in them by a supposition that fame was desert, three more numbers will rid us of them for ever! We have been dispatching them, as our readers have noticed, with all the quick, quiet celerity we could command, and when the conclusion does come, we shall feel as if the *Medical Times* were relieved from a night mare.

BOOKS RECEIVED.

A System of Surgery. By J. M. Chelius. Translated from the German, and accompanied with additional Notes and Observations, by John F. South, Surgeon to St. Thomas's Hospital. Parts 1, 2, 3, and 4. Renshaw.

In the German language this work has already run through six editions; in the English it will not reach less. Chelius brings a master mind to his work, and where at fault—as the best sometimes will be—Mr. South's notes come admirably to the rescue. The work is to be concluded in twelve parts, the four first of which have appeared with that rigid punctuality, which is at once so laudable to publisher and author, and so necessary now-a-days to win confidence from purchasers. We postpone Chelius, however, for a moment when we can with more extended data before us, give a more detailed notice.

The Elements of Morality, including Polity. By William Whewell, D.D., Master of Trinity College. 2 vols. Parker.

The celebrated author gives us here a clever book, pervaded by much brilliancy of error. He thinks moral philosophy can be founded on axioms, about as certain as those of physical science; and that we can proceed from one dogma of natural religion to another, *ad infinitum*, with all the certitude of geometric demonstration. He has some moral elements equivalent to axioms, viz.:—Humanity, Justice, Truth, Purity, Order, Earnestness, and Moral Ends, which appear to us, in great part, so far THE *natural* moral principles of man's nature, that they are rarely or never, or not prominently found in him, except under a high state of social teaching! Destruction is as much a natural principle as humanity, and where nature, as opposed to civilisation reigns most unpruned, where, in other words, the animal tendencies of *nature* are more indulged than the rational tendencies, there is precisely the region where the "inherent principle of good"—the "moral axiom" of nature is *not*. There really is no *human rule* of right and wrong, and its opposite is found. The only human one that can be by courtesy termed a *rule*, is that which general assent adopts, varying with every stage of civilisation, and with the qualities of the civilisation in each stage; differing in the same country in different centuries, and in the same century in different countries. It is absurd to suppose that differently organised tendencies of mind and body, acting under varied circumstances, should hit separately and of themselves on the same precise idea as the elements of a code of right. What would be right to one, would be as wrong to another.

A Dictionary of Terms employed by the French in Anatomy, Physiology, Pathology, Practical Medicine, Surgery, Midwifery, Pharmacy, Medical Zoology, Botany, and Chemistry, with their Derivations. In 2 Parts. Part II. A German-English-French Dictionary, comprehending the Scientific German Terms of the preceding Part. By Shirley Palmer, M.D., of Tamworth and Birmingham. London, 1845.

The profession will be rejoiced to learn that this work has at length been brought to a fortunate close. Considering either the judicious labour that must have been spent in its compilation—and it must have been gigantic—or the vast utility it must subserve to every inquiring mind in the profession, and that utility will be enormous, we are justified in considering Dr. Palmer's work as one of the greatest biblical boons for which medicine has, of late years, been indebted. Lexicography in our science is a vast want, which offers few temptations for supply. The toil reacts more than a Johnson so elaborately expatiated on in his celebrated preface, and the repayment either in fame or money is at least 99 per cent. less. We trust the profession, after our example, will do their "possible" to amend the state of things, and remunerate our author for the daring industry which, under such discouraging circumstances, he has placed at their service.

The complaint has been made that the French is made the leading language. But it would appear that the whole work sprung out of a design to meet the wants of students reading French and German literature; and considering, indeed, that it is during the perusal of foreign works that the reader is most likely to need Dr. Palmer's assistance, we think our author has done well to take the plan which, if it convey no idle national complaint, performs a very important national service. It may be added, too, that the work now, by a German appendix, is equally serviceable to readers in that language, and that the author proposes a supplement (very desirable by the way), in which he will furnish vocabularies, to meet the want of readers in the other languages, viz.:—English, Latin, and Italian.

WARNING AGAINST FALSE CAPERS.

(To the Editor of the "Medical Times")

Perhaps a short statement of the following case may not be thought unworthy of a corner in your publication, as exhibiting the violent effects sometimes produced in weak subjects by plants of the genus euphorbia. On Tuesday last two male children, of the ages of six and four, were seized with violent vomiting and purging when about to commence their dinner. Their mother, hearing that they had eaten some kind of seeds found in a field, sent for me. When I arrived, the elder child had recovered; but the younger, besides being sick and faint, had a very dilated, almost insensible pupil; pallid countenance; weak, unsteady pulse; and some degree of derangement of the senses. It appeared that this child had eaten by far the greatest number of the seeds. The pods were shown me, and I pronounced them to be those of euphorbia lathyris, or caper spurge. The matter vomited did not lead me to suppose that any portion of the seeds remained in the stomach; I did not, therefore, give an emetic; but administered, to each child, an active purgative; and to the younger, moderate doses of sal volatile, every hour, with tincture of cardamoms. About five o'clock, a boy of two years was seized with vomiting, from the same causes; but his symptoms were very mild, compared with those of the second boy. Before night came the symptoms had disappeared in all, and they were, this morning, quiet well. It appears to be a common practice to pickle these seeds, as the *true* caper; but we do not then hear of their

ill effects; no doubt, the acrid juices are much weakened by solution in vinegar. As this is the first instance I have met with in which they have been *proved* to do mischief, I thought a short record of the case might not be unacceptable to the profession at large.

WILLIAM ILOTT, Surgeon,

Bromley, Kent,
July, 23rd, 1845.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

To the Editor of the "Medical Times."

SIR,—There is scarcely any subject that can be discussed in a medical publication, more vitally important to the public, than that of the merits of medical schools, and there never was an epoch, in the history of our profession, when it could be more appropriately done, than at the present moment. It was with pleasure, therefore, that, in casting my eye over the table of contents of the last number of the *Medical Times*, I perceived the announcement, "The University of Edinburgh as a Medical School;" but surprised was I, indeed, at the sentiments of the writer of the article to which I refer, to say nothing of the spirit in which his remarks, generally, and his criticism of Professor Traill's translation of Schlegel's Essay on the Physiognomy of Serpents, are endited—

"Wit dwells not oft with wisdom, and, I fear,
'Tis possible to buy a joke too dear."

as said by Bishop Tenot. But, be that as it may you will, I doubt not, on the *partem alteram audi* principle allow me to reply to your correspondent, which I shall do in a temper befitting the occasion, and consistent with the important interests involved in the controversy, for such it must be, in consequence of the position assumed by the writer, against the sentiments and insinuations of whom I protest, and appeal to the judgment of the candid and enlightened readers of the *Medical Times*. Of you, Sir, I respectfully ask a fair field, and no favour; *that*, I am convinced, you will readily grant. I have the honour to be, &c.,

ROBERT LEWINS.

Tiverton, July 21, 1845.

REMARKS ON MEDICAL EDUCATION.

By ROBERT LEWINS, M.D., &c. &c.

"Now, Truth perform thine office; waft aside
The curtain drawn by prejudice."

The *Medical Times* of Saturday last contains an article headed, "The University of Edinburgh as a Medical School in 1845." "It seems," says the writer, "to be a fact pretty clearly admitted, that the Premier has taken up a strong *predilection* for the system of the present Scotch colleges, or, at least, for a modification of them, and that he intends giving to this system, be it good, or be it bad, the whole weight of his power. Nay, what is more, it is said that he intends extending the system to Ireland, and ultimately to England." "Thinking men might be disposed to say—had you not better first ascertain how the system has worked? how educational institutions have thriven, where the pedagogue and teacher occupied the position of the professor? Have any of them sunk to mere diploma shops not over respectable? Have men of genius and European reputation found a ready access to the chairs?"

Tried by these tests, I hesitate not to assert, and fear no contradiction from any candid man conversant with the facts of the case, that a "predilection" founded on a knowledge of the effects produced by the system long ago adopted, and still rigorously acted on by the medical faculty of the University of Edinburgh, is theoretically accurate, and, practically, will be found to realise the rational expectations of the Premier, and of every other intelligent man.

But let us appeal to facts bearing directly on the sentiments of the author of the communication on "The University of Edinburgh as a Medical School in 1845," manifested by his not over-courteous queries; and first, as to the appointment of professors, a proceeding to which his attention has evidently been particularly directed, and with which the doings of the patrons of the chairs have obviously not satisfied him. *Naso suspendere adunco* is an insult to which I imagine he supposes he has been subjected. I might reply to the sarcastic author's first query in one word, *circumspice*, in reference to those who *were* professors in the course of the last hundred years, and who *are* so at this moment. It were absurd in this place to advert to the works of the medical luminaries who have shed a lustre on medical science, and done honour to the chairs of the University of Edinburgh, since to the readers of the *Medical Times* the names of Whytt, Cullen, Munro, Black, Gregory, Duncan, Hamilton, Bell, &c., must be familiar as household words.

I proceed to respond to the second query. In the ordinary sense of the word, there is no one who fairly deserves the name of pedagogue in the University of Edinburgh; that a professor's attainments as a *teacher* should be considered objectionable is a new, and, to me, an extraordinary idea. I have, on the contrary, been accustomed to think that estimable men of first-rate genius have frequently failed as professors for want of the peculiar talent of imparting knowledge.

The appropriate answer to the third query is, that the medical diploma of the University of Edinburgh *has been* and *is* held in high and deserved estimation by all competent and impartial judges of medical testimonials. Have men of genius and European reputation found a ready access to the chairs, in bitterness of spirit evidently, asks the writer whose production on the medical system of teaching in the northern metropolis I now criticise.

Men of genius—and rarely, indeed, others—*have* found access, although not always a ready one, into the Edinburgh medical chairs, since it has generally happened, when vacancies occurred, that *several* "men of genius and European reputation" have appeared as candidates—keen contests have consequently taken place, rendering the "access" not "ready," but sure, to an unexceptionable, and, almost always, to the best qualified candidate.

The reflection intended to be conveyed by the query under consideration would have been more to the purpose, if it could be insinuated that too ready access was found to the chairs.

But let us advert to the history of the appointments of the present occupants, and to their professional characters as established by their *deeds* as professors—a kind of evidence quite conclusive in regard to the question at issue. Dr. Monro, the professor of anatomy, was placed in his chair when a very young man, and he has now filled it nearly half a century. It is understood that he owed his appointment in a great measure to the brilliant reputation of his father and grandfather, who contributed most materially to establish and extend the fame which Edinburgh has long fairly enjoyed as the first medical school in Europe.

Dr. Monro is, unquestionably, a man of genius, but as a teacher he has not realised the expectations entertained of his career. It is true, as acknowledged by himself, with a degree of candour highly creditable, that his powers as an anatomist and as an author are inferior to those of his progenitors; but it is a fact, nevertheless, consistent with my positive knowledge, that some of the best practical anatomists of the present day, and not a few of the first physicians, likewise, acquired their profound anatomical skill at Edinburgh under the auspices of the present professor, Dr. Monro.

Dr. Graham stands second, in point of seniority, on the list of Edinburgh professors; his chair, that of botany, is a *regius* one. Dr. Graham owed his appointment to his own excellent talents, aided, it is supposed, by the political influence of the late Duke of Montrose; the election proved equally creditable to the patron and professor. Dr. Graham's enemies, if he have any, must admit that he has done honour to his chair, and that he is a popular and successful professor of *clinical* medicine—there are few professors more esteemed and respected by students and professional inferiors, or equals, than Dr. Graham.

In next week's number of the *Medical Times*, I shall resume consideration of this subject as mentioned before—one at all times important to the medical profession, but imperatively more so at this precise period, and under existing circumstances.

To the Editor of the "Medical Times."

SIR,—I was not a little surprised at the strange temper, at the inaccurate statements, and at the sophistical rhetoric of an article accidentally admitted into the last number of your generally impartial and truly liberal periodical. It has been my privilege to be one of your constant readers for some time, and never until last night, on the reading of that article, did I meet with anything that has appeared to me unfair. I therefore conclude that it has fallen into "the tide of the times" by sheer accident; that its types have been huddled together on the plan of the "vestiges of creation," and that it has crept into your little world without either the sanction or the direction of its worthy architect.

I am sure, Mr. Editor, that the article entitled "The University of Edinburgh as a Medical School in 1845" is an *ex-parte* affair. The professors of that university are well known to be scientific men, and the clinical staff of the infirmary comprises as able men as any in the empire. Indeed, what is there in the locality of Edinburgh or Glasgow to make their scientific men inferior? Is not the Scot as quick to observe and remember—as penetrating to arrange and correlate—as judicious to decide—as energetic to act as any man? Are the people that gave birth to Watt and to Hunter incapable of acquiring and of teaching the sciences? Is the preliminary education of the Scot inferior? Is a course of logic, metaphysics, and mathematics, with classical study, compared with the Englishman's exclusively classical study at a grammar school, inferior as discipline to the mind in preparing it for the art of observation, and for a mastership of the difficulties of science? Are not anatomical inspections the same there as here? and is not the nature of disease there as here, cognisable by observation and reflection? These and other points would be very satisfactory bases for an explanation of what your correspondent strives to prove, that medicine cannot be studied in Scotland, as though science were limited to the odour of his own anatomical room. I had certainly thought, Mr. Editor, that although such exclusivism is the natural feeling of some minds, yet that men of genius and education were too well aware of the amount of knowledge current in medical science to allude to such ideas, still more to pretend to elucidate them, by the caricature of a review, by which they are followed. If we are to judge of men by their works, we must remember *that* review did not emanate from Dr. Traill, but from an enemy to Dr. Traill, and, strange in a scientific age, an enemy to a university!

The Scottish system of medical education is not, I will admit, superior to the English, because the two methods are much the same in nature and in extent, the English licensing bodies having, by the gradual substitution of hospital and lecture study for the more degrading period of an apprenticeship, gradually approximated to the method recommended by the Scottish universities. It is only this imitation that has extended the course of study in the English schools, and so made them what they are. I presume all thoroughly educated medical men who are able to practise, are also able to teach medicine, provided musea and apparatus, plates, dissecting rooms, hospitals, &c., are accessible; and I believe the reason that led to the celebrity of Glasgow and Edinburgh as medical schools was the obligation they imposed formerly of at least three years, and for the last twenty years of at least four years, on all who wished to prove their claims to an examination for degrees; whilst at the same æra a six months' course was the curriculum of the general practitioner in studying for the diploma of the licensing bodies of London. The consequence would generally be, superior proficiency on the part of the pupil who had gone through the longest course of study, and a proportionate meed of praise to the alma mater that had fostered and trained his mind to usefulness. This disparity has been done away with for the last few years, in consequence of the increase of study demanded by the licensing bodies in London, and the consequence is that the student from London and the student from Edinburgh having to go through about the same course of study, the value of these, and of most other medical schools, will be sustained by pupils in every sense equal to each other. If the Scottish curricu-

lum should be abbreviated, those schools would soon lose their reputation. To degrade an equal because he was once a superior is, to say the least of it, premature; it is most certainly ungenerous, and at the same time impracticable. The Scottish universities, and they alone can injure themselves —for what was a few days ago well said in Mr. Healey's defence in reference to an *individual* may as truly be said of corporate bodies—" no man can injure another's character but himself;" and as long as those universities exact a long course of study and a fair examination—as long as they possess such men as Christison, Ballingall, Lizars, and Syme of Edinburgh, Burns and Thomson of Glasgow, all men of European reputation—and as long as they send out some of the ablest practitioners in the empire, so long will no correspondent be able to write them down.

The misfortunes assigned to these institutions are two-fold: 1st. They are diploma shops; this I deny—diplomas are not sold at any of the Scotch universities; and are obtained only after a definite course of study, and an examination, the stringency of which is attested by the number of refusals; then, again, " when Gottingen is mentioned, we think of Haller; when Leyden, of Albinus." How fertile in great men must such places have been, when we have to go back 70 years to read of the death of one, and 100 years to record the conclusion of the career of another! Your correspondent might have had the honourable feeling to have remembered that contemporaneous with Haller, " there were giants in those days" educated in Glasgow and in Edinburgh, who, great as Haller was, were greater—the Hunters, William and John, the counterparts in the healing art, of Lord Bacon in the art of reasoning—men, precisely of whom it may be said as a parallel to your correspondent's statement, " when surgery is mentioned we think of Hunter."

I cannot help naming what seems to be another objection—" two general practitioners occupy the chairs of surgery." This remark shows that your correspondent knows nothing of Scotland, and therefore has no right to judge the question: all the medical men there, with very few exceptions, practise medicine, or the healing art in all its branches; one does not attend a woman in her accouchement, another bleed her, and another prescribe a diaphoretic, three gentlemen at once, like another Cerberus, to perplex and torment. The bearing of this error, however, comes to this, that such men as Burns, of Glasgow, and Syme, of Edinburgh, are not able to teach surgery."

The last crying evil is, that Scotchmen are, like other people, partial to their nation, families, and to their friends. Does not local influence chiefly settle an election at Guy's and St. Thomas's, at St. Bartholomews, at our own universities—every where—limited only by this principle, that the men elected shall be capable, in the fullest sense, to perform the duties of their respective offices? Local influence will undoubtedly in Scotland, as it does elsewhere, place men in eminent stations; who that knows any thing personally of their professors will pronounce any of them unworthy?

Taking this subject, Mr. Editor, in its most favourable light, I must think that " Homer has once nodded"—that you have for once been incautious in admitting an article loose in its veracity, inaccurate in every sense, and alien from the truly catholic feeling with which you usually regard the science of every land. If it was written seriously, it can claim paternity from only one class of persons, the proprietors of some London " diploma shop"—of some anatomical back settlement, who might imagine that an indiscriminate attack on the Scotch universities might lead some raw youth to " pull the other way," and stray by chance into their own portals.

I shall be happy to see this letter, or some other on this subject, inserted in your next number, so that the stain may be effaced which such misstatements are calculated to leave on the unsullied and honourable character of the *Medical Times*, and that the charge may be removed from myself, and I am sure from many of your readers, of believing such puerilities.

I am Sir, yours very truly,
J. DEANE.

Chatteris, July 19th, 1845.

[The article here criticised was sent by a gentleman of eminent scientific attainments, who communicated to us his name.—Ed.]

GRATUITOUS PROFESSIONAL SERVICES.

(To the Editor of the Medical Times.)

Sir,—In a recent number of your periodical, I read a statement that the registrar-general intended to make every licensed medical practitioner a present of a case-book, in which might be recorded, under certain heads, the history of each case treated in his practice. The object of this is to facilitate the registration of births and deaths, so as to render our statistical information on these important points more extensive and correct than it has hitherto been. This would obviously be a great national benefit, and it is highly desirable it should be obtained.

But, Mr. Editor, I want to know *who is to give us our* FEE, *for keeping the registrars' books and for writing out certificates of the causes of death among our patients?* Why should *we*, of all men, be expected to do anything for nothing? Do the clergy, or the shopkeepers, or the artizan, or the " navigator," or does anybody else whatever, *work for nothing?* Are we not sufficiently ground down already by every conceivable injustice? And whom have we to thank for all this?—Truly, *ourselves*; for we have been so eager, in our fatal rivalry, to get a decent living, that our tenders to the public, have been gradually becoming less and less, and the fact is that a man entering the profession, without private means, must make up his mind to attend and furnish medicines, by night and day, for years, not only without adequate remuneration, but absolutely without even thanks. People consider the medical man's time and skill as public property, which everybody can insist upon having, but nobody has any occasion to pay for. Witness the very modest proposal of our friend the registrar-general. Of course he *pays* the under registrars and clerks for their trouble and time in collecting reports, &c. &c., and is *paid* himself for his own labours; but when something is wanted which can only be given by medical men, he considers it quite enough to give *them* a paltry book, to be kept for *his* interest and convenience, *not theirs*; and even seems to think he confers a favour in providing the book, and not compelling the poor creatures to find it out of their own pockets! Not a word about the *fee* for writing out each certificate, and for keeping records of cases!

I do hope, however, Mr. Editor, that the profession will, for this once, insist on being *paid* for their services; to which they are quite as much entitled as the surgeons employed under the New Poor Law, and the Factory Act. Let us calmly, but firmly, refuse to write certificates for any government purpose, unless we are to receive proper remuneration. I have done this, and if it only become general, the event must be, that we shall obtain our just due.

I am, yours respectfully,
GEORGE WILSON,
Surgeon.

3, St. Peter's Square Leeds,
July 21st, 1845.

[There is certainly a small hardship in doing a government service for nothing, albeit done for the public good and under no compulsion. But if Mr. W. reflect on the whole subject, he will find a difficulty on the other side even greater. How could any Government have 30,000 medical men in constant pay as their annual stipendiaries, for a service which should not cost a *successful* practitioner half an hour's toil per annum. We have too many *real* griefs against Government, Assurance Offices &c., to make " *much ado*" about this somewhat *filmy* wrong.—Ed.]

THE MEDICAL TIMES TESTIMONIAL.

Dear Sir,—I beg your acceptance of the accompanying mite (£1 1s.) as a small contribution towards the object you intend to accomplish with the money, which the members of our profession, with their hearts " in the right place," remit to you, as a proof of their approbation of your manly deportment on a late memorable occasion.

You did well, I think, to give a place in your columns to the *Standard's* article on the " Law of Libel." It is, as I said before, one most pertinent to your case; and I may add, specially condemnatory of the notorious personage, who had the matchless assurance to appeal to a jury on such an occasion the " world " seems to appreciate very accurately the position of the " *honourable gentleman.*" (!)

You hit him hard with a quotation from the immortal Scotch poet—what say you to the following from the best moral writer in verse that England ever saw:—

" But let eternal infamy pursue
The wretch to naught but his ambition true:
His aim was mischief, and his zeal pretence,
His speech rebellion against common sense;
A knave, when tried on honesty's plain rule,
And when on that of reason, a mere fool;
The world's best comfort is, his doom is pass'd—
Die when he may, &c."

Cowper.

Yours truly,
Lucius.

July 19, 1845.

[Our respected correspondent seems to form a truer estimation of the public worth of *the* medical representative than even ourselves.—Ed.]

THE SETON CASE.

To the Editor of the " Medical Times."

Sir,—I addressed you a line yesterday on a subject or two, and my attention having been directed to an article in the *Medical Times* of July 5th, written by " An old Army Surgeon," I feel impelled, by a sense of justice towards the three surgeons who had the management of the unfortunate case of the late Mr. Seton, to tell him who and what those gentlemen are.

First, then, of Mr. Jenkins. He is a highly respectable general practitioner of Gosport, in very extensive practice, and of long professional standing.

Secondly, of Mr. Stewart. This gentleman is a navy surgeon, on the retired list, who has been the greater portion of his life employed in actual service. He has been for some time practising as a surgeon at Portsmouth, where, I hear from a friend of mine, an admiral in the service, with whom he has sailed, it is his good fortune to enjoy by far the best practice in the town.

Lastly, of Mr. Mortimer. He was lately the senior surgeon to Haslar Hospital, an appointment which he held for many years. He was universally esteemed by his brother medical officers, and by the public generally, during his long probation at that far-famed institution, and has always been accredited as a man of great surgical experience and judgment.

Without offering any opinion on the propriety of Mr. Liston's treatment of Mr. Seton, or saying a word either in defence or disparagement of the highly respectable gentlemen I have just referred to, I will take upon me to say, that I think the old Army Surgeon should have " doffed his cap of darkness," before he adventured to make such severe strictures on the professional treatment of poor Seton's case by Mr. Liston and his coadjutors.

I have the honour to be, Sir,
(With every apology for this intrusion),
Your very obedient servant,
WILLIAM TUCKER.

Mount Lavington, July 19, 1845.

WAKLEY'S OPINION OF AN OPERATING SURGEON.

Sir,—Much credit is due to you for exciting public attention to the melancholy system of performing unnecessary, and too often, fatal operations; and the lamentable death of Mr. Seton seems to have created a universal horror of the surgeon's

knife. To me it is unaccountable how such practices should still prevail in a civilised country, notwithstanding the efforts that have been made to discountenance operations, of which you gave an interesting example from the works of that eminent surgeon, Mr. John Bell.

Without by any means wishing to detract from the powerful arguments which you have brought forward to throw discredit on those who are base enough to pursue this pure surgical system, it is but justice to state that the enlightened Editor of the Lancet has ably promulgated the same humane principles; and as far back as 1834, when the governors of the University College Hospital were openly and undisguisedly in search of a surgeon who could exhibit like a mountebank in their public theatre, and thus bring a set of young men, for the sake of their pelf, to enter as students at their institution, Mr. Wakley manfully exposed the iniquity of the proceeding in the following powerful, energetic, and impressive language. "Is it true, as reported, that the Council or the Senate, are in search of an operator for this hospital—a mere mechanical cutter—a person who delights in blood? It cannot be; for such has been the progress of medical science within the last few years, that the power of operating is now deemed the most insignificant part of a scientific surgeon's capabilities. Once obtain for this hospital a reputation for its being a cutting and slaughtering establishment, and the directors of it will search in vain for cases of disease wherewith to instruct the students." —(Lancet, 1834-35, vol. 1, p. 73.)

THE APPROACHING ELECTION OF COUNCILLORS AT THE COLLEGE OF SURGEONS.

(To the Editor of the "Medical Times.")

SIR—As the 30th of July, the day appointed for the election of Councillors, approaches, "the plot thickens." Rows and rumours of rows on the day of election are rife among the Fellows. It is even hinted that one *honourable* Member of the Council Board will have the lie direct given him by a fellow Member; and that his blandest expressions and most caressing exclamations of "My dear soul!" "God bless you!" will hardly save him from having the hardest possible names coupled with his. This, perhaps, is the more likely, as from his clumsy intrigues other Members of the Council Board have suffered even more than he has himself, and are of course correspondingly incensed. At all events, report says there will be no want of gentlemen to draw out the secrets of the Board by pertinent questions, scarcely safe to answer, but equally dangerous to allow to go unanswered. These questions, it is said, cannot fail of setting the Council at loggerheads with each other. This possibly may be attended with good effect, for it is an old though somewhat coarse adage to apply to them, that when certain kinds of people fall out, honest men come by their own. It is perhaps a most fortunate thing for these gentlemen that the Council, with a prescience of the exigencies to which they would be reduced truly remarkable, provided by a bye-law that nothing save what is immediately connected with the business of the day shall be allowed, otherwise unpleasant truths might be broached by various of the Fellows who have been cajoled, deceived, and betrayed by their Council. The questions, however, as to whether the Council takes any part in the proceedings by voting or proposing Members, and whether any such resolution was agreed to last year, are clearly within the provisions of the bye-law, and must be answered. I need hardly say that some of the Fellows are more particularly incensed at having been cajoled by the shallow individual above hinted at—a man who has got on in his profession by underselling the General Practitioner, but who has never done anything either to merit the extent of his practice or his seat at the Council Board.

However, my business is not with him, but to warn the Fellows against being again taken in by the flying rumours of the liberal intentions of the Council. Already they begin to fear that they do not stand on quite so firm ground as they once believed, and have these rumours—

"Hinc spargere voces
In vulgum ambiguas."

The barometers of public opinion are anxiously watched and eagerly consulted as they weekly appear. They chuckle, however, in having succeeded so far as to oust all save one of those who were candidates last year. The *eminent gentleman* of the Council pronounces the bye-law, which requires a Fellow once rejected to give a month's notice of his intention to offer himself a second time, whereas the notice of the day of election is given only a fortnight before, "to be a masterstroke of policy;" and which, but for the tenacious memory of Mr Gosset's friends, would have succeeded to their entire satisfaction; for I perceive with much regret that Mr. Gosset is the only one of those rejected last year for whom the required notice, signed by more than six of the Fellows, has been sent in. This is great mismanagement on the part of the Fellows It is an apathy on the part of the friends of Sir Stephen Hammick, Mr. Lloyd, Mr. Macilwain, and Mr. Kingdon hard to be accounted for, since now, unless Mr. Gosset be elected, it for ever shuts out these gentlemen from the honours of the Council

It is, then, of the highest importance that the Fellows should be unanimous in their support of Mr. Gosset. Independently of his own merits and fitness, independently of his high professional acquirements and unsullied integrity (I believe that I can scarcely speak in too high terms of this gentleman, as admitted not only by the Fellows, but even by the Council themselves); for the sake of giving Sir Stephen Hammick, Mr. Lloyd, Mr. Macilwain, and Mr. Kingdon the second chance, which, by their inertness, they have lost this time, and, if passed over, for ever. I say, for the sake of securing these gentlemen a second chance, their friends should exert themselves to the utmost to secure the return of Mr. Gosset.

To return, however, for the second time to the object of my writing; "the flying rumours of the liberal intentions of the Council," published (1) by the "Medical Gazette" of last week. Is it possible that the Fellows can be deceived by one of the weakest, flimsiest, and most common-place contrivances of the day, worthy indeed of the source whence it had its origin? Is it possible that the Fellows will place any reliance on what is so obviously a bait to mitigate their hostility? Can we get honesty out of corruption, truth out of falsehood? This is strong language, I admit it; but I appeal to you, Sir—I appeal to the profession, deceived and betrayed as they have been—to the Fellows deceived and betrayed as they were last year, and as they will be again this, unless they are "up and doing,"—whether it is stronger than the justice of the case imperatively demands, should be used.

If the Fellows want any further confirmation of the idleness of this rumour, let them for a moment think on the instability of the Council's resolves, and of those who are interested in their snug little hospital concern, known to the uninitiated as the "Medical Gazette." Know they not that it is held by a clique of Surgeons and Physicians belonging to a hospital not a hundred miles from the Borough? Know they not that the Council of the College are ASSISTED by one belonging to this hospital, and, I can't say, assisted by another, for he is no *assistant*, and seldom troubles them with his presence? Know they not that it is a colleague of these same who is the protégé of the Council, and for whose election they are moving heaven and earth? Not only canvassing as I said in my last, but they are now (it is a new manœuvre evidently shewing their weakness) abusing and depreciating the gentlemen whom they have before, I confess, admitted to be every way qualified for, and worthy of, a seat at the Board. Know not the Fellows these facts, or do they shut their ears as well as remain apathetic as regards their friends and the honour of the profession?

They cannot now at all events plead ignorance as an excuse, for your Journal is indeed ubiquitous; finding its way not only into the Surgeries and Consulting Rooms of the Fellows and profession generally, but to a corner of the Council Board itself. My earnest wish is that the honest, manly, and straightforward sentiments so universally enforced in your ably written journal, may tend to correct the somewhat extraordinary ideas which the gentlemen of this immaculate body have of what is "honest and manly, and straightforward."

I am, Sir, your obedient servant,
AN ODD "FELLOW."

Monday, July 21, 1845.

(1) Our humble friend merely served up a hash made out of information given by us two or three weeks since.—ED.

THE PULSE IN INFANTS.—The following are the conclusions drawn by M. Valleix from a series of observations made by him on the pulse in infants. 1st. In newly-born infants, the pulse is less frequent than at the age of six months; the mean frequency while sleeping was 87; but sleep itself being a cause of diminished frequency of the pulse, it is necessary to select a somewhat higher figure as that of the normal pulse. Everything warrants the supposition that this varies in frequency from 90 to 100. 2d. Increase of temperature, even when not so considerable as to be sensible to the subject of the observation, causes an appreciable acceleration of the pulse for each degree of temperature. Further observation alone can teach us what is the exact relation between increase of temperature and acceleration of the pulse. 3d. Although the pulse constantly diminished the frequency in proportion as the day advanced, yet it would be premature to conclude that these facts support those which have been published by Dr. Guy. This author indeed states that the pulse progressively diminishes in frequency from morning to evening. Now all Dr. Valleix' observations on children were made in the morning, and as the children were always fed before they commenced, the acceleration of the pulse in the early hours of the day, and its subsequent diminution in frequency must doubtless be in great measure attributed to this cause. 4th. The least movement is sufficient to occasion a considerably increased frequency of the pulse in children, and the same result follows from any emotion or from mere fretfulness. Those authors who have examined the pulse without bearing in mind these circumstances have thus been unavoidably led to erroneous conclusions. 5th. The influence of sex is very considerable even in young children. The pulse of little girls is in a marked degree more frequent than that of little boys. 6th. The frequency of the pulse diminishes sensibly during sleep. 7th. The frequency of the pulse does not undergo any very marked variations from the age of seven to twenty-seven months; its mean being about 126; or, distinguishing the two sexes, 121 in male children, 128 in female. These numbers express the frequency of the pulse under ordinary circumstances; but assuming the children to be in a state of perfect rest, the numbers would then be 119 in males, 124 in females. 8th. Judging from some observations too few in number to be considered decisive, the pulse would appear to continue a little above 100 up to the age of six years. 9th. The average frequency of inspiration in children between seven months and two and a half years old is 30 or 32; and is to the frequency of the osmp as 1·4.

RETENTION OF URINE.—Dr. Moj'sisovics recommends the following plan for the relief of retention of urine. A smooth and large straight catheter, with an eye at the end, is to be introduced down to the stricture, against which it is to be firmly pressed, and the prepuce is to be held by an assistant against the instrument, so as to prevent the entrance of any air; the surgeon then, by means of a large syringe, which can be accurately adapted to the top of the catheter, injects with a moderate degree of force an ounce of oil, which gradually finds its way through the strictured part and into the bladder. As soon as it reaches the bladder a violent effect to expel the urine is made; when the surgeon draws back the piston of the syringe the oil flows back, and is followed by from three to five ounces of urine. This is sufficient to relieve the patient for the time, and the operation may be repeated after the lapse of half an hour. He adds, that after the use of this plan for a few days, the urine begins to flow of itself, rendering the application more seldom necessary. The syringe should be capable of containing six ounces.

GOSSIP.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, July 11, 1845:—R. G. Brown, W. B. Sealy, J. Le Gros, J. Parkin, C. B. Wood, W. D. Emmett, E. Cousins, R. W. Davies, G. Cheesman, B. Hamilton, F. Nicholle, J. Murphy. July 18:—D. Greaven, M. Hinchliffe, M. E. Rogers, J. Marsh, T. Prytherch, E. T. Watkins, W. E. Browne, R. P. Sparrow.

Mr. S. Cooper is the new President of the Council of the College of Surgeons. The Vice-Presidents are Messrs. Lawrence and Travers; but in reference to the former, it is said yet to be a moot point whether, after the betrayal of his authorship of a "Bat-Club" paper against a personal friend, &c., it will be becoming in the Council to place him in the College's foremost Chair. Mr. Lawrence, it is true, made a becomingly abject apology, but apologies are not a public man's qualifications for high official dignity. But this is a matter for the Council themselves. The National Association, we imagine, would rather prefer the appointment of Mr. Lawrence as a *favourable* specimen.

John Welch, a chemist and druggist, of Stourbridge, Worcestershire, has lately been tried for manslaughter under the following circumstances: It appears that two of the children of a labouring man being affected with ringworm, were taken to Mr. Welch to be cured; he prescribed an ointment to be applied to the scalp, and some powders to be taken internally. On the second visit to his shop he stated, "that the disease was killed,—"but that to make sure, he would give some spirits for one dressing." He then gave an application evidently containing corrosive sublimate. In the evening after this lotion was applied the children were sick and complained of pain in the stomach which continued for two days. On the day after the application vesicles appeared all over the scalp. A medical man was then called, who found the patients in a profuse state of salvation, which which continued until their death. The *post-mortem* appearances were—sloughing of the mouth and gums, and inflammation of the stomach and intestines. The prisoner was acquitted.

A letter from Rio Janeiro, of the 24th of March, states that Dr. Lund, the celebrated Danish naturalist and geologist, to whom we are already indebted for many interesting discoveries in Brazil, has found, in the province of Minas Geræs, a quantity of human bones, including some skeletons complete, in the fossil state. There are many skulls; and nearly all have the principal characters of those of the existing indigenous tribes of Brazil, excepting that in many of them the incisive and molar teeth are exactly alike—a circumstance observed in some of the Egyptian mummies. The writer argues, that as hitherto no human bones have been discovered, in the fossil state, in any other portion of the globe, those found in Brazil would seem to indicate that America, or its southern part, had been peopled before any of the other quarters of the world.

No. 306. SUMMARY. Aug. 2.

CLINICAL LECTURES ON MEDICINE.

Delivered at the Meath Hospital.

By Robert J. Graves, M.D., M.R.I.A., &c.

Allow me to refer briefly to the case of Michael Carey, who lies in the chronic ward, and who has within the last week exhibited symptoms of rather a suspicious character. The account which he gives of himself is, that his illness commenced on the 3rd of March, with rigors, thirst, loss of appetite, and prostration of strength. When admitted, on the 7th, he had thirst, fever, and restlessness, with slight cough, unaccompanied by expectoration. He was treated with aperient enemata, effervescing draughts, and the other remedies which we are in the habit of employing where the fever is not violent, and where there is no inflammatory affection of any internal organ to subdue. Under this treatment his fever began to decline in the course of five or six days, and, with the exception of his cough, which had been gradually increasing and was now very troublesome, he seemed to be fast approaching a state of convalescence. On the tenth day his skin was cool, his pulse reduced nearly to the natural standard, and his tongue cleaning; but the cough had increased in severity, and he complained that it kept him awake at night. Hitherto I had looked on it as merely an instance of that bronchial affection which is so frequently combined in this country with fever of a gastric type, and which generally disappears as soon as a favourable change occurs in the febrile symptoms. The persistence of the pulmonary symptoms, however, in spite of ordinary treatment, induced me to think that there might be something more than mere bronchitis; I accordingly proceeded to make an accurate stethoscopic examination. Over the left side of the chest respiration was pure, and the sound on percussion natural. On the right side, immediately below the clavicle, the chest sounded dull on percussion, and, on applying the stethoscope, the respiration was found to be comparatively feeble over this spot, and mixed with crepitus and bronchial râles. Now the question to decide here was, could this be commencing tubercular deposition, or was it mere bronchitis with effusion into a circumscribed portion of the minute bronchial tubes and air vesicles? It is not very easy to decide this question in many cases. The patient was a young man of good constitution, and apparently not of the scrofulous diathesis; but his cough had resisted ordinary treatment, it was growing daily worse, and he had dulness under the right clavicle, with feeble respiration and bronchial râles. Weighing these circumstances carefully, and recollecting that phthisis frequently comes on after fever in a very unexpected manner, and with great rapidity, I determined to choose the safer side, and treat it as if it were a case of commencing tubercular deposition. I immediately ordered leeches to be applied under the clavicle, to be repeated as the exigency of the case might require, and prescribed the hydrocyanic acid in the form recommended by M. Magendie. He recommends a drachm of the cyanuret of potash to be dissolved in an ounce of distilled water. This solution is stated by him to be equal in efficacy, and capable of producing all the advantageous effects of hydrocyanic acid, at the same time that it is less volatile, less liable to undergo change, and can be always prescribed of the same strength. He says that it possesses all the beneficial properties of hydrocyanic acid, in relieving the irritative cough of phthisis, or the excitement which accompanies gastric derangement. Of this solution I ordered the patient to take one drop in half an ounce of water every fourth hour, to be increased in the course of three or four days to double the quantity. On making an examination this morning, I find that his symptoms are improved; there is less dulness on percussion, respiration is clearer, and the crepitus is diminished. On the whole, his condition authorises us to entertain hopes of being able to bring about a cure. If phthisis be curable, or if tubercular deposition admit of being resolved, it is only at the very commencement of the disease, and before that state of constitution is established in which there is a tendency to the formation of tubercular productions. If we happen to be so fortunate as to detect phthisis at this early period, I think that it is possible not only to palliate, but also to remove it. By free and repeated leeching, the use of blisters, a mild diet, and the insertion of one or two setons over the part dull on percussion, you will often be able to remove any threatening symptoms, and perhaps save the patient's life.

The case of Owen Doyle requires a passing observation, not so much with respect to the pathology of the disease, as to some points connected with its treatment. This man is advanced in life, and of a constitution which has been debilitated by constant hard labour, with insufficient food and want of proper clothing. When admitted on the 1st of March, he stated that his illness occurred eight weeks before, and that within the last three weeks his symptoms had been greatly aggravated. His complaint was constant inclination to go to stool, flatulence, griping, and frequent discharges of fluid matter, unmixed (as he states) with blood. Now what is the nature of his complaint?—is it diarrhœa or is it dysentery? Formerly the distinction between these affections was a matter of great moment; at present, the diagnosis is not looked upon as really important, and in a practical point of view seems to possess but little value. The subject for inquiry in bowel complaint is, not whether it is to be called dysentery or diarrhœa, but what is its source and origin; whether it is the result of congestion, or inflammation, or a relaxed condition of the intestinal mucous membrane, or the presence of irritating matter or worms, or any of the numerous causes which give rise to fluxes from the bowels, accompanied by more or less pain and tenesmus.

In the present case we find that the patient was attacked about eight weeks ago with bowel complaint, and had an exacerbation of his symptoms three weeks before admission; that he has been losing flesh and strength, and, though he has no fever, that he does not sleep at night, and has lost all relish for food. On examining him the day after he came in, two circumstances struck me as indicating the existence of subacute inflammation of the digestive tube. He complained of griping long before the passing of an alvine discharge (on this point, however, I do not lay much stress), and had considerable tenderness all over the epigastric and right iliac regions. The fact, then, of griping before the stools, tenderness on pressure, and frequently recurring alvine discharges, always worse at night, showed that his complaint depended on chronic inflammation. Why do I say worse at night? Because almost every disease connected with inflammation—whether it be fever, or syphilis, or rheumatism, or bronchitis, or pneumonia—is always worse at night. Every one is aware of the evening exacerbation in fever—every one knows that a cough is always more troublesome at night, and that the aggravation of rheumatic or arthritic pains commences with the close of day. Hence, from the griping, abdominal tenderness, and nightly exacerbation of the diarrhœa, I concluded that the man's symptoms depended on inflammation, and that this inflammation was seated in the small intestine.

Having settled this point, our next consideration was as to the treatment. The plan we adopted was simple, and though there were some unfavourable circumstances connected with the case, as, for instance, the advanced age and debility of the patient, it has proved eminently successful. He has been now only ten days under treatment, and yet his bowel complaint is nearly gone, his appetite is greatly improved, and he is gaining flesh and strength. The plan we pursued was this: first, we leeched the belly freely, and ordered repeated fomentations, with the view of removing the tenderness, and, having accomplished this, we proceeded to the exhibition of mild purgatives alternately, with opiates and astringents. We gave a draught consisting of a scruple of rhubarb, two drachms of sulphate of magnesia, and an ounce of cinnamon-water. We did not prescribe this with the impression that there was any collection of fecal matter in the small intestine. Fecal matter collects generally in the large, and very seldom in the small intestine; in the former situation it will sometimes give rise to dysenteric symptoms; and here the use of purgatives affords the best and most expeditious mode of cure. But in the present instance we did not give them with this view, or with the view of relieving the griping and tenesmus of the large intestine, by acting on the upper part of the digestive tube, but merely with the intention of changing the action of the mucous membrane. After the operation of the purgative we prescribed chalk mixture, with a small quantity of tincture of kino and laudanum. After having followed up this plan of alternately purging and binding up the bowels for ten days, with great benefit to the patient, we commenced yesterday with the use of sulphate of copper in minute doses. This remedy is extremely useful towards the termination of chronic affections of this description; it acts as a tonic and astringent, strengthens the tone of the intestinal mucous membrane, and tends to prevent the occurrence of a relapse.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Fever, complicated with local affections, is to be treated with reference as well to the type of the fever as to the complication. Complicated fever may be of the inflammatory kind, with hard, full pulse and hot skin, and where there is a local affection combined with it, there can be no doubt about the propriety of blood-letting; but even in such a case, when the fever is of a specific kind, the blood-letting is less easily borne than in simple inflammations, and it is therefore not advisable to carry it far. Local blood-letting is perhaps the chief remedy after one general bleeding. There are very few cases of the typhoid kind that will bear general blood-letting. In the early stage it may be practised, but attention must be paid to the general strength. Even in those complications where low inflammation exists, it is preferable to use general stimulants at the same time. Where inflammatory affections of the brain occur in the course of fever, depletion is better borne than in any other complication. The other measures that may be useful in meningitis, particularly in its early stages, are purgatives and cold to the head, according to the amount of the strength. Every one of these agents is depressing, and must be watched. I have known the ice bladder in many instances produce very alarming depression; under similar circumstances often a pediluvium is useful; and where there is affection of the brain, the application of scalding water to the feet may be used.

We may say much the same with regard to the chest complications. There are a few cases in which blood-letting is borne early; this is to be combined with antimonial treatment, and carried out as fully as the patient will bear it. If the pulse is low, mercurial treatment is a better substitute. In the low congestive form where the lung has not unfrequently become loaded with blood, and there is dyspnœa and dulness on percussion, or dulness on both sides, combined with great weakness of the pulse, it is sometimes useful to abstract a little blood by cupping, but dry cupping is of more service. Rubrifacients, sinapisms, or turpentine fomentations, are sometimes of use in these cases, and they may be combined with wine and stimulants to support the system under the depression caused by drawing blood. Where the powers are sinking, and expectoration appears difficult, there is great danger of chest complication, and carbonate of ammonia should be used, as in other chest diseases. The same thing may be said of adynamic cases combined with flux into the bronchial tubes. With regard to the chest, the patient should change posture from time to time, on account of the hypostatic congestions that are so apt to occur, and which are so mischievous in their results. There is not merely a temporary mischief arising from the temporary oppression to the function, but likewise a tendency to tubercular productions, which occur from time to time.

The abdominal complications may often be moderated and considerably prevented by keeping the secretions of the abdomen free in the early stage, not by drastic or active purgatives, but by using mild and alterative aperients; but in many instances there is such an amount of complication even at first, that it is necessary to treat these complications. In the early stage, there is an undue proportion of heat and tenderness in the abdomen, a peculiar redness of the tongue, and more thirst than in uncomplicated cases. It is often useful in the early stage to apply leeches to the abdomen, followed by fomentations or poultices; they are the means of relieving the abdomen without interfering with the strength. The measures useful in gastro-enteritic inflammations of the slighter kinds are hot water dressings applied over the whole of the abdomen, or flannels wrung out of hot water and covered over with Mackintosh cloth. This constitutes a sort of warm bath. The general treatment is to be mercurial; hydrarg. cum creta in small doses, and calomel and blue pill. If the bowels are not opened without additional assistance, small doses of castor oil answer better than any other aperient; or injections from time to time are useful. When the patient is very low, fomentations, or blisters, or sinapisms, are of considerable service. If there is diarrhœa, it is not to be hastily stopped, unless the patient is exhausted by it. Moderate diarrhœa is a favourable symptom in fever, and appears to be connected with an attempt to get rid of the morbid matter. When the diarrhœa is such as to cause considerable irritation, the bowels are opened three or four times a day, and the quantity is so considerable that faintness ensues, then it should be moderated; and this may be commonly done by the exhibition of hydrarg. cum creta and Dover's powder, and by administering opiates and opiate enemata, with fomentations and sinapisms.

The diarrhœa continues sometimes in the latter stages of the fever, and the evacuations from the intestinal canal are often remarkable; ulcers are formed, and you see traces of them in the evacuations, and the secretions are discoloured. This exists without tenderness of the abdomen, and the indication in these cases is to try to heal the ulcers. We are quite justified in concluding that these ulcerated intestines may be healed. It becomes an indication to promote the cicatrization of these ulcers, to keep the secretions moderate, and allay the irritations arising from the feculent matter by sugar of lead, sulphate of lime, or sulphate of copper, combined with opium. It is necessary here to evacuate the intestines, and the sulphate of potash answers best.

In these cases tonics are borne badly. Quinine, which is a good remedy in some fevers, in these cases is not borne; it causes griping, and so do the mineral acids; but in the diluted form, combined with mucilaginous liquids, they are sometimes borne.

In all cases the occurrence of convulsions is very important, and they require careful management. Relapses are very common, for all the bodily powers are reduced to a very low standard, and are easily upset. The whole system is terribly shattered and weakened by the influence of the cause of the fever, and the stomach is very liable to be disordered by various influences, both external and internal; time is the best restorative, provided all the *hurtful* influences are avoided, and the chief part of the treatment is to avoid them. The patients should avoid too early exertion, or exposure to cold, or excessive heat; the diet should be very carefully regulated, and should return to animal food in the adynamic cases, but not too much at a time, and even for a long time small quantities of the lighter foods are best. The patients have enormous appetites, and it is necessary to guard against a too free use of animal food, for relapses are more frequent from this cause than any other, and the result very often is visceral disorder. It is more necessary to be careful as to the diet, in case of gastric complications. Mental excitement, or mental exertion of any kind, should be avoided for some time, particularly in the cerebral complications. The most effectual of all tonics is quinine, and it is remarkable how, under the influence of this remedy, slight remains of fever and local affections will disappear.

There is another fever of a slighter kind, but really almost a serious disease from its frequency, that is, influenza, or catarrhal fever; or *la grippe*, as it is called by the French. This appears to be essentially a febrile disease, of the same class as the last one I have been describing. It occurs especially as an epidemic, and is remarkable, when it is severe, for its rapid turn to inflammation. In various instances, three-fourths and nine-tenths of a whole population have been affected with this disease; hence, it is important to be acquainted with it, although in many instances it is slight, and the mortality very low, not more than 2 per cent, yet, from the great number affected, it becomes important, and likewise from its ulterior effects; for though the influenza may be severe at the time of the disease, it is not immediately fatal in its consequences; yet it is quite certain that in many instances it does do mischief; it gives the constitution a shock, and frequently sets up affections in particular viscera.

The symptoms that occur are, shivering, pains in the back and limbs, and in the forehead and nose, smarting in the eyes, loss of appetite, furred state of the tongue, disordered bowels, urine scanty and high-coloured, pulse very various, frequently changing very much in the day; in some instances in the severe form, it changes from 140 down to 80 sometimes there is profuse sweating, which is one of the essential characteristic symptoms in the severe form, and extreme prostration and weakness of body and mind, with depression of spirits. The fever lasts from two to six days, and usually terminates by profuse perspiration, and copious deposit in the urine, leaving the patient very much weakened. Still, in a great number of cases, although this happens, and the patient will not take to bed, he still complains loudly of exhaustion and suffering. One of the most characteristic parts of influenza is, that it is usually accompanied by local symptoms which, in many instances, predominate over the febrile affection; in most cases this affection is catarrhal; a sort of bronchitis occurs; coryza afterwards affecting the air tubes. Sometimes the effect is cephalic, with vertigo, headache, delirium, and even coma, with a dilated pupil. Another complication of the local affections is the gastro-hepatic evidenced by vomiting, pain and tenderness in the epigastrium and the right hypochondrium, and occasional jaundice; or sometimes the complication is intestinal, and then there are colicky pains and diarrhœa. Sometimes the external parts are affected, and the lymphatic glands in various parts become swelled. In many instances eruptions appear on the surface, being those of herpes, &c. There is also a rheumatic and neuralgic form. All these different varieties are produced apparently, partly by simultaneously acting causes, as cold, and so forth, and partly by predisposition of the individual. During the prevalence of influenza in different individuals these different forms are presented; but the occurrence of the disease among so many, simultaneously, is enough to prove its tendency.

Of the causes we must obviously refer to epidemic influence as one, but this may prevail in various seasons. The severe influenza of nine or ten years ago began in the winter, and returned again and again in varied forms until the summer. There can be no doubt that it is produced by some morbid influence. It is less fatal than fever, because the period of its duration is shorter, but the complications arising out of it are not free from danger, especially in the pulmonary complication; it lays the foundation of disease by the low congestions and inflammations it produces in the organs, particularly in the lungs. Many cases of pulmonary consumption are referable to an attack of influenza.

The treatment in simple cases is merely slight febrifuge medicine; an emetic and mercurial aperients are followed by immediate relief; they cut short the disease. Antimonial salines will do. They must be followed by tonic remedies. The patient should be confined to the house, at least. The complications may require local antiphlogistic treatment in a moderate degree, varying according to circumstances. Coryza and the humid catarrhal variety may be cured under dry diet. Afterwards the chest affections may be treated with slight doses of tartar emetic, and with squills and acetate of ammonia. Blisters in cases where the expectoration is profuse are useful, and sugar of lead has been found beneficial. In cases of gastro-hepatic complication, mercurial medicines with saline purgatives should be used.

We now come to the exanthematous and eruptive variety of diseases, which are of a very distinct kind, arising chiefly from infection, and essentially febrile in their character, the fever being more of the idiopathic variety than the symptomatic type; more like the continued fever I have been just adverting to than the inflammatory. Still this eruptive fever is something more. There are inflammations almost universally affecting the skin, but most of these eruptive fevers of the skin are accompanied by inflammations of other parts, more particularly of the mucous membranes. From the constancy of the local inflammations and their specific character, we are led to refer them to the operation of specific poisons; and these poisons seem to operate both on the whole system, producing an influence very much like that produced by the cause of continued fever: its reducing effect first and its reaction afterwards; but in addition to this the local inflammations appear to be a direct effect of the poison it excites inflammations in particular parts or organs The skin is usually the seat of this peculiar affection, but other parts are also affected. There is in scar-

latina a throat affection besides that of the skin. There is also a catarrhal affection of the bronchial mucous membrane, and sometimes the air tubes and the intestinal canal are the seat of pustular inflammation. In the case of the plague, the cellular tissue and the glands became the seat of the peculiar inflammation of the poison. This poison is not merely sedative in its action, but it has the properties of a local irritant, and we find the same thing with regard to other palpable poisons: arsenic, corrosive sublimate, mercury, the rattlesnake, and some other animal poisons.

There is something in eruptive fevers that we cannot find any analogy for; after they have occurred once in the body, there is no recurrence of them; they affect the system but once in the life of the individual. This is the common and universal rule. It is quite a mistaken assumption of Liebig and others, that the cause of the disease is a kind of ferment, something that produces decomposition in some matters in the body. This is entirely gratuitous, and before such an opinion is assumed, something substantial must be pointed out as the substance on which this fermentation is produced. There is no evidence whatever that there is such a difference in the composition of the soft parts before and after the eruptive fever. To the rule I have mentioned there are some exceptions; generally speaking the affection occurs only once, but even in all diseases, measles and small-pox, there are instances in which it does occur again, although they are very rare. Erysipelas, instead of protecting the individual from a future attack, seems to predispose to its recurrence. It is doubtful whether the plague may not occur again and again in one individual. Now, assuming the cause of eruptive fever to be a poison, like all the continued fevers, it is obviously of a very different strength in different cases. The eruptive fevers vary from other fevers in their different ratio of mortality, showing a difference in their violence. The eruptive fevers exhibit remarkable changes of type and complications, and in many instances these types and complications may be traced to the same causes as in continued fever. In all these cases the eruptive fever is distinct; there are symptoms of fever before the eruption occurs, and therefore it is obvious that the disorder does not depend on the inflammation. The peculiar character of the eruption also shows the irritant nature of the poison. The inflammations in the skin are not common inflammations; they exhibit peculiar characteristics. Eruptive fevers differ from common fevers in their tendency to run a more distinct and definite course than continued fever, and this varies very much, sometimes being prolonged very considerably, and sometimes being of much shorter duration. The dangers accompanying these eruptive fevers do not arise from the cutaneous inflammations, but chiefly from the depressing influence of the poison, or from the local inflammations. The eruptive fevers are often the cause of much mortality, and from their affecting almost all individuals once in their life, they become universal diseases, and demand great attention both in regard to their diagnosis and their treatment.

First, I must advert to scarlatina, or scarlet fever. This disease is obviously of a dangerous kind, but many persons entirely escape it. That contagion is the cause of it is generally admitted; now, the contagion has been known to be carried in the clothes of a third person. The infection is apt to adhere to the clothes, and to rooms and apartments, where fever patients have remained long. There are three varieties generally distinguished: first, the *simplex*, where the disease is mild; secondly, the *scarlatina anginosa*, the disease being inflammatory, and chiefly combining throughout with other complications; and thirdly, the *scarlatina maligna*, or the typhoid form of scarlatina, in which the eruption is more evident, and there is the greatest amount of disease, commonly of the congestive kind, and often complicated. *Scarlatina simplex* is a slight disease; three or four days after exposure to the infection, febrile symptoms occur for a day or two—not a long period—with shivering, heat, and so forth; slight swelling or redness, slight red spots occurring first of all on the face, neck, or front part of the chest; on the third day they spread to the whole surface, and affect the trunk and the extremities. The colour of the eruption is a bright crimson—scarle is not a proper term for it. It is more scarlet a great deal than many eruptions, but scarlet does not distinctly convey to the mind the right colour; it is a bright, florid, red colour, more of the character of arterial blood. It reaches to its greatest redness at the bends of the joints, the chest, the pit of the stomach. Some parts of the skin are more affected than others. There are interstices left between the patches of redness, and these are often very irregular in their shape. In this respect there is a difference between it and roseola and rubeola. The redness is most apparent in the evening, about the evening of the third or fourth day; on the fifth it declines and becomes less, and the interstices increase. The eyelids and the nostrils, but rarely the mouth and fauces, exhibit redness; the tongue is white, with enlarged crimson papillæ peeling off it, and it often becomes denuded. Sore throat is usually present to a slight degree, but it is not much complained of. All these symptoms disappear about the sixth or seventh day, and exfoliation of the cuticle takes place in a very remarkable manner.

REPORTS ON DISEASES OF FEMALES.
By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

(Continued from page 312.)

S. B., ætat. 41, mother of four children.

June 21, 1836.—Complains of much bearing down, with frequent lancinating pains; has had a leucorrhœal discharge for many years of variable character, being sometimes albuminous, at others creamy or purulent.

Examinatio per vaginam.—Os and cervix uteri in the natural position, but hot and painful on pressure; os uteri nearly closed; the catamenia are present, which relieve her considerably, but previous to their appearance she does not feel so well.

℞. Extr. gentianæ, Extr. hyosc. āā gr. v. o. n.

℞. Magnes. sulph. ℥ ss, Magnes. carb. gr. xv, Aq. menth. pip. ℥ iss, o. m.

℞. Lotio plumbi.

28.—Has had lancinating pains for the last two or three days; the discharge is less in quantity, but creamy; the bowels have not been properly relieved for the last two or three days; complains much of pain in the back.

℞. Pulv. jalapæ co. omni alterno mane. Rep. alia.

July 8.—No lancinating pains since last report; all her other symptoms have improved; the discharge is more like simple leucorrhœa. Pergat.

15.—No lancinating pain; complains of much dull and occasional throbbing of the right groin, which is not painful on pressure; bowels are open, and she feels generally better. Pergat. Hirud. x. inguini dextro.

Aug. 5.—Has gone a week without medicine, and is not so well; the discharge is white and increased in quantity; has had no lancinating pains; the leeches relieved the pain of right groin only for a day or two. Pergat.

Sept. 2.—Has absented herself since last report; lancinating pains have returned, with white creamy discharge; has pain on sitting down suddenly on a hard seat, and during the passage of costive evacuation; in other respects the health is pretty good. Pergat.

9.—Lancinating pain has only been felt once; the discharge is thinner, and she feels better. Omitt. pil. et lotio.

℞. Pil. ferri. co. gr. x. o. n.

℞. Ferri. sulph. ℈iv, Aquæ distillatæ ℥viij, solve. ft. lotio.

16.—No lancinating pain at all; the discharge is less; it is thin and white, like simple leucorrhœa; general health better.

Oct. 7.—Much better in every respect Pergat.

14.—The same.

The case, at its commencement, was evidently one of inflammation of the os and cervix uteri, and which, having been allowed to run on, had gradually assumed the chronic form, becoming every now and then more active, as seen by the occasional increase of darting pains, and return of the discharge to its former white creamy appearance.

The symptoms of inflammation of the os and cervix became very distinct (Sept. 2) after her ceasing to attend for some time, and it is interesting to observe, as her symptoms improved, how the discharge began to assume more and more the character of simple leucorrhœa.

Mild saline laxatives and Goulard lotion are generally the best in such cases, and it was not until some time afterwards that I ventured to use any decided form of tonic, or any other topical application.

In cases of local congestion without much general functional derangement, preparations of iron seem preferable to most other tonics; by giving strength to the system they appear to give tone to the vessels, and to equalise the circulation. Feeling assured that all inflammatory action about the os and cervix uteri was removed, and that if any congestion remained it was of passive character, I used the lotion of sulphate of iron with a similar object, and evidently with good effect.

Although the above case affords an example of but one of the very numerous sources from which chronic leucorrhœa may have its origin, I do not propose to make this a subject of special consideration. To illustrate the numerous varieties of chronic leucorrhœa with cases, as if it were a specific and primary disease, and not the result of other affections, would be obviously unpractical and also needless, as its characters will frequently come under observation, whilst treating of those diseases, among the symptoms and effects of which it hold a prominent position.

Where chronic leucorrhœa has a purulent or muco-purulent appearance, it is generally the result of local irritation, as from a slight degree of prolapsus uteri, to which I have already alluded; from retroversion, or, more properly speaking, retroflection, of the unimpregnated uterus; from the presence of polypus; from ovarian disorder or disease; from irritation in the rectum, as from scybala, hæmorrhoidal congestion, stricture, or other disease of that bowel; or from disorder or disease of the bladder, urethra, or kidneys. A similar muco-purulent form of chronic leucorrhœa is seen after the acute species, whether in consequence of an attack of gonorrhœa or acute vaginal catarrh. I have already stated that it may result from that rheumatic gouty condition of the uterine system, connected with mal-assimilation, which I have alluded to when speaking of dysmenorrhœa.

Where it has a watery character, more or less mixed with mucous and purulent matter, where it is of a dirty brown, yellow, or greenish colour, and above all, fetid and very profuse, coming in gushes with every movement, from its rapid accumulation in the vagina, and evidently attended with considerable failing of the health and strength, there will be great reason to fear organic disease of the uterus.

There are, it is true, exceptions to this rule; thus we occasionally meet with chronic leucorrhœa of some standing, where the discharge has become excessively offensive, where there is no reason to suspect organic disease, and where by treatment it has entirely disappeared. The discharge also will be subject to constant varieties, even in the same individual, being either more watery, slimy, purulent, &c., according to the degree of congestion or vascular excitement which may happen to be present; thus in every form of chronic leucorrhœa, whether or not the result of organic disease, we find that whenever inflammatory action shows itself, the discharge becomes more or less watery. This is also seen at the commencement of acute vaginal inflammation; the discharge is at first serous or aqueous; it gradually assumes more and more a purulent form as the disease advances, becoming muco-purulent, and ultimately mucous, as the inflamed lining membrane of the vagina gradually returns to a healthy state. In no case are these transitions in the secretions of an inflamed mucous membrane better or more familiarly seen than in a common severe cold.

There are two other conditions in which aqueous discharge may take place, the one depending on the presence of an hydatid mole, and produced by the occasional rupture of a cyst; the other in connection with the vascular tumour which has been called by Sir C. M. Clarke the cauliflower excrescence of the os uteri. Neither of these discharges can be con-

sidered as having any connection with leucorrhœa. Another species of aqueous discharge must also be mentioned, which appears to be a secretion from the lining membrane of the uterus, and is, as far as I know, unconnected with inflammatory action or organic disease. Of this affection I will give an instance, not that it belongs to the subject of leucorrhœa, but simply because I have alluded to it, and have no other head under which I can conveniently bring it.

E. G., ætat. 37; rather stout; twice married; no children; two miscarriages.

Feb. 23, 1836.—Much gastric derangement; the abdomen is considerably swolled, and she has passed several catamenial periods without any discharge. The abdomen is doughy to the feel, except in the umbilical region and right hypochondrium, where it is hard.

Was seized with mental derangement nine months ago, which lasted for four months, at the beginning of which time she believed herself pregnant. Has been tolerably well in health until the last three weeks, when, after some pains in the back and loins, a large quantity of watery fluid (she says nearly half a pailful) suddenly gushed from the vagina, and the abdomen immediately diminished considerably in size.

Examinatio per vaginam.—Os uteri low down in the pelvis, nearly closed, not round; cervix uteri long, hard, and slightly painful; vagina relaxed.

R. Acidi nitrici dil. m. xv, ex infus. gentianæ co ter. die.

R. Mist. potassæ citratis effervescens o. m.

March 1.—Feels much better in health; has some difficulty in passing water, which she does not do more than twice a-day. Abdomen and head is large, but there is nothing defined; has not had much watery discharge since last report, although it still comes in splashes. Pergat.

8.—Complains of much pain in the back; has had two or three discharges of water during the last week.

Examinatio per vaginam.—Cervix uteri thick, less tender; os uteri forms a transverse fissure, and is nearly closed. I passed a catheter through it without much difficulty, but no fluid came away

R. Pil. hydrarg., Extr. coloc. co., āā gr. v, o. n. Rep. alia.

15.—Has had eight or nine discharges of watery fluid since last report; the abdomen is smaller and softer; feels well in health. Pergat.

22.—Has had several discharges of the same fluid, but less in quantity.

Omitt. mist. potassæ citratis. Rep. alia.

R. Quinæ disulph. gr. ij, o. m.

29.—Better in health; very little water has come away; feels much easier when the bowels are briskly moved.

Omitt. quinæ disulph. et pilulæ. Rep. alia.

R. Pil. ol. crotonis, j, o. m.

April 19.—Little or no watery discharge since last report; complains that she cannot hold her water long. Omitt. haust. gentianæ.

R. Sp. ætheris nitr. ʒiss, Sp. ammon. arom., Tinct. hyosc. āā m. xv, Aquæ menthæ pip. ℥iss—M. ft. haust. bis die sumend.

Rep. mist. potassæ citratis o. m.

28.—Much the same; complains that the mixture does not agree with her. Pergat.

May 3.—Has had a slight return of the catamenia; much fulness of head, and mental excitement. Pergat.

10.—Not so well; much pain of abdomen, and general dyspepsia.

Omitt. pil. ol. crotonis. Rep. alia.

R. Pil. hydrarg., Extr. coloc. co. āā gr. v, o. n.

17.—Complains of much pain in the back, with bearing down; has had a slight discharge of clear water; rest much disturbed.

R. Confect. sennæ, om mane.

R. Pil. Saponis c. opio, Extr. gentianæ, āā gr. v, o. n.

Rep. mist. potassæ citratis.

31.—Has been unwell twice in the month (on the 2d and 22d); during the latter of these periods she discharged upwards of a pint of water from the uterus; the catamenial discharge came also in the same gushing manner. General health not so good.

R. Pil. cambogiæ co., Extr. hyosc. āā gr. v, o. n.

Rep. haust. gentianæ c. acido nitrico.

June 7.—Has had frequent vomiting since last report, which she attributes to the pills.

Rep. haust. gentianæ et mist. potassæ citratis, Omitt. pil.

R. Pulv. jalapæ co. ℈j, p. r. n.

14.—Much better; bowels well opened; appetite good; no sickness; sleeps well. Pergat.

The source of this watery discharge can only be referred to the uterus. The gradual enlargement of the abdomen, the pain in the back and loins, like labour pains, followed by a sudden profuse discharge of watery fluid from the vagina, and consequent diminution of size, the absence of abdominal fluctuation, and the catamenia coming in the same gushing manner as the discharge had done, are the symptoms which favour this view of the case. On the other hand it may be stated that the enlarged uterus was not distinctly felt through the abdominal parietes, and that no peculiar enlargement of the inferior segment of the uterus had been detected on vaginal examination beyond what might be attributed to the presence of slight prolapsus.

From the irregular manner in which the catamenia appeared, and the circumstance of a considerable quantity of watery fluid being discharged during one of these periods, I am inclined to the opinion that the discharge was furnished by the vessels of the membrane which lines the cavity of the uterus. I suspect that it is much of the same nature with the watery discharge which has been sometimes observed during pregnancy, and which has been termed "*hydrorrhœa uteri gravidarum.*" In the cases of this affection which have been recorded, the patients have mostly suffered from vomiting during the first months of pregnancy to a greater extent than ordinary, and from severe rheumatic pains in different parts of the body, which they attributed to having caught cold. The abdomen has been observed to swell rapidly at about the fourth month; in other cases, the size of the patient has not excited attention. The discharge has commenced without any assignable exciting cause, and has continued at intervals to a very considerable extent. Thus, in one case, the entire quantity was estimated at upwards of 60 pints. The discharge has also been attended with uterine pain. In spite of all these apparently unfavourable circumstances, the pregnancy has generally gone on to the full term, and a living child has been born. In almost every instance where the membranes have been carefully examined, the chorion and amnion have been found closely adherent to each other over their whole extent, and in many cases the cord has been of unusual thickness, and distended with a gelatinous fluid.

Antiphlogistic and tonic treatment have both proved successful, according to the nature of the individual case; but in either, when complicated with rheumatic symptoms, the use of Dover's powder has been attended with much advantage.

The pale cachectic appearance of the patient whose case I have just recorded, although by no means emaciated, induced me to give tonics, and to regulate the bowels with laxative medicines. The relief which these latter afforded when sufficiently active, and her own testimony as to feeling better when smartly purged, encouraged me to give more powerful aperients, and with good effect. I cannot say that the diuretic appeared to give any relief at all.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

Physician to the Birmingham General Dispensary, formerly Senior President of the Royal Medical and Royal Physical Societies of Edinburgh, &c. &c.

Pathology.—The secretion of pus by a mucous membrane is usually connected with a state of irritation or inflammation, which is very self-evident and demonstrable. Whilst, however, this perverted secretion may be consequent upon the severest forms of irritant or inflammatory action, it may also be dependent upon a similar action of so feeble intensity as to be neither recognisable in its progress nor at its termination. Pus will sometimes be discharged profusely by the bronchial membrane, without the patient complaining of the least pain or uneasiness,[1] and the instances are numerous enough of purulent expectoration up to the period of death, and yet no morbid appearances in the bronchi or lungs being detectable. But it is not to be inferred that there is *no* lesion, because our senses do not enable us to discover any; there is probably never an altered function without more or less change of structure—evident or inappreciable. Still it is a curious fact in pathology that whilst an action, most laboured and energetic, and inevitably leading to structural alteration, will give rise to the formation of pus, this secretion will also be the issue of an action which in no particular, except that of produce, can be shown to be abnormal. Whenever pus is secreted by a mucous membrane, in large or small quantity, it is always an indication of deranged function, which has its origin either in local nervous excitement, or in undue vascular action.

Though the *post mortem* appearances after purulent expectoration are often not appreciably morbid, yet are they more frequently very characteristic and definite. The lining membrane of the trachea and bronchi is sometimes found thickened and indurated, at other times tumid, semi-transparent, and œdematous; again, it will exhibit patches of vascularity, of every degree of intensity and extent, or marks of ulceration as variable in severity as in size. In other cases the mischief is found extending to the lungs, which may be œdematous, congested, hepatised, or infiltrated with pus.[2] In others, again, we have tuberculisation of all grades, from the primitive miliary deposit to softening and the formation of cavities. When these are lined by a substantial membrane, it is the latter chiefly which furnishes the pus of expectoration; but when the parietes of vomicæ consist of unprotected pulmonary tissue, the purulent sputum is mainly secreted by the bronchial membrane.

Treatment.—Of course remedial treatment can be only prescribed with any fair chance of success when the air-tubes and lungs are free from structural injury. Under opposite circumstances our services can at best be only palliative. The general remedies which I have found most effective are tonics. I prefer the lighter preparations of iron, as the muriate and potassio-tartrate; quinine often does good, especially in mixture, acidulated with sulphuric acid. In the chronic affections of old people, copaiba is sometimes of the greatest benefit. The inhalation of watery vapour, or of iodine, or chlorine, is an excellent auxiliary. I have seen cases cored by these means alone. Counter-irritation is generally useful. When the weather is favourable for exercise in the open air, it should never be neglected.

Tuberculous Sputum.—By this term is to be understood the expectoration of tubercular substance, either alone or accompanied by other matters. The tubercle coughed up is always in a crude (matured) or softened state. Cabanis, in his Treatise on Catarrhal Affections, speaks of having observed in the sputa small concretions, sometimes globular, sometimes angular, and transparent as crystal. These would seem to have been miliary tubercles. I have never seen them expectorated myself, detached from the pulmonary tissue, nor have I ever heard or read of a case sufficiently authenticated. Portions of lung that have been detached by the inroad of cavities have been expectorated, and found to contain in their substance tubercular deposit, both miliary

[1] Dr. Stern had a patient who "expectorated near two ounces of pus at a time," yet without suffering any ultimate injury.—(Medical Advice to the Consumptive and Asthmatic, 1768, p. 289.) Recovery from purulent expectoration was familiar enough to the older authors, who thought that the spitting of pus always indicated "ulcers of the lungs." Hence their frequent allusion to these morbid states.

[2] A remarkable instance is mentioned by Van Swieten, occurring in a subject who was asphyxiated after having expectorated an enormous quantity of pus. "Mirabatur utique pus exire, dum cultello secaretur pulmonis substantia: non autem exibat pus magna copia simul, sed gutta una vel altera tantum, ex dissectis nempe asperæ arteriæ propaginibus."—Comment. in Boerh. Aph., tom. iv. p. 60.

and matured; but miliary tubercles are never expectorated alone.

Appearance and Qualities.—The nature and properties of crude and softened tubercle we have already described, and have given ample tests for the recognition of these substances. Now tuberculous sputum, in its simplest and purest form, is merely crude or softened tubercle, without the admixture of any extraneous matter. In the *crude* form, it, of course, looks yellow and cheesy, and crumbles more or less readily under the fingers. It is rarely complained of as tasting or smelling disagreeably—often it is utterly inodorous and insipid, but sometimes the reverse happens. It is discharged (usually with severe coughing) in masses varying from the size of a pin's head to that of a horse bean or a common nut. *Softened* tubercle, at the time of its discharge, looks like cheese or curd, irregularly broken up, with a little thin mucus or serum. Sometimes the particles are granular and of uniform dimensions, but more frequently large and small fragments are found intermixed. This sputum is generally either acid or alkaline; chiefly the latter, owing to the presence of ammonia or its hydrosulphuret. Its taste is usually disagreeable, and its odour offensive.[3] These, of course, vary with the length of time the matter has been detained, and the amount of decomposition it may have undergone.

More commonly, however, tubercular matter is expectorated along with different fluid substances, such as mucus, pus, serum, and blood.[4] According as these are coloured, or dense, or diluted, will the appearance of the mass vary. This sputum, indeed, is so diversified, owing to these accidental circumstances, that it is unnecessary to bestow upon it any further description.

In testing this sputum, it is advisable to separate the tubercular-looking particles and examine them singly: afterwards, the fluid matter may be diluted with two or three times its volume of distilled water, passed through a coarse filter, and tested for albumen. I have before observed that the amount of albumen in sputum is a measure of inflammatory action, either general or local, in the respiratory organs. The softening of tubercles always produces more or less irritation and inflammation in the contiguous pulmonary tissue: this action is often not detected until it has assumed a serious, and even a fatal character; but in milder cases, when its progress is less rapidly destructive, it does not fail to hasten the fate of its victim. For this reason it is desirable to examine the sputa of consumptive patients from time to time, that any increase or variation of morbid function may be met by corresponding treatment.[5]

Pathognomonic Relations.—Tuberculous sputum is always connected with a scrofulous diathesis, and generally, but not invariably, with a tuberculous degenerescence, more or less extensive, of the lungs. In a great majority of cases the expectoration of this sputum is an indication of the softening and breaking up of tuberculous deposits in the lungs, and the consequent formation of cavities. After the complete formation of a cavity or cavities, the discharge of tubercle by cough is as likely as not to cease, unless the disintegration of fresh masses give rise to fresh occasions of expectoration. Though, as a rule, this sputum is an evidence that tubercles have softened or are softening in the lungs, and is therefore, in some sort, a measure of the local mischief in progress, yet it sometimes happens that there is no such relation of circumstances.[6] I am at this time attending a patient who frequently expectorates crude tubercle, and yet I am satisfied that the tubercular deposit, which is sufficiently manifest at the apex of each lung, has not yet passed into the matured state. The symptoms and signs, both general and local, are exclusively those which indicate the presence of miliary tubercles. The patient is an athletic man, with some stamina to aid him, and he has so much improved under local counter-irritation with iodine, and the use of tonics and iodine internally, that I am not without hope the disease may be either completely suspended for a time, or at least that its fatal progress may be very materially retarded. Several cases of this kind I have met with in the course of my practice, and I have generally found that when tuberculous matter is expectorated without the previous condition of the lungs altering, or the matter deposited in them softening, the patient's condition either improves for a time, or the ravages of his malady are for a while, or for ever, arrested. Two years ago I attended a man in the first stage of consumption; the progress of tubercular deposition was carefully but easily traced in the left lung from time to time, until the entire of its summit became loaded with tubercle; for a while the mischief appeared to be stationary, and then the patient, with an aggravation of cough, began to expectorate tubercular matter. But with all this, there was no evidence whatever that the deposit in his left lung was changed—certainly it had in no degree softened. For months he coughed up at intervals matured tubercle, and slightly improved both in strength and weight. He at length began to suffer from scrofulous degenerescence of a remote organ, of which he died. On examination, the right lung was found healthy and entire throughout; the summit of the left lung was a mass of miliary tubercles, but not one was found in a state of cheesiness or softening, nor was there a cavity, or a trace of one, throughout the organ. In another case, after an extensive deposition of tubercular matter in the summit of the left lung, the patient began to expectorate pus and crude tubercle, yet without any alteration in the state of his lung; the expectoration continued for three months, the patient rather improving during that time. He was then sent into the south of Devon, where he sojourned for half a year, and came home entirely free from cough and spitting, but with the summit of his lung just in the state it was previously. He has thus continued during the last two years, and I think is likely to continue for many years to come, if he persist in a careful management of himself. But though to all external appearance and purpose he may be said to be in good health, his life is precarious enough. The tubercles that are now quiescent, and may possibly long remain so, are yet liable at any moment to be roused to their further action (maturation) by any disordered or excessive function in the contiguous pulmonary tissue. Directly that these tubercles have matured, of course they lose the low vitality they had, are no longer influenced by the vitality of the parts they touch, and left to the exclusive play of chemical affinities, they render the patient's life not worth a week's purchase. In a third example, after the commencement of a not extensive tubercular deposit at the apex of each lung, the patient became attacked with diarrhœa, and with a copious occasional discharge of mucus and crude tubercle *per anum*. It was a complete diversion from the lungs, for the cough and expectoration, that had previously been somewhat troublesome, entirely ceased, and never returned again. The diarrhœa lasted for upwards of two months, and then slowly subsided, leaving the patient stationary. Twelve months afterwards he had not altered.

Cases like these, with which I have no doubt every man's practice is more or less familiar, give us at least some hope and encouragement in treating the commencement of that formidable disease—consumption. They tell us that our patient is not necessarily to be sacrificed so long as the tubercles remain in their primitive state, and urge us to the application of such remedies as may locally divert the morbid action, and contribute to the general health and strength of our charge. The indications of tubercles passing to their matured stage will be given, as far as they are known, under the next head.

Not only may tuberculous matter be expectorated when only primitive or miliary tubercles exist in the lungs, but also when the lungs are utterly free from tubercular deposition. I once examined the lungs of a female, who, during the latter years of her life, frequently expectorated both tubercle and pus, and though no evidence of pulmonary disease was furnished by the stethoscope, yet the case was declared to be consumption. *There was neither a tubercle nor a cavity to be met with in the lungs.* Other like cases have been recorded. In instances of this kind, it is plainly evident that the tubercular matter has been discharged by the lining membrane of the trachea, or bronchi, or both. The formation of this matter has been commenced, as is perhaps generally the case, in the blood, and instead of the aggregated granules being deposited in some tissue therein, as in a nidus, to develop themselves into a miliary tubercle, which, sooner or later, by its own inherent action, aided by external circumstances, may pass on to an imperfect further development (crudity)—all these changes occur in the blood-vessels, and the matter so formed, like pus similarly originated, finds an exit by the most convenient outlet—and none is so convenient as the mucous membrane of the bronchi or bowels. The formation of tubercular matter is always referrible to a constitutional peculiarity, the great representative of which is the blood. In this fluid is commenced the formation and function of particles that are hereafter, in their aggregate, to represent healthy or diseased structure. Tubercle is one of these things. Primitively there is the merest shade of difference between an incipient tubercle and the radicle of a normal cell—but there *is* a difference, and it increases with the development of each, until the one becomes matured into healthy tissue, and the other degenerates into a mass of rottenness. When this matter, instead of being commenced and completed in the blood, and discharged therefrom as any other foreign or offensive matter usually is, is scattered or infiltrated through the tissue of an organ essential to life, its subsequent decomposition and discharge necessarily involve the fate of such organ, and hence, for the most part, the reason of the deadliness of consumption. The matter of tubercle, on the other hand, may be generated in the blood with the same impunity as pus, nay, with more, provided that always a ready escape can be found for it. I am satisfied that the instances of tubercular formation in the system, that is, in the blood, and its escape by one outlet or another, are far more numerous than people generally suppose. The obvious good effects of continued mild action upon the bowels, in cases of incipient phthisis, may be owing not so much to counter action, as to the diversion of a morbific matter which otherwise might find its way into the lungs.

OBSERVATIONS ON THE EFFECTS OF HUMIDITY IN TUBERCULAR CONSUMPTION.

By E. B. SHERIFFS, F.R.C.S.E., Professor of Anatomy, King's College, Aberdeen.

The idea that a moist atmosphere is injurious to consumptive invalids is very generally entertained by physicians, and universally so by the public. The consequence is, that those who possess the means, remove to the driest districts of Great Britain, or repair to some sunny, arid clime, as soon as afflicted by this malady. So anxious have some professional gentlemen been to discover a climate the most free from humidity, that they have collected with the greatest care and accuracy the quantity of rain that falls in various counties and

[3] Baglivi gives the following as certain signs of a vomica in the lungs:—"Si quis tussiendo, alba quædam veluti granula excreverit, et granula illa compressa digitis, summopere fœtcant, vomicam pectoris latentem certo denunciant." This definition, as we shall shortly see, is not absolutely correct.

[4] It may also be accompanied by shreds of membrane, portions of blood-vessels, and even detachments of lung.

[5] It has been said that a plant allied to the *penicillum glaucum*, was found by Dr. Bennett in the sputa of a phthisical patient, and Dr. John Hastings affirms that this vegetable invariably accompanies the expectoration of softened tubercle. (See Transactions of Provincial Medical and Surgical Association, vol. xii. p. 109.) I am not able myself to confirm the above statement, but, should it prove to be true, it will certainly furnish us with a very desirable means of recognising tubercle.

[6] It was a notion of the older authors that the expectoration of tubercle always indicated the existence of a vomica in the lung. "Si quis tussiendo, alba quædam veluti granula excreverit, et granula illa compressa digitis, summopere fœteant, vomicam pectoris latentem certo denunciant, præsertim si alia quaque aderint signa, hi rupta vomica utplurimum de repente moriuntur."—Baglivi.

districts, during the year, and from their hygrometrical observations have no doubt furnished us with much valuable information.

My opinion is that there never was a more erroneous nor more injurious idea entertained, than that humidity is injurious to consumptive invalids. I am fully convinced that a moist or damp atmosphere tends very materially to the relief of the phthisical, and that the disease is comparatively rare under such circumstances. I have not come to this conclusion from mere theory or supposition, but from repeated observations made in localities differing the most widely. For instance, on the west coast of Scotland and the adjacent islands, an immense quantity of rain falls throughout the whole year, and the atmosphere is at all times highly charged with aqueous vapour. But among the inhabitants consumption is a disease comparatively little known. Again, in many of the driest counties and districts in England, where the inhabitants would possess the advantage resulting from humidity, we find phthisis very prevalent.

I am much pleased to find similar opinions entertained by a few medical gentlemen, whose talents and experience merit consideration. And as the subject is one involving very materially the interests of the public health, it may be excusable to illustrate it at greater length, particularly as an opinion directly contrary to that offered is so universally entertained. My object is only to elicit truth. I have no favourite whim to indulge and gratify, but feeling as I have ever done the sad results that may follow false views of disease, I am anxious to promulgate that which is likely to serve the interests of humanity.

Dr. Harrison, in "An Address delivered to the Medical Society of Horncastle, on the Endemic Causes of Disease," has offered some valuable remarks on the subject here treated of. He says, "I had not resided long in this division of Lincolnshire, before I was strongly impressed with an idea that the inhabitants upon the wolds were a great deal exposed to idiopathic consumptions, and peculiarly liable to calculous complaints. In the division of Holland, and the extensive marshes of our county, these disorders are probably less known than in most other situations in England. Multiplied experience and numerous inquiries have tended to confirm these opinions."[1] Again, he observes, "The situation of this town has afforded me numerous opportunities to investigate more particularly pulmonary complaints, and I can truly assert that *they are much less frequent in the fens and marshes than in the upper parts of my circuit.* The difference with respect to idiopathic consumption is very great indeed. In some parts where I practise, it is a very common complaint, and in others it is scarcely known to the faculty. Pulmonary consumptions are certainly to be met with every where; but when I have been consulted upon such cases in our marshes or the division of Holland, I could either trace them to other situations, to neglected cold, or some irregularity in the suffering person."

Mr. Weekes, of Hurstpierpoint, in Sussex, has asserted, that in his neighbourhood consumption became more frequent as draining was extended. So long back as the year 1779, the learned Dr. Wells[2] found out that consumptive patients in Flanders removed to the marshy parts of the country for relief, a circumstance that attracted his attention and elicited much valuable information from this gifted physician.

Dr. Speer, of Dublin, has remarked that, "how far humidity, accompanied with severe cold or heat, contributes to the production of disease or health, is as yet a point not clearly settled; the latter would with us seem rather to be the case. Dr. Rutty thought our moist seasons the healthiest, at least much freer from epidemics, and his various observations go decidedly to confirm this opinion; this has also been the opinion of other observers since his time, who think that, unless with great variations of temperature, severe cold, and easterly winds, our humid seasons are in general our healthiest. A single proof of this seems to have been furnished in the year 1816, which was remarkably healthy and remarkably wet. Dr. Franklin, and Dr. Percival, of Manchester, conceived that moist seasons are healthier than dry ones, *cæteris paribus*—Sir John Pringle seems to have been of a similar opinion. It is only, therefore, in its combination with extremes and varieties of temperature, &c., that we can consider humidity in its promotion of disease, and even here we know not how far to go."[3]

It is evident from the statement of Dr. Speer that so far from humidity tending to induce consumption, it is favourable to health—a circumstance which, in my opinion, does not admit of doubt.

Mr. Thackrah, in a most interesting work, gives a mass of information on the effects of humidity. He observes, that "whether we examine the agency of moisture on men in the open air, or those under cover, we find it much less than common opinion would expect. In this country almost all our maladies are ascribed to the agency of wet, or to 'taking cold.' Medical men adopt this notion. It is consequently heard in their expressions; it constantly appears in their writings. The people, of course, have gradually adopted the medical doctrine, and carry it even further than its founders. 'A reference, however," continues he, "to the history of cases attributed to wet and cold, and an examination of the reasoning of the patients, are enough to expose the insufficiency of the evidence and the incorrectness of the inference."[4]

Some years ago I entertained myself by perusing Madden's Travels, and find among my notes an extract bearing on the present subject. In vol. i. p. 221, commences the following passage:—"Indeed Alexandria at all times is excessively damp; the atmosphere is saturated with a saline vapour, which condenses on the walls and furniture of the houses, in small crystals of nitre, muriate of soda, and muriate of ammonia; the soil is everwhere coated with the saline particles, and although it is quite impossible to keep any articles made of iron free from rust, yet the constant breathing of this saline atmosphere does not appear to be prejudicial to health. *Diseases of the lungs are unknown. I have not seen one case of pulmonary consumption among the Arabs.*"[5]

I think, on the whole, that the evidence I have selected in support of my opinion, which has no claim to originality, and is therefore the more likely to be correct, is very conclusive. But still, before leaving the subject, I must refer to the observations of Dr. Lombard, of Geneva, "On the Influence of Professions on Pulmonary Consumption." The following tables, extracted from his paper now referred to, tend still further to confirm the opinion I have ventured to express.

They show, from among a number of deaths that took place among trades surrounded with watery emanations, the relative proportion that was the result of pulmonary consumption.

Occupation.	Total No. of Deaths.	Deaths from Consumption
Weavers	41	2
Dyers	25	0
Tanners	43	4
Watermen	46	3
Bleachers	11	1
Bleaching-women	39	1
Washerwomen	21	1
	226	12

From this it appears that pulmonary consumption is a very rare complaint among those exposed to watery vapour. Let us contrast with these the relative proportion of consumptive deaths among persons whose employment requires them to inhale a dry air. The following table will give us this opportunity, as it shows the total number of deaths occurring among persons surrounded with a dry atmosphere, and the number from among the whole that were the result of phthisis.

Occupation.	Total No. of Deaths.	Deaths from Consumption
Tool-makers	22	6
Enamellers	75	13
File-smiths	37	4
Founders (54)	47	0
Blacksmiths	63	8
	244	31

Dr. Lombard observes that "the result of this table is, that workmen surrounded by a hot dry atmosphere yield more readily than other workmen in the proportion of 127 to 114, from which it may be inferred that if a moist atmosphere is a preservative against consumption, so hot, dry air may be considered as a cause of the disease;" and he afterwards remarks that "it is probable that the frequency of consumption among certain workmen, as clockmakers, jewellers, watch-case mounters, goldsmiths, &c., depends partly on the high temperature of their chafing-dishes, which dries and rarefies the air of their workshops."

I might extend the evidence to any length, did a paper of this sort permit, in order to prove that humidity is favourable to the consumptive patient. It appears singular to me why medical practitioners can so generally entertain a contrary opinion. They have all seen that ague and consumption rarely occupy the same district, but still they are fearful, as it were, of inquiring into the cause, lest it should alter an old-established, popular, and favourite opinion. Ague is the daughter of humidity, and to use the words of Dr. Marshall, of Lynn, she "will bear no brother near the throne," but over consumption she rides rough-shod. In proof of this I could bring forward hundreds of witnesses. In Minorca, for instance, Cleghorn says ague is considered as endemic, and there consumption is rare. In Egypt consumption seldom occurs—there intermittents are common. Volney tells us that consumptive patients are frequently sent to the sea coast, where intermittents prevail. In Bengal, an aguish country, consumption is rare.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, July 17, 1845.

On Accidental Retraction of the Limbs, by Dr. Morel Lavallée (continued)—*Treatment.*—The therapeutical measures employed in this disease may be classed under two heads: 1. Those which act on the primary affection, of which retraction is the symptom or consequence; 2. Those which act on the retraction itself.

1. *Remedies which act on the Disease, causing the Retraction.*—They are in general prophylactic, and are (*a*) *medical*, and therefore foreign to our subject, for who would think, while describing accidental retractions of the limbs, of enumerating the best means of cure for meningitis, myelitis, nervous convulsions, &c.; (*b*) *surgical*—these consist in preventing the parts surrounding the diseased articulation from contracting a false position, and in preventing, from its very commencement, the retraction which sometimes follows fractures, white swellings, &c. In coxalgia a permanent extension of the affected limb offers two advantages—the one of alleviating pain, the other of combating the muscular retraction which the luxation consequent on disease of the hip may produce. In chronic arthritis, by keeping the leg extended, the retraction of the flexor muscles, and the displacement of the tibia backwards on the femur, are prevented. This method Dr. Jobert de Lamballe, at my request, has had the kindness to try on a patient affected with synovitis of the elbow-joint, complicated with retraction of the biceps.

[1] Harrison on the Endemic Causes of Disease, Medical and Physical Journal, vol. viii. p. 221. —1802.

[2] Vide Transactions of Society for the improvement of Med. and Chir. Knowledge, vol. iii. p. 471. London, 1812.

[3] Dr. Speer on the Diseases of the Lower Orders in Dublin. Dublin Hospital Reports, vol. iii. p. 176. Dublin, 1822.

[4] The Effects of Arts, Trades, and Professions on Health and Longevity, by C. Turner Thackrah, p. 66. London, 1831.

[5] Travels in Turkey, Egypt, Nubia, and Palestine, by R. R. Madden, Esq. London, 1829.

Case.—Alexander Guyot, ætat. 19, of lymphatic constitution; has never suffered from glandular swellings or rheumatism, though his employment (a baker) subjected him to frequent transitions from heat to cold. About a year ago, a dull pain in the bend of the arm, on the right side, first appeared, noticed only when the arm was considerably extended. A month after this, the patient became affected with chancres, for which he entered Dr. Ricord's ward (Hôpital du Midi); whilst there the pain in the elbow increased, and was accompanied by retraction of the biceps, but both yielded to an active antiphlogistic treatment, and Guyot returned home six weeks after quite well. This amelioration was but temporary, for the pain and the retraction soon returned, and increased gradually, until the limb presented the following state:—fore-arm bent at an obtuse angle; tendon of the biceps not only easily felt, but likewise very apparent; when touched it appeared to be formed of strong parallel cords, and when forcible extension was made, it formed a considerable projection, and produced near its inferior extremity at the bend of the arm a hollow space, deeper than on the opposite side. Sometimes the fore-arm remains motionless at a right angle, and when the patient endeavours to stretch the limb, a sharp noise is heard in the joint. This noise is at times produced by pronation and supination, and is easily obtained by the least external force, being somewhat similar to that caused when the articulations of the fingers are stretched. The brachialis anticus does not participate in the retraction, as it remains uncontracted under the cord presented by the biceps; the fold of the arm is painful on pressure, especially inside the tendon of the biceps; the two furrows which exist on each side of the olecranon in the normal state are replaced by two elongated, soft, semi-fluctuating tumours—the inner one the most apparent; in other respects, the articulation appears neither tumefied nor disfigured. Is not this affection (synovitis) complicated with retraction of the biceps? The cause of this contraction is worthy of notice. Is it not remarkable that the biceps should be affected so as to limit a movement—extension—which, when carried to its utmost extent, causes pain? May it not be concluded, that instinct produces this contraction in the muscles before it becomes organic, and that far oftener than is generally supposed? Dr. Jobert de Lamballe ordered gradual extension to be performed by means of an apparatus, but in so doing, what was the end in view? In the first place, doubtless, to keep the articulation motionless, facilitating thus the resolution of the arthritis, and to restore gradually and insensibly the biceps to its normal length. In the retraction produced by syphilis, the cause must be combated, and it is the only form which yields, when once established, to indirect means. The iodide of potassium may be prescribed, at the dose of ℈ijss per diem, in a quart of tisane of decoct. saponar. offic. or infus. humul. lupul., the quantity being gradually increased to ʒiss, and even ʒij, or ℈vij. It may likewise be administered as follows:—℞. Potass. iodid. ℥ij, Syrup. simpl. ℔ij, Cochl. magn. i, ter in die sumend., sensim augeatur dosis ad cochl. magn. quatuor ter. in die.[1] This mode of treatment has constantly succeeded with Dr. Ricord, who, among other cures, quotes one of an actor at the Italian Opera, who, while singing, was obliged to keep his hand constantly on his hip, the disease being seated in the articulation of the elbow—a part which it ordinarily, if not exclusively, affects. Should secondary symptoms of syphilis exist, the proto-iodurct of mercury must be given at the same time.

2. *Remedies which act directly on the Retraction.*—These are curative or palliative, the simple mention of the latter, applicable only to the lower limbs, is sufficient; as to the former they are mechanical or operative, that is to say, they consist in elongating the shortened tissues by appropriate apparatus, or dividing them with an instrument. Though in reality both are applicable to retractions of the muscles, and normal or accidental fibrous tissues, still when employed in cicatrices their mode of action is so different that they deserve a special paragraph; the curative means of the two former will therefore first be considered.

A. *Mechanical Means.*—In general all the muscular and normal fibrous retractions may in every stage be successfully treated by mechanical means, which should always be had recourse to in recently and slightly developed cases. In these, by gradual traction the part must be brought into its normal position, and kept thus by a bandage and splint, and the cure may be effected as in the following case, where the retraction was seated in the biceps brachialis. Charles Edward Seliza, aged fifteen, upholsterer, of good constitution, and perfect health, having a small column to remove, seized it with both hands, and strove to pull it down by shaking it violently and drawing it towards him; while exerting himself thus he felt in the anterior portion and bend of the right arm a violent pain, which forced him to leave off work for several days; the day after extension became impossible, and the retraction persisted, though the pain disappeared. The lad resumed his labour, but finding that his arm did not regain its normal position, he entered the wards of Dr. Jobert de Lamballe on the 11th of February, 1845, three weeks after the accident. The arm could not be extended beyond an obtuse angle of 110°; neither the arm nor the elbow was swollen; no pain when quiet, but it was developed with considerable intensity at the bend of the arm and in the direction of the biceps as soon as the limb was forcibly extended, and at the same time the fleshy part of the biceps and its tendon presented a considerable projection, indicating evidently that it was the sole cause of the retraction. A splint properly padded was placed on the inside of the arm, and a bandage over it, which was tightened, so that on the third day extension was complete: the apparatus was kept *in situ* for five days, and the patient did not leave the hospital until it was certain that the retraction would not re-appear, and that the cure was perfect. This case, communicated to me by M. Bidault, interne of Dr. Jobert de Lamballe, is interesting not only on account of the rapid success of the treatment (completed in eight days), but likewise owing to the retraction having been produced by a cause which hitherto was supposed to act only on the fibrous tissues. In fact, as the disease appeared after a powerful effort made by the muscle, it cannot be doubted that some injury to this was the cause of the affection.

If the disease manifest itself under the influence of a local affection of which traces are still present, in order to obtain a cure, topical emollient, or other appropriate remedies, must be had recourse to. It is thus that in retractions which originate in hysterical affections Dr. Recamier employs as a secondary or even as a principal remedy, shampooing, or percussion in cadence, repeated as often as the irritation produced by the previous operation has subsided, until the cure is complete. But it is not in recent retractions only that bandages effect a cure, but even in some cases of club-foot itself, as may be seen in a case which occurred in the wards of Professor Gerdy. The starch bandage may here be of great use, because it does not change its position, or become slack to any considerable extent, and because the hollow spaces formed by compression between it may easily be filled up, in addition to which it permits the patient to move about. It must not however be forgotten that the part must be kept in its normal position until the apparatus is quite dry. These bandages often suffice, and therefore ought to be employed, yet it must be confessed that orthopedic apparatus, indispensable in serious cases, is in all of more easy application, and the extension being gradual, spares the patient much pain; moreover, they leave bare a considerable portion of the limb, which is useful, inasmuch as it enables the surgeon to judge of the state of hidden parts. Besides which—and this is very essential—as extension may be performed by the simple turn of a screw, very slight exertion is requisite, and greater effect is produced with less pain. It is here that we may say with Dr. Malgaigne, "Simple means are preferable to complicated, only when they are equally efficacious." It is unnecessary to describe the various machines as they may be seen; but the principles which ought to be followed in making and in applying them must be indicated. As far as concerns the adjustment and mechanism of the various parts of the apparatus it is the province of the manufacturer; the surgeon has only to examine the conditions they should present, so as not to injure the organs, and so as to produce the least possible disturbance during their application: it is this that will be examined under the head, "Rules for exercising *pressure*," after which the different modes of employing them, the time they ought to be kept on, the accidents which they may produce, and the means of combating these accidents, will be studied.

Adhesion of the Pericardium to the Heart.—A curious case of this affection, which was studied in 1844 by Dr. Aran in a Memoir (*Recherches sur les adherences générales du péricarde, nouveau moyen de reconnaître cette affection,*) inserted in the *Archives de Medecine*, has just been observed in the wards of Professor Laveran, at the hospital of Val de Grace. In this memoir are examined, 1. The *causes*; acute, terminating in chronic pericarditis when neglected, badly treated, or developed under unfavourable circumstances; *pericarditis chronic* from the commencement. 2. *Mode of formation*: after acute pericarditis an exudation of plastic lymph takes place, and forms a pseudo-membrane, which is absorbed very slowly; now, if an exacerbation comes on ere this is obtained, a fresh quantity of lymph is exuded, rendering the previous portion still more difficult of absorption; finally, if these relapses are frequently repeated, the pseudo-membranes, instead of disappearing, are organised, and the visceral and parietal portions of the pericardium unite to a greater or less extent. The adhesions present in these cases two aspects: (*a*) by continuance of the phlegmasia they are infiltrated here and there with pus, or rather with a sero-sanguinolent liquid; (*b*) they are formed of delicate and compact whitish cellular tissue. 3. *Symptoms*: Laennec and Professor Bouillaud state that it may exist without producing any notable disturbance; on the other hand, Lancisi, Vieussens, Meckel, Haller, Senac, Corvisart, and especially Morgagni, say that its presence is incompatible with health. Dr. Aran accounts for this difference of opinion by a difference of the lesions, the adhesion in some being cases *cellular*, whereas in others there were *traces of inflammation, and the heart itself was diseased*, and that it is only in the last, that is to say, in cardo-pericarditis, that symptoms and pathological lesions of the heart are observed; of the former, generally complicated with hypertrophy of the walls and enlargement of the cavities, caused, according to Dr. Beau, by the traction exercised on the heart by false membranes, and by the efforts the organ is obliged to make to overcome this difficulty; and, according to Haller (opinion adopted by Dr. Aran), because the heart is incapable of emptying itself entirely. The symptoms are palpitations from time to time, tendency to plethora and congestion, dyspnœa on performing any active exercise. The symptoms of cardo-pericarditis are excessive dyspnœa, palpitations on the slightest movement, considerable uneasiness in the precordial region; weak, tremulous, often irregular pulse, frequent fatiguing cough, accompanied by sanguinolent sputa; œdema, and death in the greatest agony. But other symptoms have been described as characteristic; thus, according to Sanders, there is a sort of hollow spot in the epigastric region, immediately under the left false ribs, produced during the ventricular systole, which he attributes to the retraction of the diaphragm each time the heart ascends; Dr. Hope says that the heart beats higher, a fact which, though at variance with the hypertrophied condition of the organ, is produced by the adhesions, which allow it little motion; the existence of a species of shock or agitation communicated to the thoracic parietes by the efforts made by the heart to overcome the obstacle; the previous existence of pericarditis, especially of a rheumatic nature; the cessation of the friction sound; the non-augmentation of the matity; the violent rebounding movements, sometimes simple, sometimes double, of the heart. Dr. Aran, in addition to the foregoing symptoms, states that the cessation of the friction sound takes place rapidly, in twenty-four or thirty-six hours after it has been heard at its maximum of intensity. But, as this judicious observer remarks, these are not the symptoms of the disease when established, but of

[1] *Bulletin de Therapeutique*, vol. xxii. p. 65; *Gazette Medicale*, 1842, pp. 395 and 544; *Gazette des Hopitaux*, 1842, loc. cit.

the affection about to be formed. The following, according to this author, is pathognomonic; viz., the weakening or the more or less complete extinction of the beating of the heart; the first, or dull sound (bruit de tic) is short, the interval long; the second, or clear sound (bruit de tac) is very feeble, or absent altogether. These last have been said to arise from insufficiency of the semilunar valves, but in such cases the sound is heard when the stethoscope is placed a few lines from the precordial region, and it is always replaced by a very long and sometimes musical bellows sound.

Case.—M. Soldier, ætat. 41, in February, 1843, had been affected with pains in the lower extremities, for which he was bled freely; when received at Val de Grace on the 24th July, 1844, he was inscribed on the list of patients suffering from an affection of the valves: the pulse was irregular; bellows-sound inferiorly during the first beat of the heart. After remaining some time in the hospital he at length left it, but returned on the 11th March, 1845, and stated that he had been constantly ailing, that his breath was short, and he was subject to palpitations, and that his lower limbs swelled on the least exertion. On examination he was found to be in the following condition: vinous tint of the face; œdema around the malleoli; abdomen tumefied; decubitus on the right side; 20 inspirations in the minute; pulse small, irregular, 60; *lower part of the precordial region is the seat of an elevation of the skin every time the apex of the heart is raised*; matity to the extent of about three or four inches; impulsion of the heart powerful; beating irregular; what was more extraordinary was the mixture of the two sounds, which could not be distinguished separately, or, to speak more correctly, the second was wanting; the first appeared to some to be accompanied by a bellows-sound; matity on the right side; ægophony; dull sound in the lower parts of the abdomen; urine scanty and high coloured. Diagnosis. —General adhesion of the pericardium to the heart; hypertrophy of that organ; lesion of the valves; effusion in the pleura and peritoneum. The patient was bled several times, temporary blisters were applied on the region of the heart, but without any beneficial result; the symptoms became more and more intense; nocturnal dyspnœa; considerable anasarca; anorexia; constipation, and the patient became sad and discouraged. On the 12th paracentesis was performed to relieve the oppression, but the relief was but momentary, for soon after rigors occurred which lasted until death took place on the 13th. Autopsy.—Right pleura red, thick, and covered with pseudo-membrane, and containing about ten ounces of serosity; a small quantity was likewise found in the right pleura; venous congestion of the lungs. Heart of considerable size; from six to six and a quarter inches in length, and of equal breadth; cavity of the pericardium no longer existed, the two surfaces being closely united. It was only after a very careful dissection that they could be separated. 1. The parietal layer covered with uneven pseudo-membranes, the whole being about two lines thick. 2. A layer, equally thick, fibrinous, red, uneven, and almost muscular in its aspect. 3. The visceral layer also thickened, and covered with a few remains of the fleshy pseudo-membrane which separated it from the former. Deprived of this treble envelope, the heart was not more than four inches and a half in size; the left auricle alone was enlarged, its cavity being two inches in length and as much in breadth; substance of the heart of a rose colour, somewhat firmer than in its normal state; nothing remarkable on the right side of the heart, on the contrary, the left offered— 1. An eccentric hypertrophy of the auricle, the walls of which were about a line thick. 2. Simple hypertrophy of the ventricle, the walls of which in their central portion were about nine lines in thickness. 3. A double lesion of the valves; (*a*) mitral valve with its fleshy columns was fibro-cartilaginous, and formed towards the interior of the ventricle a sort of retracted funnel, but still performed its functions; (*b*) aortic orifice diminished by the fibrous induration of the semilunar valves, which were insufficient in width. Liver hypertrophied, surface uneven and mammillated; interior of a granular aspect; soft. Stomach presented numerous superficial ulcerations. *Gazette des Hopitaux.*

Academy of Sciences; Sitting of the 14th July. M. Elie de Beaumont in the chair.

On vesico-vaginal Fistula, by Dr. Jobert de Lamballe, M. A. M., &c.—The permanent and perfect cure of this disease is not sufficiently frequent by the present means to prevent a new treatment being worthy the attention of the Academy. All surgeons are aware how difficult is the reunion of the divided parts in this affection; so much so, that any method by which this result may be facilitated will not fail to be attended to. A woman was received at St. Louis with a vesico-vaginal fistula, caused by parturition; the urethra was completely destroyed, and the loss of substance, which was seated in the septum vesico-vaginalis, extended inwards, on the mesial line, to about half an inch from the cervix uteri; there existed, consequently, a large cloaca, into which the urine fell ere it escaped from the vulva. Several modes of treatment were employed; among others, the autoplastic method, which was communicated to the Academy some years ago, but without success; and the patient left the hospital very little better than when she entered. A year after she came back, and, on the 9th of June, 1845, the following operation was performed (which the author denominates *reunion autoplastic par glissement*):—a transversal, semi-circular incision was made on the anterior portion of the neck of the uterus, where it joins the vagina; the flap thus obtained was dissected from below upwards, the edge of the bistoury being constantly directed towards the uterus, to avoid wounding the bladder; immediately after this incision and dissection, by which the fundus of the bladder was isolated, the anterior portion of the vagina was drawn inwards, and a change of position of the posterior region of the bladder, by which the edges of the part could be placed in contact and kept united, and the loss of substance repaired with great facility, even when considerable, as in the present instance, thus effected. The patient, whose case has been just related, is at present in the following condition:—1. There is at the upper extremity of the vagina a thick and solid cicatrix, which supports the bladder. 2. In front of the cervix uteri there is a swelling caused by the bladder and the upper part of the vagina, which are detached from the cervix. 3. There is a furrow directed from before backwards, indicating the spot in which the two edges of the fistula were united. 4. Before this furrow, and at the spot corresponding to the neck of the bladder in the normal state, there is a small opening into which a catheter can be passed. 5. The urethra no longer exists, but the newly-formed vesical orifice seems to perform its functions perfectly. 6. The urine can be retained several hours, the patient feels the desire of evacuating it, and effects this at will. 7. When the patient moves about, the urine is not so easily or perfectly retained. The author concludes by stating, that this case will form the subject of a memoir which is shortly to be presented to the Academy.

On the Endemic Diseases developed periodically under the Influence of Marsh Miasmata. By C. A. Ancelon, M.D.—The author in this memoir studies the pathological conditions which return at stated periods, and which present constantly the same mode of development, the same symptoms, and the same characters, and which are endemic in the neighbourhood of the immense pond, or rather lake, of *Indre Basse*, emptied and cultivated every third year. These diseases are—1. *Typhoid fever*, present during the second year; observed as an epidemic in 1830-33-36-39-42. Its *causes* are—decomposition of vegetable substances during the hot weather; filthy state of the villages; badly built cottages, the floors being lower than the ground outside, the doors and windows not sufficient for free ventilation; crowding many individuals in too small a space; action of the sun's rays on the peasants while at work in the fields; use of brackish water; insufficient food. It is not contagious, and its frequency is in direct ratio with age—childhood excepted. It appears towards the end of June, in July, and August, and disappears, if the temperature decreases, during these months; when prevalent, it gives its stamp to every other disease, and even puerperal fever itself is converted into dothinenteritis. In addition to the usual signs there is tremor of the limbs, which in some patients goes so far as to imitate epilepsy; a parchment-like skin; pain in the muscles, with an affection of the ganglionic nervous system. Treatment—tonics internally and externally, decoction of polygala, Seltzer water; no abstinence from food is requisite. 2. *Intermittent fever* occurs during the first year; observed in 1829-32-35-38-41. During the spring it is at first quotidian, soon followed by tertian, and disappears during the hot months, to begin again in the autumn, when it sometimes assumes the quartan type. If the summer is hot and moist, during autumn, the double tertian is observed, and is with difficulty got rid of; damp, foggy weather makes it assume the catarrhal character, and too much heat, the typhoid. The cold stage of the quotidian is not very marked, that of the tertian lasts sometimes several hours; it is very long in the quartan, and death often takes place on the second attack of the pernicious form. In the variety denominated neuralgic, the shivering fit is replaced by a violent pain in the limbs, or in other parts of the body; the catarrhal form presents no sweating stage, is seldom fatal; relapses are frequent; visceral congestions have diminished considerably in number since the peasantry have been induced to take the sulphate of quinine. The treatment consists in the application of a few leeches, and the administration of quinine, steel, opium, and indigenous bitters; against tumefaction of the spleen, quinine; of other viscera, iodine. 3. *Carbuncular affections* reign the third year; observed in 1831-34-37-40-43; caused by the same emanations, and appear during the months of July, August, and sometimes September. From what precedes, it may be concluded that there is a striking analogy between the three affections just described; that they are produced by the same causes, *marsh miasmata*, which act continually, and give rise to one or the other, according to their intensity, the season of the year, and the hygrometric condition of the atmosphere. It must be added, however, that the periodicity of these diseases is in a great measure, if not altogether, owing to the mode adopted in working the pond.

Academy of Medicine; Sitting of the 15th July. M. Caventou in the chair.

On Fibrous Tumours.—Dr. Londe, M.A.M., re , in the name of Professor Le Sauvage, of Caen, a memoir on Albumino-Gelatinous Tumours. In the opinion of the author, individuals who have made pathological anatomy the object of their studies, do not pay sufficient attention to the distinction between two species of tumours; the one species produced, in most organs, by intussusception, never extends beyond these organs; the other results from the transformation of the normal tissues; and it is for this reason pathologists are not aware of the practical applications these divisions lead to, nor have they any precise ideas on fibrous tumours. The diagnosis may notwithstanding be easily established: 1. by the size they attain; 2. by the equality of their surfaces; 3. by their mobility; 4. by the absence of pain in their structure; 5. by an apparent fluctuation; 6. by the integrity of the skin covering them; 7. by the normal state of the lymphatic glands; finally, the author explains why tumours offering but an apparent analogy with those described in the memoir, were supposed to be fibrous, and states that albumino-gelatinous tumours may be removed without any danger of relapse.

Nomination of Foreign Associates.—The Academy proceeded, by ballot, to name eight foreign associates; 78 votes—majority 39. The following gentlemen having obtained the majority, were declared elected: Messrs. Burdach, Kœnigsburgh, 70; Muller, Berlin, 63; Liebig, Giessen, 60; Brodie, London, 50; Lawrence, London, 43. The nomination of the three others was postponed until the next Sitting.

On Typhoid Fever.—Dr. Louis read a report on a memoir presented by Dr. Jacques, of Lure (Haute Saone) on several epidemics of typhoid fever observed in the arrondissement of Luri. This memoir is of considerable length, carefully elaborate, and worthy of the attention of the Academy. It is divided into three parts: in the first, the description of twenty-five cases of sporadic typhoid fever is given; the second contains that of the epidemics of typhoid fever observed in several villages; and in the third, by means of facts observed by himself or communicated by others, the causes, the diagnosis, the prognosis, and the treatment are examined.

Among the predisposing causes are: Age.—From a statistical table by the author it would appear, that before ten the predisposition is less than from fifty to sixty. Several cases are recorded of persons upwards of sixty, and one upwards of seventy. The learned reporter expresses his doubts as to the correctness of these facts, which are so different from what is daily seen at Paris; he is led to believe that as all the cases analysed did not fall under the author's immediate observation, there was an error of diagnosis; for it can hardly be admitted that so many old persons could have escaped so long, and if on the contrary, it was supposed that they had been previously attacked, it would be allowing that typhoid fever frequently occurs twice, which is more than doubtful. Sex, intemperance, change of diet and habit, seemed to have no effect. Determining causes; seasons, barometrical changes, and localities, possess no positive influence. Habitation.—From the facts recorded it would appear, that unhealthy, badly-ventilated rooms, and especially when too small for the number of persons, may give rise to it. Marshes do not possess the preservative qualities of late attributed to them; on the contrary, in general the villages in which intermittent fever reigns present more patients than others. Burial-grounds, contrary to the opinion of many writers, seem to have no effects. Contagion.—The opinion of Dr. Britonneau and other practitioners is confirmed by the fact, recorded by Dr. Jacques, that almost always when typhoid fever invades a locality, it is communicated by the patients to those who take care of them, and come to see them, and when once it enters a house it does not leave it until it has attacked all who are susceptible of its influence, and it was very uncommon to see the inhabitants of the same house affected at periods separated by an interval of fifteen or twenty days. Assuredly the disease is contagious, but not to such a degree as to be propagated by simple contact, besides which the contagious principle is not so active in slight as in serious cases, nor in those persons by whom the rules of hygenic are attended to, as in those by whom they are neglected. Moreover, more individuals than is usually supposed are incapable of contracting the disease; many have been previously affected without being aware of it, and if in large towns contagion is less evident than in small localities, it is because hygienic rules are better known, and the communication between the healthy and the sick is not so frequent. It may, however, be affirmed, said the reporter, that authentic cases leave no doubt of the propagation of the disease in large towns, by contagion, and among the most conclusive may be placed those quoted by Dr. Gaultier de Claubry at a previous meeting. Again, how is it possible that a disease should be contagious at Tours and not in Paris? Relapses.—According to the author they are not infrequent, but the facts on which this opinion is founded are far from conclusive; they are sometimes observed, the proof of which is the following case: a young man, aged fifteen, tall, general health good; was affected in January, 1812, with typhoid fever, which yielded only after twenty days; in April, 1843, he experienced a second attack, which lasted as long as the first, and was just as severe. No doubt can be raised as to the reality of the latter, as it occurred while the disease reigned as an epidemic in Paris. Treatment—Prophylactic—consists in isolating the sick in large and well ventilated rooms. Remedial. Here the author passes in review venesection, purgatives, and emetics, preferring the two last; opium is useful when ataxic symptoms exist, but he only mentions the remedies without stating how and when they ought specially to be employed. He is, however, more explicit while speaking of the application of cold to the skin, for he examines the question minutely, points out the indications and counter-indications, studies its action in fatal cases and on several symptoms of the disease, and concludes, that cold lotions are not very energetic; that affusions and baths present difficulties; that the best mode is the application of a towel dipped in water at about 45° or 50° F., on the abdomen and forehead, renewed every quarter, or every half-hour; that it may be applied to other parts of the surface of the body; that it is preferable to ice, which is painful, supported with difficulty, and increases the delirium it is meant to combat; that with the exception of a notable diminution in the temperature (very uncommon in typhoid fever) no symptoms, no complications counter-indicate cold applications or cold drinks—that even the lesions of the respiratory organs are not aggravated by them. Dr. Louis, after examining this method and the facts recorded in its favour, terminates thus: "If the committee pay such attention to this subject, it is because the members forming it are desirous of forming a positive opinion, and of convincing the Academy of its correctness; the more so, as the talent of the author renders his assertions worthy of attention. This examination did not lead them to adopt the conclusion of the author, for the cold applications were not made regularly, and when thus applied, it was only for a few days; the future will perhaps confirm the author's assertions, but more facts are necessary ere they can be received as truths, for it is difficult to determine the efficacy of an incomplete treatment, or of one employed but for a short time. The committee, notwithstanding, persist in the opinion announced in the commencement of the report, and consider the author to be a learned and clever practitioner, whose advice may be useful to the authorities and the inhabitants of the country in which he practises, and, consequently, propose—1. To address a letter of thanks to the author for his memoirs. 2. To advise his continuing his researches in the way hitherto adopted. 3. To add his name to the list of future national correspondents, of which he will be one of the most enlightened and most worthy. Dr. Rochoux considered the memoir to be founded on an erroneous diagnosis, and could not admit a disease to be sometimes contagious and sometimes not. Dr. Louis: Though there may be some errors of diagnosis, still that is no reason why the whole memoir should be erroneous; as to contagion, Drs. Bretonneau, Gaudron, and many others, had recorded facts, and he himself had witnessed four undoubted cases. Dr. Honoré accepts as correct the case recorded on contagion, but considers the fact as far from being proved in Paris, and therefore says it ought not to be given as a maxim. Professor Piorry considers it not so easy to diagnosticate typhoid fever as supposed; that to accomplish this with any certainty, the practitioner must attend not to the fever, but to the pathological state of the organs, the degree of gravity, and the complications; and that as long as the generic term of typhoid fever is employed, statistical tables will be useless. Dr. Louis thinks that from the third to the seventh day typhoid fever may be diagnosticated as easily as any other affection. Professor Gerdy: Two conditions are necessary in order that a disease may be communicated—a contagious property, and a peculiar individual susceptibility—which explains why sometimes it is propagated, sometimes not. After some further remarks from Drs. Castel and Rochoux, the conclusions were adopted.

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PROGRESS OF GERMAN MEDICAL SCIENCE.

By Sigismund Sutro, M.D.

Recovery from apparent death by cold; remarkable effect of birch-tar.—The body of a man, ætat. 45, was discovered, perfectly stiff and cold, but not entirely frozen; his mouth could not be opened by any means; no sign of respiration or arterial action could be detected. After the body had been softened by frictions with snow, rags dipped in cold water, and woollen cloths, the lungs were inflated, and clysters of tobacco were administered without effect; as a last resort, the author placed the body on a straw mattress, with the head raised, and ordered the sexual organs, particularly the scrotum and perinæum, to be well rubbed with birch-oil, when very soon a sound like bleating was heard; and after the frictions had been extended to the abdomen and upper parts of the vertebral column, further signs of life appeared. He was then laid in a warm bed, where he soon recovered his senses, and fell into a sound, healthy sleep. The birch-oil is very much used in Russia as a domestic remedy, both to sober drunken people and to cause them to dislike spirituous liquors. In both cases the sexual organs are rubbed with it, and a violent headache is said to arise, which lasts for a day or two. It is also taken internally, as a popular remedy for dropsy and rheumatism.—*Dr. Kostroff in Medic. Zeitung Russlands.*

On the use of some artificial mineral waters.—Soda water, containing in twenty-four ounces—

Carbonate of soda . .	90 grains
Chloride of soda . .	30 „
Carbonic acid gas . .	23·35 cub. inches

was used with great success by the author in acidity of the secreting organs and in uric acid concretions; also, in scrofula, particularly mesenteric tabes; in gout and venous congestion; in hemorrhoids with abdominal congestion; in hypochondriasis and hysteria. The dose is from twelve to twenty-four ounces.

Iodide of sodium mineral water, containing in twenty-four ounces—

Carbonate of soda . .	23·10 grains
Sulphate of soda . .	·84 „
Muriate . . .	24·42 „
Phosphate . . .	1·08 „
Carbonate of magnesia .	2·38 „
Carbonate of lime . .	2·78 „
Carbonate of protoxide of iron	·22 „
Silica	·42 „
Iodide of sodium . .	1· „
Carbonic acid gas . .	23·35 cub. inches

The author has used it with great advantage in old and obstinate cases of struma, and has found it even act beneficially on the digestive process; in herpetic exanthemata, in fluor albus, in dropsy from abdominal atony, or hepatic obstruction, it may also be used with good effects.

Iodide of iron mineral water, containing, in twenty-four ounces—

Carbonate of soda . .	27·90 grains
Sulphate of soda . .	0·84 „
Muriate of soda . .	32·10 „
Phosphate of soda . .	1·08 „
Carbonate of lime . .	2·78 „
Carbonate of magnesia .	2·38 „
Carbonate of protoxide of iron	0·50 „
Iodide of sodium . .	0·10 „
Carbonic acid gas . .	23·57 cub. inches

particularly recommended in atonic scrofula, torpid gout, pituitous catarrh, atonic hemorrhoids, chlorosis with deficient menstruation, leucorrhœa, and atonic urinary diseases.

The simple carbonic bitter water of Saidschütz, containing, in twenty-four ounces—

Sulphate of magnesia .	62·37 grains
Nitrate of magnesia .	5·92 „
Muriate of magnesia .	11·22 „
Carbonate of magnesia .	0·82 „
Sulphate of potash . .	2·40 „
Sulphate of soda . .	17·62 „
Sulphate of lime . .	1·13 „
Carbonate of lime . .	5·10 „
Silica	96·67 „
Carbonic acid gas . .	15 cubic inches

The double carbonic bitter water of Saidschütz, containing, in twenty-four ounces—

Sulphate of magnesia .	124·75 grains
Nitrate of magnesia . .	11·65 „
Muriate of magnesia .	2·43 „
Carbonate of magnesia .	1·63 „
Sulphate of potash . .	4·80 „
Sulphate of soda . .	38·23 „
Sulphate of lime . .	2·25 „
Carbonate of lime . .	10·20 „
Carbonate of strontia .	0·06 „
Carbonate of protoxide of iron	0·02 „
Peroxide of manganese .	0·01 „
Silica	0·18 „
Subphosphate of lime and argilla	0·03 „
Carbonic acid gas . .	15 cubic inches

Both have rendered excellent services in abdominal obstructions from torpidity, venous congestions, hypochondriasis, hysteria, icterus, and melæna; from one to two glasses a day are sufficient. In an irritable state of the digestive organs, the natural water of Saidschütz should be preferred,

because it does not contain any free carbonic acid. The author frequently administers the artificial water of Saidschütz, with Selters water, in the following manner: half a glass of the former to be succeeded by a glassful of the latter, particularly to those patients with whom Selters water does not act with sufficient power, and the Saidschütz water alone exerts too violent effects.—(*Professor Warber of Freiburg, in Szerlecki's Journal for Therapia and Pharmacodynamic.*)

On frontal and temporal Neuralgia.—The external application of croton oil has the great disadvantages of spreading in its effects beyond the place of application, and of causing a disagreeable eruption. This disadvantage can be avoided, and the same effects produced by the application of Ol. cort. hyoscyam. with one grain of acetate of morphia, in the following manner:—A mustard poultice, prepared with cold water, is applied over the situation of the pain, and allowed to remain for an hour; frictions with the above oil are then repeated every two hours. The mustard-poultice is reapplied on the following day, according to circumstances. From four to five applications are generally sufficient to cure the most obstinate neuralgia. —(*Dr. Puppi in Asterr. Medic. Wochenschrift.*)

Treatment of Hypertrophy of the Heart.—The author gives his opinion against the usual method of treatment by blood-letting in hypertrophy of the heart. The hypertrophy causes a disturbance of the bodily equilibrium, and the whole body becomes emaciated, whilst the functions and dimensions of the heart increase. The frame ought rather to be strengthened by a mild nourishing diet, and every excitement avoided. The inutility of fox-glove need not be expatiated upon, since it is generally acknowledged; nor do the combinations of iodine counteract the cardiac hypertrophy; besides, they are frequently contraindicated by bronchial catarrh, cerebral congestion, &c. The author recommends mercury in the form of proto-ioduret (mercur. iodat. flavus) till severe salivation be induced. The patients must remain in bed, be well covered, and take diaphoretic drinks and purgatives. The fibrine of the blood is diminished by the above treatment, and the muscular tissue altered. The author never perceived vascular excitement ensue from the treatment he recommends, in proof of which he narrates five cases. (*Dr. Gottschall, of Cologne, in Casper's Wochenschrift.*)

Enormous Hypertrophy of the Spleen.—Dr. Steinbeck observed an enormous hypertrophy and induration of the spleen in a weak country woman, who had frequently suffered during the last ten years from paroxysms of fever, which she used to suppress by fever powders. A hard and unpainful swelling was perceived in the region of the spleen, becoming more and more distinct by the patient's emaciation, which constantly increased. The author first ordered solvent extracts with purgatives internally, and emollient cataplasms, and afterwards emplastr. cicutæ externally. As this treatment, with muriate of ammonia and tartrate of antimony, produced no effects, he ordered iodine externally and internally; within a week a diminution of the tumour was perceptible, and after three weeks the swelling could scarcely be perceived. The hardness of the spleen could only be felt on pressure. The patient continued the use of the iodine, and ultimately took iodide of iron, which caused a great improvement, and restored her to perfect health.—(*Preuss. Ver. Zeitung.*)

On the Resorption of Pus.—The author communicates the following case to contest the views of those who think the resorption of pus impossible, on account of disproportion of the pus-globules to the capillary vessels. On examining the body of a soldier, who died of anthrax, a little thin, brownish-red blood was found in the heart, which caused a pricking sensation when handled. The microscopic investigation showed besides blood-corpuscles a considerable quantity of granulated globules, which bore all the signs of pus-globules, becoming transparent when treated with acetic acid, causing nipple-shaped nuclei to appear. Their bulk in proportion to that of the blood-corpuscles stood as one to eight; at the same time, the kidneys had degenerated into a soft, homogeneous, yellowish-red mass, containing blood-corpuscles, pus-globules, and cells. Abscesses of the lungs were also present, and a putrescent state of the whole mass of blood was apparent. The author is undecided whether to think that the pus-globules adapt themselves to the mouths of the capillary vessels by a peculiar inherent power, and thus enter into the circulation; or, that they are first resolved into their constituents, and then reformed in the blood.—(*Dr. Muhlbauer in Allgemeine Zeitung f. Chirurgie.*)

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, July 26.

Cases of Apoplexy; treated by J. Moore Neligan, Esq., M.D., Physician to Jervis Street Hospital; with Clinical Observations.

James O'Neil, admitted July 7, a labourer, aged 36, while at work on the 26th of June, became suddenly giddy, and fell in a state of insensibility, from which he shortly recovered, and then resumed his labour; he had a similar attack in the evening, after which he returned home, and was bled and freely purged on the same night. In the course of the three following days, during which he did not return to his work, he had gradual loss of motion in the right arm, and this had so much increased on the fourth day as to have rendered the limb completely useless. Paralysis of the muscles of the right side of the face also ensued, but not of those of the tongue; there was difficulty of articulation, in consequence of which in speaking he omitted many words. The right leg was affected to a very slight degree. He is a man of robust constitution and sanguineous temperament; states that he has been all his life remarkably healthy; never had any disease of the chest or palpitation of the heart.

On admission with the above symptoms of paralysis, the pulse was full and incompressible, about 65 in the minute; the chest sounds normal on percussion, except the region of the heart, an increased space over which was dull, and a loud bruit de soufflet was heard to accompany its first sound. The secretions of the bowels and kidneys perfectly normal. Ordered cupping to the amount of ℥xvj. from the back of the neck, and a purgative bolus.

8.—Bowels frequently acted on since yesterday; speaks a little more distinctly to-day, and now also has slight power of motion in the fingers of the right hand.

℞. Calomel gr. xii, Pulv. Jacobi ver. ʒss. in pulv. xij, divid. sumat; mane nocteque.

10.—Pulse 84, full, and slightly compressible; feels better to-day, with much more power of motion in the fingers of the right hand, and perfect power of motion in the right leg. Articulation continuing to improve; bowels free.

Emp. canth. nuchæ.

Since the above report, he has progressed to almost perfect recovery under the exhibition of gradually increased doses of James's powder; a seton of a few threads was also passed through the back of the neck on the 21st inst.

Clinical Remarks.—I wish to draw your attention, gentlemen, to the case of apoplexy in No. 4, chiefly with the view of offering a few observations on the pathology and the therapeutic indications to be fulfilled in the treatment of this disease.

The very general practice of using the lancet in such cases I think extremely injudicious, yet it is a course so familiar to the public that the friends of a patient call loudly for it, and the young physician who, depending upon his knowledge and experience of the disease, fails to employ it, takes upon himself the onus of the case, and if the patient dies, he is generally blamed for having gone out of the usual course in the treatment. It is, therefore, of great importance to be able to ascertain whether this practice is attended with benefit, or if, on the contrary, it does not too frequently lead to the occurrence of paralysis or death. Copeman, in his recently published selection of cases of apoplexy, enumerates 155 collected by him from the journals and from practice, showing that the proportion of deaths from this mode of treatment is as one to one and a half, while under a different system it is not more than one in three and a quarter, thus speaking decidedly against the bleeding practice in apoplexy. We find that the disease in its mode of attack does not always follow a direct rule; Abercrombie was the first to call attention to the three peculiar forms in which it manifests itself, and his description is, I believe, the most accurate ever published. In the first form, the patient, previously in good health, is suddenly struck down, with loss of sense and motion. You come up to such a case, occurring perhaps in the streets, and you find the person insensible to motion or even shouting and pinching. To this, Abercombie gives the name of primary apoplexy; a form of the disease in which recovery often takes place if it be properly treated. In the next variety of the affection, a person walking about his room suddenly feels giddy, becomes insensible for an instant, his stomach is sick, face deadly pale; but he recovers in a minute or two, and remains well, probably, for five or six hours, at the end of which time he is struck completely insensible, and becomes perfectly comatose. This is a form of the disease which you should accurately bear in mind, for the subjects of it early recover, and you might readily be led into making an improper prognosis, from seeing a patient immediately after a fit, such as I have just described, and finding him apparently in perfect health; but even within ten minutes, says Abercombie, a fit comes on, which he rarely survives.

In the next variety—the paralytic—the individual first loses the power of motion of the muscles of one side of the face, or of one arm, a leg, or of one side of the body perhaps. He may never lose his senses completely—never, in fact, become comatose; this is a case in which the paralysis generally lasts a considerable time, and one, too, very difficult of cure. The case of O'Neil was one of primary apoplexy, the paralysis not having set in for three or four days, which circumstance in itself marks it as belonging to that division, and arising from effusion of blood. The lecturer here showed specimens of the disease in its various forms from Dr. Hope's work, some exhibiting clots in the substance of the brain, or under the pia mater, others in which there was mere congestion, and some exhibiting appearances as if the blood after the lapse of a few months were absorbed.

In Abercrombie's second division of the disease we always have rupture of vessels and consequent effusion, and with the rupture of the vessels there is also laceration of a few fibres of the cerebral substance. The sudden shock produces faintness, loss of motion, &c., closely resembling the apoplexy produced by accident, such as you are accustomed to see in the surgical wards.

In the case under consideration—that of O'Neil—you are aware that the dulness over the region of the heart extended to a greatly increased space, with tumultuous action of that organ, and a bruit accompanying its first sound, which probably extended into the second; this being difficult to decide, however, from the greatly increased action of the heart. The bruit extended along the aorta, and was accompanied with visible pulsation in all the vessels, particularly the carotids. With respect to treatment, I have no doubt that touching the mouth with mercury so as merely to produce slight soreness of the gums with some mercurial fœtor affords the best chance of effecting absorption of the clot; from the moment that O'Neil's gums became affected, the power of the muscles of the arm and face returned. Now, independent of the numerical statement of Copeman as subversive of the treatment by bleeding, all the cases which I myself have seen tend to show that in every instance in which the patient was bled, not during the fit, but some time after, paralysis invariably ensued. In the case of O'Neil it was so. He was bled in the evening of the attack, and gradually increasing paralysis took place in three days after. This fact goes to show that bleeding had no effect in checking the effusion, because we must suppose that, as long as the paralysis continued the effusions also remained. I believe if the lancet be used at all, it should be only during the fit, and then only when there is very marked sanguineous congestion of the brain evidenced by increased action of the carotids, congestion of the vessels of the scalp, &c. With reference to *local* bleeding after recovery from the fit, I have seen much more benefit derived from the use of the cupping glasses than from the application of leeches.

Abercrombie's second form of the disease is al-

most always fatal. Still, I think something may be done, if you are called at an early period between the first attack of mere giddiness and the supervention of coma. I shall read for you the particulars of a case of this sort that occurred in a gentleman under my care some time since.

B——, Esq., ætat. 50, a large plethoric man, of marked sanguineous temperament, while stooping to pick up something from the ground on the morning of the 29th November, 1844, before breakfast, was suddenly attacked with difficulty of enunciation, so that he was himself conscious of a thickness of his speech, and his wife, on seeing him immediately afterwards, perceived that the right angle of his mouth was drawn downwards. I saw him in about half an hour after, when the difficulty of articulation still continued, but there was no distortion of any of the muscles of the face. He did not feel the least pain or giddiness in the head, nor was there any sickness of stomach. The pulse was 84, full, and rather incompressible. There was no turgescence of the blood vessels of the face or of the jugular veins, and no visible pulsation of the temporal arteries. The tongue was foul, and the bowels had not been as free as usual for two three days before. The secretion of urine for twenty-four hours previous to the attack was very copious and of a pale colour. As a naval officer, this gentleman had been exposed during his life to great vicissitudes of temperature, and had resided a good deal in hot climates. He had some slight attacks of gout in his feet about twelve years ago, and also had frequent severe attacks of ophthalmia, but never felt any symptom of determination of blood to the head, or anything resembling apoplectic warnings. He attributes the present affection to anxiety of mind, and to having slept for the last few nights on a feather bed, having been all his life accustomed to sleep on a mattress.

Purgative pills with calomel gr. x were now ordered, to be followed by an aperient draught in two hours after.

At half-past four o'clock of the same day he had had several similar returns, and at that time spoke very thick, and seemed somewhat confused; the bowels had been moved freely; pulse 90, full, and incompressible; face flushed with an uncomfortable feeling in the head, not amounting to actual pain.

Appl. Cucubitulæ nuchæ et detrahatur sanguis ad. ℥xvj.

The feet to be immersed as far as the knees in water as warm as he can bear it, in which mustard, horse-radish, and salt were infused; a stream of cold water was also poured directly over the surface of the head, and a turpentine enema administered. All this was done promptly, but for which I have no doubt my patient must have fallen into coma and died. With respect to the prevention of a return of the fit, the treatment adopted by the late Dr. Cheynes offers the best possible means for the purpose. It consists of small and gradually increased doses of James's powder, and is a remedy, I believe, not much employed out of this city. It may be commenced with doses of two grains at bed-time, with an addition of half a grain every night, until some decided effect is produced upon the system either by diaphoresis, catharsis, or emesis. This was the course of treatment pursued in the case of the gentleman just detailed, whose maximum dose of James's powder arrived at eighteen grains, which was the largest dose given by Cheynes. I have lately heard from this gentleman, who is at present in Liverpool, and he states that he has since had no warning or symptom to make him fear a return of the disease, though, from his time of life, full habit of body, and free mode of living, it might reasonably be expected. His case, I think, exhibits in a very marked manner the good effects of James's powders.

Thus, then, gentlemen, my object in these observations was to impress on you the avoidance of the injudicious employment of blood-letting in the course of an apoplectic attack, and the advantages to be derived from the exhibition of James's powder in preventing a return of the fits.

OBITUARY.—Dr. John Ramsay, on the 8th inst., at Edinburgh: he was formerly of Newcastle-upon-Tyne. Also, William Tudor, Esq., of Bath.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers who are in arrear since Midsummer, are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared us. Our rule is to be paid in advance.*

A Constant Reader *writes:—"As the Medical Bill is postponed this session, I say to the College of Physicians that they should admit Practitioners who have not certificates of so much as three years' medical practice to their extra-licentiateship. That College will thus confer, and also derive benefit, for many would gladly avail themselves of the privilege, and cheerfully undergo any examination to obtain their diploma; whereas gentlemen are now going in swarms to St. Andrew's for a degree which requires merely a diploma of having passed some college. I hope the College of Physicians will not continue blind to their own interests."*

"Surgeon Snipe's Farewell to the College" *is not equal to the merit of his pamphlet. The two first stanzas will excuse our omission of the rest:—*

"Farewell 'Pure!'—and if for ever—
Still for ever, fare thee well—
Even though '*unenfranchised*' never
'Gainst thee shall *my* heart rebel!

"Though the world for this commend thee—
Though it smile upon the blows,
Even its praises must offend thee,
Founded on another's woes."

F. C. B. *writes:—In a recent discussion on pityriasis nigra, one or two of the members were disposed to consider that the colouring matter in acne punctata is composed of pigmentum nigrum. I would ask, how are we to account for the very frequent appearance of this species of acne in persons living in large towns where dust, soot, and minute particles of various other matters are constantly afloat in the atmosphere, while persons residing in rural districts are comparatively free from it? Further, how is it, if the colouring matter be the pigmentum nigrum, that an individual shall leave a populous town a splendid specimen of acne, and after a few weeks' sojourn in the pure air of the country, shall not possess one distinguishing mark?*

Philos (*Brighton*) *asks us for a candid reply we cannot candidly give. The three works are suited to meet different wants; the largest being the best for a person in practice, the smallest for the student. We cannot say more.*

The second paper by Dr. Lewin on the University of Edinburgh will appear in our next.

Mr. G. Wilson *returns this week to the charge. He first belabours us for saying that "it is a small hardship to do a government service for nothing." This is straining our words; we made no such general proposition. We said that a small government service, requiring half an hour's toil per annum, and which could not be remunerated in any reasonable fashion we could think of, was a "small hardship," which, under all the circumstances, was a ridiculous matter to be used as a great grievance. Mr. Wilson, however, who will see nothing in the "hardship" but a grievous wrong, rates us soundly for inconsistency, because, opposed as we are to gratuitous services, we allow of an exception in this case; and insists that thirty thousand medical men could be paid, and should be paid by government for writing the register of the year's deaths. Of course we cannot quarrel with Mr. Wilson for a difference of opinion; but would remind him that there is such a thing as judgment in the selection of a grievance, and that there are occasions when good principles may be stretched too far.* Summum jus, summa injuria.

A Constant Reader *is evidently unaccustomed to write for the press.*

The analysis of S. *will certainly appear.*

The communications on Mr. Gossett are declined.

A Correspondent *complains, that having had occasion to prescribe opium rather largely in a severe case of delirium tremens, his prescription was sent to a druggist, and there made up. Failing to effect the desired purpose, the dose of opium was increased, until 230 grains were exhibited in the course of twenty-four hours. Astonished at this want of success, our correspondent procured from another house a drachm of Battley's liquor opii sedativus, the exhibition of which was followed by nine hours' sound sleep. The inference is plain: the druggist had dishonestly dispensed a very adulterated article, and thus the sufferer's life was endangered by the disgraceful attempt of the druggist to obtain a slight addition to his fair profit.*

A Fellow *is thanked.*

A Member of the College of Surgeons, *and several other correspondents, are unavoidably postponed until next week.*

The continuation of Dr. Clay's paper on Asphyxia, and the paper on Mesmerism by Dr. Warenne, of Hull, shall appear next week.

THE MEDICAL TIMES.

SATURDAY, AUGUST 2, 1845.

Igneus est ollis vigor, et cœlestis origo seminibus.

SIR JAMES GRAHAM gives us, in another column, *another* version of his new Medical policy. This is the fourth system of treatment he has sanctioned for us in the short period of about twelve months. We admire the Minister's perseverance, and wonder at his versatility, but cannot hope that the last of his schemes will be more successful than its three predecessors. He has made gallant essays to give us the remedy we sought from him; foiled time after time, he has returned not the less hopefully or cheerfully to his forlorn hope of a legislative enterprise; but defeat, we fear, is all that awaits his well-meant and reiterated perseverance. He has proposed for himself the task of doing good things to the Profession, while he persists in the design of contenting those whose success depends on the policy of evil, and the next session will teach him the conclusive truth, that he has aimed at mastering an impossibility. *He might as well attempt to legislate for the connubial bed.* We have already anticipated the details of his proposed changes; our opinions on them are registered in our two preceding numbers. This week, therefore, we take our stand on the great probability that we are to receive no legislation from the present government, and proceed earnestly to consider what the Profession should in the meantime do for itself.

First, let us premise, and with no personal ill-feeling to the existing Colleges, that at this instant they are unpopular as regards their members, unsuccessful as regards their management, and most unserviceable in reference to science. Gladly would we see their deficiencies filled up and their worldly fortune bettered; but it is idle to disguise the fact that they want almost everything that can put them in kinship with the scientific tendencies of the day. Whatever their capabilities, they have rulers who are indisposed either to educe them or turn them to advantage. Science asks for national institutions, and legislation offers us as their substitutes a few select clubs; and the cogged dice of private influence settle that high standing in the Profession which should depend on the ennobling demonstration of superior merit. The British Profession of Medicine is emphatically without its National Institution; and its honours and high places are the chance-born conveniences of a select few rather than the achieved distinctions of the best of many.

Hopeless of the power of the Minister, despairing of any good from the good intentions of the corporations, whither should we look for efficient succour? There is no answer but one. To ourselves! In the words of Polonius—

"———To thine own self be true,
And it must follow as the night the day,
Thou canst not then be false to any man!"

Or as another poet has expressed in hacknied words the same sentiment—

'Who would be free, *themselves* must strike the blow."

By a conjunction of favourable circumstances, which we have no occasion to dilate on, the remedy is happily in our own hands, if we have the skill, courage, and good faith properly to apply it. Good government, it is true, should not, in a well-regulated state of society, depend on our deserving it; but when it does, its absence leaves us small ground for reasonable complaint. If we will not rise to the labour of evolving out of the jarring elements before us the ameliorations within our power, our sluggishness and want of public virtue deserve too well that we suffer. We merit to live unpitied under the mismanagement we rail at.

The calamity of mankind is, that the actual presentation of great opportunities finds us ordinarily insensible to their real importance, and hence we risk the imputation of tediousness or exaggeration in constantly reminding our readers that the National Association of General Practitioners cannot, in the present exigency, be pondered on too much, or turned to account too industriously. It offers us the lever power we require. The largest institution which the voluntary efforts of the Profession have as yet formed, and having the acknowledged sympathies and support of nearly four thousand men in actual medical practice, it represents, not unfairly, the whole English Medical Faculty. Formed equally of Physicians, Surgeons, and Surgeon-Apothecaries, it is the only scientific body in Britain that represents the unity of Medicine, and enforces the common brotherhood of its professors. Recognizing, too, in every act of its management the principle of responsibility to its members, it presents to us the grand idea—so favourable to the advance of science—of a learned profession using its aggregate funds and influence for its own high purposes after its own will and discretion.

The important query arises (thrown out by us before)—may not that which has grown from a small district meeting to a medico-political potentiality, rise by the same voluntary agency to a collegiate institution of the country? May not that which is to-day the representative assembly, and executive head of the Profession, become to-morrow the National Faculty it is asked to be? WHY may it not?

What is it the Profession so much needs as a National Faculty? What is there for which it would so much struggle? While giving every member additional honour, it would rob no man of the distinction he possessed. It would give us self-government and responsibility, fresh incentives to industry, new rewards to merit, a wholesome stimulus to science. It would incorporate all in one brotherhood, and disperse a thousand mischievous jealousies and rivalry. It would show the world that there was one common ground on which every disciple of Hippocrates could meet; teach society that Surgeon, Physician, and Surgeon-Apothecary, dealt alike in the same maladies and same medicaments; evoke confidence in the patient, by the truth that the principles of treating diseases among all classes of *legitimate* Practitioners were one and indivisible, and elevate the healing art before the world high and prominently above all the pretences and imitations of empiricism.

The interests of society and the Profession alike imperatively call for this National Faculty. We wish to disclaim all exaggeration in reference to the present corporations, but the fact is well known, and cannot be concealed, that they are doing infinite damage to Medicine in private society and in the eyes of the public generally. Their anomalous number—their conflicting rivalries—their suspicious, because interested, examinations—their invidious and perplexing titles, their incomprehensibly divided practice, and still more singular elevations, have made Medicine ridiculous, and flung a shade of reason over the wet sheets of hydropathy and the infinitesimal doses of homœopathy. To such a pass have things come, that put a patient under one of the "Pures" of the College of Surgeons, or an "Elect" of the College of Physicians, and you disgust him into the arms of Empiricism. The celebrities of Medicine and Surgery, as evolved by the present system, have sapped all confidence in our Profession in the circles in which they move. The distinguished "ineptitudes" that represent us have made empiricism respectable to the acute denizens of fashionable life. The Duke of Cambridge, in the very face of his Chambers' and Brodie's, makes the homœopathic Doctor Quin his Physician in Ordinary; and the Army and Navy Boards authoritatively refuse to let a Chambers' physician or a Brodie's surgeon into the service, unless they prove by *another* examination that they have been not only graced with college diplomas, but *properly educated!*

On all sides, therefore, still more from the state of public opinion than our own dissatisfaction, is the *need* of a National Faculty demonstrated.

Is the difficulty, then, of supplying the need great or insuperable? Most certainly not, if we are "true to ourselves," if we ourselves "strike the blow." The National Association has yet a further development to undergo. The moment that circumstances (and they are hastening) force it to deliberate on the propriety of becoming a "National Faculty of the Physicians and Surgeons of Great Britain and Ireland," their numbers will be doubled. Thus offering in their new change of position a remedy to many of our grievances, and a solution of most of the difficulties of Medical Reform, there would be but one mind in the Profession in promoting a triumphant result. An eminent Council Board, elected by the whole Profession, would beget the most entire confidence, and exclude the chance of serious dissension. The possession, at a nominal fee, by every legal Practitioner of a diploma from an examining board of European celebrity, would give a common bond of feeling and interest to the whole Profession, and the establishment of a worthy National School of Medicine would bring about the new Faculty, the rising generation of Practitioners. Let them have their strict examinations (public) before the first examiners of the time, and few pupils would fail to present themselves. True, studies at the school, and examinations before the Faculty for a time would be only voluntary; but what else but voluntary have been the examinations by the College of Surgeons? Let the diploma be a certain test of high merit, and it will not fail to be sought. And who shall say how long it would be before Government would recognise so useful a "Faculty?" We have not yet forgotten the charter granted to the Pharmaceutical Society, and it would be odd, indeed, if the Government, when it had actual experience that our new Institution worked well, would hesitate to make for it the concessions it proposed in May last, when no such evidence could be adduced in its favour.

THE ROYAL COLLEGE OF SURGEONS.

ON Wednesday the expected election of three new Councillors came off. The charter provides for three vacancies annually, the three *elected* Councillors having the honour of annual retirement, unless the secession or death of one or more of the self-elected Councillors (as was the case in reference to Mr. Thomas) produces vacancies without such retirement on the part of the new men. The retirement this year of Mr. Thomas left Mr. Wellbank in office, and the Councillors to be re-elected were Messrs. Cutler and Scott, with a third gentleman to supply the place left open by Mr. Thomas.

So early as two o'clock Fellows began to present themselves, and at three the theatre contained about 120 electors, some of whom were from the country. Among them we noticed Messrs. Soden and Norman of Bath, Mr. Warrington of Margate, Mr. W. J. Wickham of Winchester, Sir John Dorall, &c. &c. The London Fellows mustered very strongly, and among them were Messrs. Scott, Cutler, Aston Key, and Gossett. The President, Mr. S. Cooper, arrayed in a gorgeous new scarlet robe, now made his appearance, and taking the customary place of the lecturer, faced the audience, supported on either side by Messrs. Lawrence and Travers, the Vice-Presidents, the other Members of the Council occupying various seats dispersed about the theatre. Mr. Cooper now opened the proceedings in a very low tone, expressing his hope for good temper, wise elections, and happy terminations. The Secretary then read in a sonorous voice the bye-laws relating to the election of Fellows, repeating the advertisement convening the meeting, with the announcement of Mr. Gossett's intention to propose himself as a candidate. This being done, the Secretary transfixed Mr. Gossett's name on the summit of the balloting-box. Other boxes were similarly ornamented with the names of Messrs. Scott and Cutler. Now commenced the election. The Fellows wishing to have their share in the proceedings, advanced to the table and received one, two, or three balls from the Secretary, as they thought

proper. The disposal of the balls occupied at least an hour, and the arrangement in reference to the voting did not seem to give general satisfaction or inspire the most perfect confidence. The electors in some cases did not dispose of a ball for or against Mr. Gossett (who seemed, to the surprise of everybody, to have got suddenly under a cloud of unpopularity) and by this means the electors had the power, in the confusion of the meeting, of giving an extra ball for or against either of the other candidates. Mr. Lawrence, in a very *masterly manner*, and with dignified sleight-of-hand, discharged the responsible duty of counting the balls, the expression of many a sinister countenance saying very legibly, it might be better done by a better man. The proceedings, though perfectly honest, did not to many look so. Mr. Cooper announced the result with a smile.

Mr. Gossett was defeated by an immense majority; receiving at least 82 black balls from his fellow-members, with the negative condemnation of many an additional neutral. Out of the whole body of Fellows he could scarcely have had a dozen votes—the reason currently whispered for this terrific reverse, so little probable a few days since, being his proposal by Messrs. Eccles and Gay, together with the extraordinary imprudence of that gentleman in partially identifying himself at the last hour with the *Lancet*. Mr. Scott was elected by a moderate majority; so also was Mr. Cutler, showing that Mr. Gossett's defeat was owing to no over-estimation of the worth of his competitors. Several Fellows were now retiring, when they were informed by the President that another election was to take place. Mr. Bransby Cooper then proposed Mr. Aston Key, a nomination seconded by two or three other gentlemen, and the ballot taking place, it was announced amid the cheers of the assembly that he was elected by as large a majority as that which defeated the expectations of Mr. Gossett. The congratulations poured on Mr. Key were as universal as they were enthusiastic. The meeting then dispersed.

THE ALTERED BILL.

In the House of Commons, on Monday evening, Sir James Graham rose to express his intentions in reference to the Medical Bill.

He said, that if he acted in accordance with his own ease, he should at once have abandoned these bills; but it had nevertheless been his intention to have proceeded with them this session if the state of public business would have allowed of it. He was now, however, compelled to withdraw them; but he did so with the pledge of reintroducing them in the early part of next session. Moving the bills to be committed *pro formâ*, he would state the alterations he proposed. He persisted, first, in his design to incorporate the General Practitioners, and to fix their examination at twenty-two; he maintained his two examinations—but now changed their order. The first examination should be held, not by the Board of Physicians and Surgeons, but by the College of General Practitioners. After competency had been shown at this examination, he proposed that the candidate should go before a joint Board of Physicians and Surgeons, who should give another examination; and, if successful in both, he would not only be a Fellow of the College of General Practitioners, but a Member of the College of Surgeons. The General Practitioners sought a union with the College of Surgeons, and this plan provided for the meeting of their wants. He proposed that the fees for the examination before the joint boards should be raised; and that the new General Practitioner should pay, in addition to what his own college required, twenty guineas; to be divided thus—five guineas to the Physicians, five guineas to the Surgeons, and ten guineas to the Hunterian Museum. He had also made up his mind to concede a supplemental charter to the College of Surgeons, under which Members of a certain standing, producing testimonials to their character from a certain number of Fellows, should be admitted to fellowship. In this way, the number of Fellows would be considerably increased. He proposed also to provide for equality of education and examination in Ireland and Scotland with England, by arranging for two examinations in the latter parts of the empire. Surgeons for the army and navy, besides the examinations of their own Boards, would be examined by a joint board of Physicians and Surgeons; but for the first five years subsequently, they would not be competent for general practice, unless possessing the diploma of the College of General Practitioners. He proposed to leave the Universities of Cambridge and Oxford exempt from the operation of the bill. He proposed, also, that the Members of the Council of Health should be reduced from nineteen to thirteen as the maximum, and that they should all be appointed by the Crown.

Mr. Wakley eulogised the great services of Sir James Graham; feared that the bill would be unsatisfactory; and hoped for a concurrence of all parties to pass it.

BOOKS RECEIVED.

Elements of the Comparative Anatomy of the Vertebrate Animals; designed especially for the Use of Students. By RUDOLPH WAGNER, M.D.; edited by ALFRED TULK. 8vo. pp. 264.

The translator is well known by his contributions to natural history, and has our best wishes that his work may meet with the success it deserves, i. e. a very considerable sale. The bibliography added is really valuable, and Mr. Tulk makes something like a conditional promise of a descriptive atlas, which would certainly not be less serviceable. Of the work of Wagner itself it would be superfluous to say a word.

Observations on the Present Mode of Nominating to Appointments in Public Medical Charities. By JOHN SUTHERLAND, M. D., Senior Physician to the Liverpool Dispensaries. 8vo. pp. 11.

Dr. Sutherland has some strong, and, we think, just opinions on medical charitable appointments, and a recent practical experience of some of their inconveniences, arising from defeated candidateship, has, luckily for the public, sharpened his anger to the point of urging him into the perpetration of a book—albeit a small one—against them. Dr. S. will not allow that the appointments are useful on the score of emoluments through practice, or that they should excite gratitude on *our* side; and he insists that if serviceable in giving professional experience—as they may be—they should be vacated after short tenures, to diffuse the advantage as much as possible, and to enforce on each the policy of making the best use of his time. He then argues thus:—

"The object of the subscribers is to find the most fitting man to carry out their intentions, and common sense teaches us that this should be done in the most simple manner, without entailing unnecessary trouble on any party, and with all respect to the private feelings of the candidates, and also to the dignity of the medical profession. It is an idea that has often been expressed that none of these appointments should be entirely gratuitous; but that in order to enable the holders of them to devote sufficient time, consistently with their other duties, a salary to some amount should be given. This, however, is not the present question, further than it points to a way of filling up vacancies, which is practised in the medical charities of Liverpool, where the offices have a small salary attached. Parties applying have to send in their testimonials and appear before the medical board, which, after due inquiry, recommends to the committee the best qualified party, and the committee appoints to the office. This is found to be a very short and effectual process, and it is one in which the feelings of all parties are properly consulted. Very different, however, is the procedure when the office is purely honorary. The present plan is this. A vacancy is declared in the newspapers. Then follows advertising by all the candidates. Next, the sending ou circulars or testimonials. Then canvassing personally and by friends; and lastly comes the main difficulty of getting voters, who have promised, to the poll. The real object of electing the most competent individual is thus put entirely out of the question. It is apparently never thought of; and consequently the result of the poll is not necessarily a proof of any other thing than the activity with which the successful candidate has advertised and canvassed. A. beats B.; a very good proof that A. is a better canvasser, or has more influential friends than B.; but by no means a proof that A. is better adapted for the office than B., which was really the question to be settled by election. A good foot race, or the drawing of lots, would be both shorter and more satisfactory processes to all parties, because they would save both time and expense. When we examine the system more closely, it is really astonishing that the profession should submit to its existence for a moment. It is expected that individuals holding the position of gentlemen in a learned profession should advertise, and give their pretensions publicity to the utmost of their power. Now if there were no other act than this, it would be sufficient in itself to condemn the whole proceeding. There is nothing more repugnant to the feelings of a man of true honour than to adopt such a measure."

The additional mischief of this degrading course is, that it seduces men to become candidates when they have no hope of succeeding in any thing but in the designed aim of publishing flattering certificates, and hawking about, under a thin disguise, for practice. Dr. S. now gives his strong protest against the canvassing system in general, as unjust to the charitable subscribers, degrading to the medical candidates, and mischievous to the patients, who thus often fail to get the most skilful attendant. Dr. Sutherland proposes his remedy:—

"When a vacancy occurs let it be advertised, and let the candidates be directed to fill up and send to the institution a form of application as follows:—

"*Form of application to be filled-up by the candidate.*

"1. Name.

"2. Age.

"3. Kind of qualification.

"4. Date of admission to the profession.

"5. Length of time in practice in town.

"6. Whether holding any public appointment, and for how long.

"*Declaration to be signed by the candidate.*

"I hereby promise not to advertise, canvass, or in any other way to solicit votes, either personally or by friends, for the appointment for which I am a candidate. "Signed

"Proposed by "Seconded by

"Such a form might be kept ready prepared, and infringement of the promise might be punished by striking the candidate off the list. When filled up it would contain nearly all the information desirable, which the voters might easily extend by inquiry of their medical attendants or others. Let a verbatim copy of all the filled-up forms be printed and sent to each voter, along with the following form of proxy. One sheet would answer for both:—

"PROXY.

"Sir,—You are particularly requested to fill up the subjoined proxy, with the name of the candidate for whom you desire to vote, and send the same addressed to me at on or before the day of (Signed)

"N.B. No proxy can be received unless the subscription be previously paid.

"I hereby tender my vote for one of the candidates, &c.

(Signed)

"The proxies might be directed to be sent to the board room of the institution, or elsewhere, within a week of their being issued, and opened by the committee on the day of election. The name of the successful candidate only might then be made public, and the proceedings would end."

We must return to this subject; but, in the mean time, we should be heartily delighted to find that the empirical system of advertising and canvassing for public appointments gave way under mutual arrangements to some more gentlemanly procedure. With one-tenth the wisdom of the clergy, public

charities, instead of insidiously undermining the high character, and wearing away the profitable practice of the profession, would be a source at once of honour and emolument, without being in one tittle the less a boon to science and to the really destitute. We want among us a little more of the self-reserve and personal dignity shown by the other professions. An Oxford divine is offered a bishopric worth thirty thousand pounds a year, and shyly takes it, with the exclamation, "Nolo episcopari!" Some wretched dust-bin of a dispensary has just killed by fever its gratuitous, we beg pardon, its "*honorary*" medical officer, and forthwith we supply from our gentlemanly ranks a hundred clamorous candidates for the "distinguished honour" of being nominated successor!

Outlines of Chemistry, for the Use of Students. By W. Gregory, M. D., Professor of Chemistry in the University of Edinburgh. Part II. Organic Chemistry. London: Taylor and Walton.

We have already noticed favourably Part I., and see no reason for withholding our meed of praise to the part now before us. The whole work appears a judiciously compiled manual of chemistry. The following *resumé* on the interesting subject of Fermentation is a fair specimen of the author's general manner. Of course, Liebig is Dr. Gregory's unique authority:—

"*Action of Ferments on Organic Compounds.* Of this action the best known and most important example is the fermentation of sugar, by which it is resolved into alcohol and carbonic acid.

"The circumstances under which this metamorphosis occurs are these: the sugar must be dissolved, the solution must have a certain temperature, and there must be present a ferment, such as yeast or some analogous body. In the juice of the grape a ferment, the fibrinous or caseous constituent of the juice is naturally present; and Gay Lussac showed that the contact of atmospherical air was necessary to commence the fermentation, but that this contact with the atmosphere might be only for a very brief period, after which air was no longer necessary. It is obvious that the air acts by inducing a state of change in the ferment, for if any ferment, previously exposed to the air, be added to a pure solution of sugar, fermentation will take place without the mixture being exposed to the air after the ferment has been added.

"Berzelius and others conceive that the ferment acts by contact in some way not very clearly defined, by catalysis, as it is called, as they conceive sulphuric acid to do in the formation of ether from alcohol. But Liebig has proved that in this latter case the acid first combines with ether (oxide of ethyle) forming sulphovinic acid (bisulphate of oxide of ethyle), and that this compound at a temperature rather higher than that at which it is formed, is decomposed into hydrated sulphuric acid and ether which distils over. The same chemist has pointed out many other instances of the effect of contact, even in inorganic chemistry: such as the action of oxide of silver on peroxide of hydrogen, where the former compound, by contact with the latter, not only decomposes it, causing oxygen to be rapidly given off, but is itself decomposed, losing all its oxygen; the solution in nitric acid of an alloy of platinum and silver, while platinum alone is insoluble in that acid; or the action of carbonate of silver on certain organic acids, which cause a disengagement of carbonic acid, this disengagement being attended with a partial reduction of the oxide of silver.

"These, and many other more familiar cases, particularly those where a compound is decomposed with detonation in consequence of a slight touch, or gentle friction, a moderate elevation of temperature, or the contact of another substance (*e. g.* chloride of nitrogen with oil) all tend, according to Liebig, to establish the doctrine that in certain compounds the balance of affinities is unstable, and therefore easily overturned, either by chemical or by mechanical influences.

"The compounds which are capable of fermentation or any similar metamorphosis, are all of them bodies in which such an unstable equilibrium exists: they are all, in point of fact, easily decomposed by many different agencies, such as heat, acids, bases, oxygen, chlorine, &c. &c. Now, we can offer no other explanation of these facts of fermentation than this, that when a body in a state of progressive change, the particles of which are consequently in a state of motion, is placed in contact with another body, the particles of which are in a state of unstable equilibrium, the amount of motion mechanically communicated to the particles of the latter from those of the former, is sufficient to overturn the existing equilibrium, and by the formation of a new compound establish a new equilibrium more stable under the given circumstances.

"There is nothing unphilosophical in this explanation, and it is to be considered as the best theory of fermentation yet attempted. According to the view of Liebig, a ferment is merely a compound in a state of decomposition, capable of setting in motion, and thereby bringing also into a state of decomposition, the particles of another compound, the existence of which depends on a nice balance of affinities.

"On the other hand the view adopted by Berzelius, according to which fermentation, and all the other phenomena of chemical change produced by contact are the results of a peculiar unknown force, the catalytic force, coming into action when certain bodies are placed in contact, appears unphilosophical, as, in the first place, assuming the existence of a new force where known forces would suffice to explain the facts; and, secondly, as furnishing no real explanation, but merely acknowledging, indirectly, our inability to offer any such explanation. When we ascribe an effect to catalysis, we are only saying, in other words, that we cannot account for it; catalysis is thus merely a convenient term for all that we do not understand. And to the use of the word in this sense, namely, as a name for the agent which produces certain effects, the agent itself being unknown, there would be no objection, were it not that catalysis has been employed to account for phenomena not only different from each other, but actually of an opposite kind. For example, platinum, in causing *the combination* of oxygen and hydrogen, is said to act catalytically, and the action of oxide of manganese, or oxide of silver in decomposing peroxide of hydrogen, that is, in causing *the separation of* oxygen and hydrogen, is also called catalytic. This example proves how loosely the word has been employed, and how vague are the views which have led to its introduction.

"A variety of important and interesting processes come under the head of actions caused by ferments; the production of alcohol from sugar, of oil of bitter almonds from amygdaline, and of lactic acid from sugar of milk, are all examples of this; and in each of these cases, the ferment is peculiar. In the case of sugar it is yeast, or gluten undergoing eremacausis and putrefaction; in the case of amygdaline it is emulsine, a peculiar modification of albumen; and in the case of sugar of milk it is caseine, the nitrogenised constituent of the milk.

"The access of air is required at first to yield oxygen to the gluten, &c., which then entering into eremacausis, or if air be excluded, into putrefaction, are capable of acting as ferments.

"In the actions induced by ferments, we are to distinguish those in which some external element or elements are added to those of the compound, which cases resemble ordinary decompositions, from those in which the elements of the decomposed body merely transpose themselves, producing new compounds. The latter are properly and strictly termed metamorphoses. Fermentations, in which oxygen is absorbed, are examples of eremacausis, and it has already been mentioned that a body in a state of eremacausis acts on other bodies as an excitant of the same change, that is, as a ferment.

"Indeed, most ferments, whether they induce eremacausis, or a more pure metamorphosis in other bodies, are themselves in a state of eremacausis, at all events in the commencement of the change.

"The subject of fermentation and ferments will be hereafter more especially considered, in connexion with fermentescible compounds: here the subject is merely treated in a general way

"Putrefaction, under ordinary circumstances, partakes largely of eremacausis, and differs from the ordinary kind only in the offensive odour of some of the products, chiefly compounds of sulphur and phosphorus, as sulphuretted and phosphuretted hydrogen. When air is excluded, putrefaction goes on, provided moisture be present, and it is then a metamorphosis, giving rise, in the case of vegetable matter putrefying under water, or in the strata of mines, to gaseous products, such as marsh gas and olefiant gas, constituting with air the fire-damp, and carbonic acid, which is the choke-damp, of the miner.

"Animal matter, in a state of putrefaction, as putrid flesh, blood, cheese, or wine, acts as a ferment, and is capable of causing the metamorphosis of sugar into alcohol and carbonic acid, as well as of inducing eremacausis, and also propagating a putrefactive decomposition analogous to its own. Thus, it is well known that fresh cheese if inoculated with decaying cheese, soon passes into decay, spreading from the seat of the inoculation.

"We shall, hereafter, see that it is probable that some poisons and miasmata act as ferments on the blood. The singular sausage poison of Wurtemburg is animal matter in a peculiar state of decay, and does not contain any poisonous *compound*, only a poisonous *state* or *condition*; and the same principle may hereafter be found to furnish the true explanation of contagions.

"Fermentation, putrefaction, and eremacausis are all promoted by the same circumstances, and arrested by the same influences. Antiseptics are substances which by combining with the ferment, or a part of it, or even with the body to be fermented, prevent the continuance either of the decomposition in the ferment, or of the fermentation itself. Corrosive sublimate and arsenic, which are powerful antiseptics, combine with animal matter, and form with it stable compounds; creosote combines energetically with albumen, &c. &c.

"In fermentation, properly so called, the elements of the ferment take no chemical share in the metamorphosis of the body acted on by the mechanical agency above explained. That body is resolved into two or more new compounds of less complex radicals. The elements of water may or may not take part in the change; when they do, as in the case of sugar, the weight of the products, in this case alcohol and carbonic acid, is equal to that of the sugar, *plus* a certain weight of water. As, when the water is passed in vapour over carbon at a white heat, the carbon is shared between the oxygen and hydrogen, producing carbonic acid (or oxide), and carburetted hydrogen, so in the metamorphosis of sugar, and other analogous cases, we have on the one hand an oxidised compound, (in the case of sugar represented by carbonic acid,) and on the other a compound in which part of the carbon is united to all the hydrogen (in the case of sugar, the alcohol). Similar results are obtained when alcohol or acetic acid are metamorphosed by heat, and this may be viewed as a general character of the metamorphosis of non-nitrogenised bodies; namely, that the carbon is divided between the oxygen and hydrogen.

"In putrefaction, again, the ferment plays a chemical part in the change, and two or more compounds, the ferment and the putrefying body or bodies, combine to give rise to new compounds, with or without the elements of water. Putrefaction is generally the characteristic transformation of nitrogenised compounds, and the very great tendency of such compounds to undergo transformations is well illustrated by the spontaneous metamorphosis of a solution of cyanogen in water. Such a solution contains the four principal elements of organic bodies; and its transformations may be said to be the only case of putrefaction which has been as yet carefully studied.

"The solution after a time becomes brown and turbid, and deposits a dark matter, containing ammonia, united to a compound formed of the elements of cyanogen along with those of water. This matter being insoluble, undergoes no further change. Such a compound might arise from the reaction between 2 eq. cyanogen, and 4 eq. water: thus, $2\ C_2\ N + 4\ H\ O = NH_3 + (C_4\ HNO_4)$; according to some, the brown matter contains no ammonia, and is $C_4\ N_2\ HO = 2\ C_2\ N + HO$.

"Another change is that in which water is decomposed, each of its elements uniting with cyanogen, and producing cyanic and hydrocyanic acids; thus: $2\ HO + 2\ C\ N = (C_2\ N,\ O + HO) + H,\ C_2\ N$.

"Another metamorphosis gives rise to oxalic acid

and ammonia. In this case 1 eq. cyanogen acts on 3 eq. water; thus: $C_2 N + 3 HO = NH_3 + C_2 O_3$

"But cyanic acid cannot exist in contact with water and other acids: it is instantly metamorphosed into bicarbonate of ammonia; thus: $C_2 N O + 3 HO = NH_3 + 2 CO_2$.

"Towards the end of the process, when ammonia has become predominant, the cyanic acid produced undergoes a different metamorphosis. It now unites with water and ammonia, and may possibly for a time exist as hydrated cyanate of ammonia: but at all events that salt, if formed at all, is soon transformed into urea. $NH_3 + C_2 NO + HO = C_2 H_4 N_2 O_2$ = urea

"Again, the hydrocyanic acid gives rise to another brown solid body containing cyanogen or paracyanogen (possibly mellone also), and hydrogen; and, along with this, oxalic acid, urea, and carbonic acid, by metamorphosis already described.

"Lastly the hydrocyanic acid in contact with water, and an acid or an alkali (here oxalic acid or ammonia), undergoes another metamorphosis, and is transformed into formic acid and ammonia; thus: $H, C_2 N + 4 HO = NH_3 + C_2 HO_3, HO$.

"Thus cyanogen, a binary compound, along with water, another binary compound, gives rise to no less than eight different compounds: 1st, the black compound, containing the elements of cyanogen and those of water, possibly $C_4 H N_2 O$: 2nd, ammonia, NH_3: 3rd, cyanic acid, $HO, C_2 NO$: 4th, hydrocyanic acid, $H, C_2 N$: 5th, oxalic acid, $C_2 O_3$: 6th, carbonic acid: 7th, a brown solid, containing cyanogen (paracyanogen) and hydrogen: 8th, formic acid, $C_2 HO_3, HO$: and in addition to these, three bodies, formed by the combination of two of the above eight, and containing all the four elements; namely, 9th, oxalate of ammonia: 10th, bicarbonate of ammonia: 11th, urea.

"This striking example is well adapted to give a clear idea of the immense variety attainable, when, instead of two binary compounds, two ternary or two quaternary compounds, along with water, are concerned; and of the slight modifications of external circumstances which are required to produce results so varied, all the above substances being produced in a liquid at the usual temperature."

Photography Made Easy: a Practical Manual of Photography. London: E. Mackenzie.

The author describes himself as a practical chemist and photographist, and his work offers internal evidence that he has been guilty of no misdescription. From all we observe, this little book contains everything known that can elucidate the science or facilitate the practice of photography, and many of our readers may be induced, from a perusal of its contents, to establish themselves forthwith as amateur photographists, especially as the employment may probably subserve physiological and pathological researches in a far more efficient manner than any yet dreamed of. There is no such draughtsman as Nature in the hands of the photographist. The "Practical Chemist" inveighs with much force—and certainly not less propriety—against the attempt to make patent rights (which fetter daguerreotyping in England—and in England* alone) extend to the exercise of the art in private life for purposes of amusement or instruction. This is surely too bad. Daguerre, pensioned by the French government for throwing open his discovery, and that very discovery inhibited in England as the scientific amusement of a private family!

The Retrospect of Practical Medicine and Surgery. Edited by W. BRAITHWAITE, Surgeon to the Leeds General Eye and Ear Infirmary, &c. Vol. XI. January—June, 1845. London: Simpkin, Marshall, and Co.

The Half-Yearly Abstract of the Medical Sciences, &c. Edited by W. H. RANKING, M. D., Cantab. Physician to the Suffolk General Hospital. Vol. I. January—June, 1845. London: Churchill.

However much the year 1845 may do for medicine, it will have no ground of complaint that any portion of its labours has passed unnoticed, or escaped unrecorded. No scientific research may pine through the fear of an absent historian. What with our own "Progress of Science," to which we annually devote about a thousand columns of our close type (or in other words, the equivalent of four or five closely-printed octavo volumes), and the periscopes of the monthly and quarterly journals, and the yearly retrospections of the Provincial Medical Association, and the four annual volumes of the esteemed contemporaries we are noticing, the medical science of the present day surely cannot parade, for one of her grievances, a want of historiographers. The immense cerebral activity of the Profession seems principally tending towards journalism, and the matter for regret to new-comers is to find, that while the class of writers is as legion, that of readers is anything but unlimited.

In the suit, which of the rival abstracts is the better, it would be ungracious and invidious in us to enter. Both editors are honourably known to their brethren; if one has the distinction of longer experience to plead, the other has the set-off of fresh and unabated ardour; and both exhibit an industry of research, and a discrimination of judgment in the service of the Profession, which commend them to its warm support. Both have our cordial good wishes.

HOSPITAL REPORTS.

WESTMINSTER HOSPITAL.

Urethro-Vaginal Fistula.—The subject of this lesion, a married woman, of robust frame, aged about thirty, had contracted some venereal affection, probably gonorrhœa, from her husband about four years ago: from this cause she suffered considerably for many months; and she states that more or less internal tumefaction in the genital organs has existed ever since.

About eight months ago the urine began to escape involuntarily; this incontinence gradually increased, and at the present time the whole of the secretion escapes by the vagina, and she is unable to void any portion by a voluntary effort. On examining the vagina with a speculum, the tissues on the vaginal aspect of the urethra, particularly at its orifice, appeared to be considerably thickened and indurated, and a fissure was discovered commencing about an inch from the urethral orifice, extending in a direction rather obliquely to that of the urethra for a little more than an inch, and communicating with that canal. The patient was admitted into the hospital on Monday last, and taken up into one of the upper female wards, where she was operated on by Mr. Brooke, who is officiating at the hospital for Mr. B. Phillips, in his absence. The operation adopted by Mr. Brooke for the closure of the fissure was both novel and ingenious.

After lightly touching the edges of the fissure with potassa fusa, Mr. Brooke introduced three of his bead sutures (a description of which has lately been before the profession), by which the edges of the fissure were very accurately held in apposition. An elastic gum catheter was subsequently introduced into the urethra, and retained there by a T bandage, to prevent the urine from accumulating in the bladder, and insinuating itself between the edges of the fissure.

Mr. Brooke preferred the application of potassa fusa to paring the edges with a scalpel, on account of the extreme difficulty of removing the whole of the mucous surface by the latter means; if any portion, however small, were left, union could not of course be obtained. After the application of potassa fusa, the union must necessarily take place by granulation, and not by adhesion: it was, however, observed to be the peculiar advantage of this suture, that the parts united by it might be retained in apposition, without its cutting through or producing irritation, for a time amply sufficient for complete union by granulation. Mr. Brooke stated that in one similar case in which he had successfully applied this method, the sutures had remained for a fortnight, and in another for three weeks.

The speculum made use of in this operation is of a novel form, and extremely well adapted to the purpose for which it was contrived. It consists of a cylindrical tube closed by a rounded end: the handle which is held towards the pubis is turned up at right angles to the tube, in order to allow a catheter to be introduced through the speculum into the urethra, if required as a guide to the depth to which the needle should penetrate. An aperture is made near the closed end of the tube, large enough to allow the edges of the fissure to project into the interior, so as to be under the command of the needle. The opposite side of the cylinder towards the fourchette is cut off obliquely as much as possible, and furnished with a lip to prevent the fourchette or caruncula being nipped by the finger or the handle of the instruments.

After the beads were sufficiently approximated, the knots were placed on the free ends of the threads by a very ingenious apparatus: it consisted of a small conical roller placed obliquely at the extremity of a handle, by which a loop made at the end of the thread was run up close to the bead; the loop was then drawn tight by means of a small forked instrument, the notch in which was just wide enough to admit the thread. The operation was performed with exceeding skill and dexterity, and reflects the highest credit on the operator.

Up to the time of our going to press the case has progressed favourably, no urine having passed since the operation, otherwise than through the catheter: we will take another opportunity of communicating to our readers the result of this novel operation.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

(To the Editor of the "Medical Times")

SIR,—In our former article on the Ophiology of Schlegel, translated in part by Dr. Thomas Traill, also a Professor in the University of Edinburgh, we endeavoured to show, judging from that production with a reference made to facts and circumstances both numerous and notorious, that the whole system of Scotch colleges wherever established, whether in Scotland or England, in Edinburgh or in London, was a sheer fraud—a humbug—an insult on common sense. All this, we know, has been much better told by the *Times*—"the Thunderer," as that great-journal is called; still it may be useful to deal with details, and to go into detail. The Premier is in love with the system, seemingly because it is a Whig scheme, and proposes inflicting it on Ireland. In London by dint of a good deal of expenditure in the advertising line, the Scotch thing called "Stinkomalee" has got on amazingly, and if it has produced no original works, it has, at least, given us some well-printed re-publications of the works of others. Proceed we, then, with a brief examination of the anatomical text-book of the most famous of these "honour shops," or rather "diploma-shops"—the University of Edinburgh (the thing, at the other end of the rail, is below notice)—of the text-book of the *leading class* "of this, or of any other, medical faculty!" written by a gentleman in the prime of life, and surrounded by the labours of a train of anatomical ancestry, with the aid of numerous colleagues, selected by the town council—the patrons, *as being the best they could get* (this is the cant of the patrons) to fill their chairs; able anatomists all around him, willing to revise the sheets as they appeared. Here is the production—the result of the Scotch system of colleges! Let it not be said that this is merely the production of *one man*, and that a whole college ought not to be made responsible for the egregious errors of one person. We deny the argument. Had competent persons existed within the walls of the college, such errors would have been corrected. It is *the system*, and confident we are that in this opinion most of our readers will agree. Contrast it with Paris, Berlin, Heidelberg, Vienna, or any other sound university, and see if any professor dared to have published such a work. It is the system, we repeat—the direct result of an abuse of patronage unexampled as regards educational institutions in ancient or modern times. From this impure and filthy source have flowed innumerable evils, such as the degradation of science—the withering the young and ardent mind, and above all the destruction of all the learned societies.

Elements of the Anatomy of the Human Body. By ALEXANDER MONRO, Tertius, Professor of Medicine, &c. in the University of Edinburgh. 2 vols. 1831.

This work forms at this moment (1845) the text-book of the students of the University of Edinburgh; its author is an *examiner*, and is admitted to be the best anatomist the school possesses.

At page 11 of the second edition the professor presents us with the following *morceau* :—"Animals that breathe air are provided with ribs, and there are additional cartilages, on which the gills of fishes are placed!" Our author would here fain insinuate that animals breathing air *alone* have ribs, and that the ribs have been given them for this purpose. Finding this to be rather strong, and contrary to fact, he hints that fishes have *additional* cartilages for the display of their gills. This, however, is just as much contrary to fact as the other statement about the ribs, the additional cartilage being merely the hyoid apparatus found in all vertebrate animals. While reading the professor's description of these same hyoid bones, we almost fancied that he had never handled them. "The os hyoides (p. 296) is not immediately (excepting in a very few rare cases) connected with any of the other bones." We had thought the stylohoid ligament a very constant bond of union between the hyoid bones and the basis of the skull—not always ligamentous, it is true, but still a constant bond of union. It appears not to be so, however. "The cornua of the os hyoides are two in number, and where the body of the os hyoides joins the cornua a small styliform process, called appendix, rises upwards and backwards. I had occasion to see an instance in which a small bone, nearly an inch long, united the extremities of the styloid processes with the cornua of the os hyoides." The professor had better look again at the preparation; he will find himself in error. The bone in question will join what he calls the appendix. The doctor has been writing from memory or at random.

The description of the muscles is generally admirable, suited, no doubt, to the capacity and memory of the "university student." Take a specimen—the description of a muscle, which it would occupy some twenty minutes to dissect, and nearly as many to describe accurately:—"Costo scapularis or servatus anticus major." "This muscle is connected to the nine superior ribs, and is inserted into the whole length of the base of the scapula. The under part of this muscle pulls the shoulder downwards and forwards, and the upper antagonises the under." And this is all of the vast serratus—the great bond of connection between the extremity and the trunk—that muscle which the descriptive anatomist takes such pains to exhibit fully; that muscle to which Jules Cloquet has devoted for its illustration one of his finest plates!

The assertion, which is altogether without foundation, that the bursa beneath the psoas and iliacus, and that beneath the extensor muscles of the leg, are worn through in aged persons, and so frequently communicate with the cavities of the respective joints, is repeated in several parts of the volume, although the professor must know that the statement has been refuted over and over again to those with whom he must have been intimate; but then this was the opinion of "my father," and of course is sacred.

The doctor's mode of counting the teeth of animals is singular enough: "some animals, as the ox and sheep, have teeth only in the under jaw," (p. 478). In such a sheep's-head eating country, is it not incredible that the professor of anatomy in the "*leading*" university should never have put his fingers into a sheep's mouth, and counted the ten or twelve good sound molar teeth, of no small size, which occupy the upper jaw; the doctor means, no doubt, that these animals have no incisive teeth—but he does not say so. What follows is, if possible, "better and worse." "Others, as the mammoth and the elephant, have only two grinding teeth in each jaw; these are in constant use, but they are provided with a succession of teeth." Now, geologists tell us that no mammoth has lived since the creation of the present order of things; so, to class the elephant and the mammoth thus familiarly together, is a kind of anachronism in its way; and in respect to elephants having only two teeth in each jaw, the doctor will find *four* generally, that is, two on each side. Perhaps he means this, but he has not said so. Again, the elephant does not use his teeth constantly; they cannot be said to *be in constant use* any more than the kitchen kettle; they are not in use when the animal is asleep. How it was with the mammoth we do not know, but as the modern Athenians know every thing, especially those who have attended "classes" in the "far-famed" university, the professor may be able to tell us. What he probably means is, that, by *use*, the molar teeth of the elephant are rubbed down, and ultimately destroyed; and, to provide for this destruction by trituration, a succession of teeth is beautifully provided, whereby the succeeding tooth is constantly forcing forward to occupy the place of the one so destroyed. But still this is mere conjecture as to the doctor's meaning, for there is not one word more in the text than what we have just quoted.

The professor's notions of the functions of the gullet differ from the best authorities; we mean of the gullet of the amphibia: as thus—"I had occasion to open the gullet of a large snake, within the gullet of which I found the body of a frog half dissolved; the gullet in this class, then, possesses a solvent power upon animal substances." This is not the opinion of that prince of ophiologists, M. Schlegel, for a translation of a part of whose great work on serpents we are indebted to the very learned Dr. Thomas Stewart Traill, lately practising midwifery in the good town of Liverpool, and now professor of medical jurisprudence in "the far-famed university." "The gastric juice of serpents (p. 60) is only secreted by the portion of the stomach near the pylorus (and not by the gullet); for the animals which are taken out of the stomachs of snakes are always decomposed at the lower portions, whilst the parts near the gullet do not exhibit the slightest traces of putrefaction." No doubt this statement by Schlegel is at variance with one in the preceding section, but this may be an error of the translator, or an oversight of the worthy ophiologist.

By this time we fancy we hear the reader exclaim, "Spare us; we are satisfied with the dissection of the first volume! We see the humbug perfectly—nothing can exceed it!" But we say, no! Three new colleges are to be got up in Ireland on the same system, and two have been formed in London already, filled with persons resembling our author most studiously. The advocates of the system are bold, numerous, and insolent, swollen with a fierce corporate mediocrity; the school infects its pupils, and they stand by their class and order. Now, it would not matter if it merely infected its own pupils, but it does worse. Young men come up by hundreds to such a school, as being the honour-school; they discover immediately, or, what is more usual, know beforehand, that nothing is to be learned there; that it is merely the school, is merely the shop where honours are to be bought; to keep terms with the professors they fee them several times over, though not required to do so;[1] they quietly attend out-door teachers; they acquire from them *the whole* of their practical knowledge; and so soon as this is obtained, behold, my young spark directs his attention steadily to the "honour-shop;" becomes a "university student," sports his horse and grinder, carouses with professors, talks largely about "degrees," &c These are the men—we could name them—who, when they get to India (bad bargains, God knows, to the Company), will occasionally assemble and toast Dr. Monro and the University of Edinburgh; that is, a lecturer into whose class-room they never entered, and a school from which they received no instruction. It is, indeed, quite a common matter of talk with students to count up, not how often, but how seldom they attended so-and-so during a whole session: Dr. M. twice; Dr. A. four times; Dr. T. three times; in the mean time their good-natured friends supplying the requisite cards. The average attending number, for example, of Dr. C.'s class during the past winter was 78; of Dr. A.'s, 56; of Dr. A.'s, 37.

We now return to the second volume of the text-book of decidedly the best man in the university. It was cunningly observed to us by the son of a stickler for the existing order of corporate bodies, that it was not fair to criticise a work which was out of date. The ingenious miscreant!—this is the style in which such persons defend themselves and their rotten beastly institutions. Out of date! Is Haller out of date? Is Hunter? Is Albinus? How can a work embracing the elements of human anatomy, drawn up by a comparatively young man in the year 1831, with first-rate anatomists all around him, and the command of the first anatomical works on his table; how should such a work get out of date? Is Euclid out of date! No; but "the Elements" put the university out of date! It smashed your patronage, most pure book-vending patrons; it diminished the prices you got for your chairs; it told the world some awkward truths! Seeing that this was the production of your best man, as unquestionably he is, what was to be expected from the others? Answer—nothing. And so it was.

We shall now follow the professor through a portion, at least, of his second volume, reminding the reader that, as in the first, so here, a single page can occasionally furnish twenty specimens of error; error in thought, or language, or matter of fact, or conclusion.

The learned professor (p. 3) tells us, that in the class amphibia "there is a peculiarity of structure, viz., a communication between the ventricles of the heart, in order that these animals may remain under water for some time without a supply of air." Indeed! how admirable! how complete the theory! But why is it that those malformed children in whom this very arrangement sometimes occurs, cannot remain under water for some time without a supply of air? Explain this to us, most sapient modern Athenian! Had you not better say, that a crocodile's lungs differ *also* from those of a mammal—that his brain differs too? Why keep to the heart alone? Will the heart alone explain his amphibious nature?—or rather, in point of fact, has this formation of the heart in the reptile anything to do with his amphibious character? The professor's description of the diaphragm is admirable. "The smaller diaphragm (p. 13) takes its rise by four crura of unequal length." Good; four instead of two; but no matter. "The longest crura arise from the fore-part of the fourth lumbar vertebra, and adhere to all" (we thought only to four) "the vertebræ of the loins, by means of a strong ligament." What ligament? And you have forgot to tell us the origin of the *shorter crura*, which have escaped you entirely, as well they might, having no existence. But the masterpiece of the work is the professor's description of the pericardium; it is here as a medical professor that he shines. "The pericardium, (p. 20) or capsule of the heart, is commonly said to contain that organ, but it is, strictly speaking, on the outer side of it, as that capsule is composed of two distinct membranes, the outer of which is the pleura, (!!!) continued from the mediastinum (!!!) and the internal, the *other fibrous* (!!!) lamina is a membrane which is reflected over the origin of the great blood-vessels, to form the external covering of the heart itself."(!!!!)

There cannot possibly be a doubt that this passage stands unrivalled in the history of medical literature, and that nothing like it could be found in any work. Human ingenuity might be challenged at great odds to crowd into so few lines so many serious fundamental dangerous errors; but this is not the evil. There was not a single individual "*professor*" then, and perhaps even yet, with one exception, who could have corrected any one of the twenty errors it contains. It speaks volumes as to the state of the school; it declares in language not to be mistaken, that the school from which this emanated had ceased to be a place to which a father could send his son with the slightest chance of a sound education; that if this was the best, as it really was, what could be the worst? The reasoning would

[1] Whig reports savour commonly of the scoundrel and cheat. Some years ago, when a clamour was raised about the number of *classes*—of imperative classes which the poor student was *obliged* to fee—a thorough-hearted Whig professor got up a document, a statistic, in fact, to show that students took many more classes than they were *absolutely* required to do, and fee'd several of them twice. Yes, good sir, no doubt they do; but you took care not to mention that the student knew that he was *bribing* by *so doing* his own examinators. Is it not a most scandalous and infamous thing that *three professors of surgery* should sit on the *medical board* of a university which can issue only *medical degrees*, avowedly for the purpose of inducing the timid student to fee his examinators? We could name the men, and prove the assertion in at least a hundred instances: some of them very flagrant.

be just. The H.'s, the D.'s, and that set, were below notice, and the A.'s and C.'s, who followed them, were, in these respects, not a whit their superiors. Then did they come down with a vengeance, until one of their crack chairs did not pay £400 per annum, many much less. But, still, was the professor over-paid, seeing that the labour, which is worthless, merits no remuneration. Then fell the number of students from 865 to 329; then tumbled the Royal Medical Society from 45 to 5, until it might be said to have ceased altogether; then disappeared from the journals of the day the flash accounts of the annual dinner of the Society, and then the illustrious Kit ceased annually to get fuddled at the said dinner, and spirt out his filth upon honest men, who did not happen to belong to "*our* corporation;" then was extinguished the "Plinian," the "Cuvierian" and the numberless other little dodges got up by the hangers-on of the professorial establishment, and then, at last, did the public estimate the reputation of the diploma of "our far-famed university" against the other diploma-shops, and (horrible even to imagine) the many-headed monster gave a seeming preference to St. Andrew's!

The reader, we trust, will excuse us offering any comment upon the doctor's description of the pericardium; it were unwise to attempt it. What! the heart placed outside the pericardium! the outer layer of the pericardium merely the pleura!! and the inner layer of the pericardium a fibrous membrane reflected over the heart!!! O, ye wiseacres—patrons of institutions—by whatever name you are called—town-councilmen—crown—his lordship—the senatus—pleasant gentlemen!—how faithfully do you adhere to the old maxim: the corporation is everything, the public nothing! Let us proceed. "When blood, (p. 22) recently drawn, and mixed with water, is exposed to a microscope, it is found to be composed of a watery part, and of particles deeply coloured." Here is a discovery! If blood be mixed with water, the water will be found in it, "if exposed to a microscope;" but why not say, viewed or examined under a microscope, or through a microscope? The ancient Athenians spoke a language, and that a pure one; the modern Athenians speak a dialect, and that a vile one. Ancient Athens was remarkable for all that adorned civilized man; modern Athens—alas!

The professor cannot state the plainest fact in elementary anatomy simply as it is; as thus: "the right side (p. 28) of the heart is considerably thinner than the left; the former has hence been called by Haller the margo acutus, and the latter margo obtusus." Every anatomist knows that these names are applied merely to the edges of the ventricles, and not to the sides of the heart.

But, as if the professor was determined that no anatomist in the world should remain ignorant of what sort of person the patrons of the University, the town council, have selected to fill the chair of anatomy in their "far-famed University," the doctor repeats in this very page (28) the monstrous error formerly alluded to. "The heart," he says, "is covered by a fine and transparent portion of the pleura" (mark this, reader, the pleura) "which is *reflected* from the *pericardium*." Enough—enough! we hear you cry enough!—and so it is enough to raise a cry from all honest men throughout the kingdom, demanding, in a voice of thunder, that the public educational institution of the country should be rescued from the infamous hands, in which they are now vested. The following description of the tricuspid valve is most amusing:—"The valve (p. 36) between the anterior auricle and ventricle consists of three principal parts, and is somewhat of a triangular form, with its basis fixed to the columnæ carneæ of the ventricle: hence it is called the tricuspid valve." Turn we next to the larynx, although it is a matter of indifference where we open the volume—the text-book of the University. Bear then in mind, reader, the text-book which the student is expected to learn—the text-book of the *examinator* who holds at his mercy the fate of the examined, damning him with a word!

"The vocal cords (p. 76) rise from the fore part of the arytenoid cartilages, and extend *backwards* to the thyroid cartilage." The professor means *forwards*, of course; but, *ce n'est rien*. Between these, quoth the learned gownsman, there is a chink called the rima glottidis; now we always understood that term applied rather to the fissure between the *true vocal cords*; but still all this is of but little importance to the *physician*—the medical doctor, with whom it is still quite enough to know that the brain is in the head and the stomach in the belly. There is a most amusing account of the "coats of the windpipe," which is so completely in the university style—the style of "our far-famed university," that we cannot refrain from quoting it.

"*Of the coats of the windpipe.*—The windpipe has several coats. It has a cellular coat, and within, the chest is covered by the mediastinum posterius." We beseech both the reader, and the compositor and printer of the above passage, to look to the punctuation; it is unique. It is a specimen, moreover, of "the lectures;" and altogether illustrates very happily the condition into which an institution may rapidly fall where the son follows the father (Monro), and grandfather too; the nephew the uncle (Alison and Gregory); the son the father again (Home); the son the father again (Christison); yet, in the sequel, we shall find this was rather a better, or at least not a worse order of things, than "tools succeeding to their employers"—cringing, despicable, sycophant expectants, crawling into chairs through the merit of all unworthy arts.

Let us return to "the coats of the windpipe." There is an old saying, and we think a true one, namely, that it is disgraceful to a man not to know that which he professes to know, or rather what he ought to know. Our readers, perhaps, may imagine that we are going to be personal, and apply this to the professor of anatomy; reproaching him, in the face of all Europe, by the above passage of his utter ignorance of anatomy: by no means. The word anatomy has various meanings; with a *medical* faculty, especially a university faculty, it merely means what we said above about the position of the brain and stomach. The candidate for honours (!) is expected to know that the heart, generally speaking, lies in the thorax; that a foreign body may get into the appendix vermiformis, and by ulceration cause death; that there is an organic change of the kidneys called Bright's disease, improperly, however, since it was rediscovered about six years afterwards by Dr. Christison; with sundry other little crotchets, as familiar to the grinder as household words. Therefore it is that we do not blame the professor for not knowing anatomy, seeing that he knows as much as any ten of his faculty (with one exception, and that not over remarkable) put together; as much anatomy we mean, aye, and ten times more pathology, for the doctor is really and absolutely a good pathologist. If the reader be medical, let him look again to the passage, and deeply reflect on the magnitude of the humbug which supports such an institution; and the scoundrelism lurking under the East Indian and other convivial meetings alluded to above. If he be not, let him put a few questions to a medical friend—a surgeon by all means—concealing, however, the name of the author, for there is "much in a name"—and he will then have such a commentary as will and must surprise him.

Let us hasten to close briefly, with a very few remarks, what might occupy a volume such as a Quarterly, with a mere reprint of the all but innumerable errors contained in this "text-book"—anatomical text-book of the "far-famed university."

"The pulmonary arteries freely communicate with the bronchiæ."—P. 234. This was not known before, is still doubted, or rather not at all doubtful. The tubes are called bronchi, and not bronchiæ.

"The continuation of the external carotid artery is called angular, facial, or external maxillary."—P. 243. This is also quite original; the professor probably adopts this nomenclature from his grandfather, but, not to say too much, it is rather out of date.

"The posterior tibial artery is situated under the origin of the soleus muscle, passes to the lower part of the tibia, and then divides, about an inch below the rise of the tibialis antica, into the tibial and fibular arteries."—P. 804. Alas! before we read this passage we were disposed to give some credence to a very current report respecting the Elements, namely, that they had been composed by first-year's students, who wrote Saturday themes to please the professor; but we disbelieve this now, not even a first year's student could have written the above.

We have heard it asserted by intelligent students that, in his clinical lectures, Dr. Traill described the brain of maniacs as being so firm, hard, and dry, that, on being removed from the brain-case, such brains might be kicked up and down the room without breaking to pieces. Hear what Dr. Monro says on this point.

"I have examined with much attention the brains of three maniacs, without being able to discover any morbid appearances."—P. 293. This discrepancy as to a "matter of fact" must sorely puzzle the student, and we recommend to the dean (disposed to be a little waspish at most times) to summon a meeting at the Medico-Chirurgical, and try the question. Should the maniacs of Scotland turn out to be soft-brained, one of the antagonists will of course take shelter in "Arkney," where maniacs and silly people enough abound. The disputation might even be profitable, and assume a classic form, under the name of the "Dispute des Cerebrists;" formerly, when the venerable Hamilton lived, we had the "Dispute des Stercorists;" lately the faculty was entertained to a "Dispute des Necrosists;" the "Dispute des Urinists" (Cormack versus Henderson) was settled in a scurvy way, the parties not being game. These are nice, little, quiet pieces of impertinence, which amuse a small section or two of Modern Athens, but are below our notice, or the notice of any body or institution save one sunken like the "leading" university.

O. P. Q

PENCILLINGS OF EMINENT MEDICAL MEN.

FERGUSSON.

Come, W. Fergusson, F.R.S.E.—Sir William Fergusson, Bart.—the head of surgery *that is to be*—let us have a little "sweet counsel" together. A clever man—a high man—and a man promising to be both cleverer and higher still, thou art a pleasing subject for an hour's thought to ourselves, and it may be one not useless for the appreciation of others. Justice—the bandaged dame with the scales, whose blindness, each day worse with age than the last, seems to misfit her for the useful labours the world asks from her—will, at least, have one duty done when Fergusson, placed in our columns, takes from them a week's immortality. And just for the sport, the novelty of the thing, why sha'nt a medical censor relax into a scientific justice to a worthy brother surgeon? Why not for once, careless of the small-minded jealousy of more successful men, elevate on the cleansed pedestal of the Press the excellence already singled out by its rarity? Why shall we not do your good men the homage your cunning men do themselves, and eke out a true man's worth against all odds—and they are trying—by the equally rare patchwork of a little perspicacity? Is there to be no nausea of the soul at the debasing and tedious worship of the false gods of mediocrity? No end to the triumphs of science's hypocrites—the successes of humbug's priesthood—the degradation of simplicity's dupes? We won't say; for how bring others to our mode of thinking?—but one thing can be done, even by a literary unit. If *false* fanes must be frequented, we can keep enkindled a ceaseless worship at the *true*, with the hope that the inextinguishable contrast may hold within itself the uprising phœnix of a better state of things. If we cannot depress the ill-deserving, and such is our good temper we hardly wish it, we may exalt the worthy. Be that our task.

Of the rare instances of early maturity of intellect and proficiency of learning in some of the sciences which we find on record, few are more shining than the gentleman before us. Destined in boyhood for a profession alien to medicine, and only turning his mind to the art of surgery when he had attained his seventeenth year, he had but little more than ceased in the eye of the law to be an infant, when the public recognised in him the most accomplished and crack operator of his day. Having ourselves travelled in the same rugged route, we willingly award high praise to the *athlete* who can, within the space of *six brief years*, make himself so thorough a master of his difficult art, and thus outstripping so many, so very many, compeers, secure for his name so

enviable a celebrity!—*Non omnibus contingit adire Corinthum.*

Sir Astley Cooper used to say, "that a man to make a good surgeon must walk up to his ankles in blood;" but genius is ready-made experience. Fergusson did the work of years in months.

Fergusson came squalling into the world in the year 1808, at a place where the renowned *Johnny Cope* had either to congratulate himself on the nimbleness of his heels, or to thank the swiftness of his trusty steed for having saved him from the Pretender's sword just one hundred years ago, and which, on that account, has been rendered famous in battle-story, viz., *Preston Pans*, in the county of East Lothian. His father, Mr. James Fergusson, held an appointment in the Excise in Scotland, and William was his youngest child. In early life he was removed to the ancient borough of Lochmaben, in Dumfriesshire, where his paternal ancestors (Scotch *lairds*) had resided for several centuries. He was there, under the judicious superintendence of his uncle, Col. Wm. Fergusson,* of the Royal Marines (to whose fostering care, in the dawn of his life, he was greatly indebted), sent to the grammar school, where he made such rapid progress, and showed himself to be so shrewd a little fellow, that his friends—*suadente diabolo*—were induced to think that *Willie* would make a very clever lawyer, and accordingly they forthwith christened him the embryo lawyer of the family. It having been thus resolved upon that he should be prepared for that profession, he was transferred to the High School of Edinburgh. After having been there for several years, without disappointing any of the hopes reposed in him as to the malleable and fertile properties of his mind, he was next placed in the University of Edinburgh, and having prosecuted his studies there with great zeal for a couple of years, he was told he had completed his elementary education, and must then buckle to that by which it had been decreed he should earn his own bread. He was accordingly placed with a distant relative, a high legal functionary among the scribes of Edinburgh, and there, *sans ceremonie*, put to wield the golden pen, and read Blackstone. At that time he had no objection to the legal profession, and therefore willingly entered upon its threshold; but he soon found it would not do. He was not at home, and found he could not make those rapid strides in it, which the forward bent of his mind seemed to say it was resolved only to be satisfied with. He experienced, in short, all the symptoms of having no vocation, and was, without knowing it, a great deal too good for the contaminated atmosphere prepared for him.

It was perceived that the world's law was not to be his friend, and he was, with a very praiseworthy tolerance, allowed to cut it betimes, so that in the year 1825, at which time he was just seventeen years of age, we find diplomatic arrangements going forward, ending in our hero's pupilage to our old friend Knox. Probably no one was ever more competent than that celebrated anatomist to detect in a pupil the germs of *a son of genius* in their early stages; and to the warmth and kindness of the teacher's personal partiality, quite as much as to his lecturing ability, do we owe the early zeal and industry which characterised the young alumnus. Knox, piqued at his rival, Liston, who indulged in rude boasts that "Knox might make anatomists, but could never turn out a surgeon," had long resolved on not only turning out a surgeon, but such a one as should make Liston's very laurels as an operator insecure; and with that prescient skill which formed part of Knox's character, he at once singled out the young, graceful, and laughing Fergusson as the man he could one day play against him. For successive years, between the palace in the sheltered glen, and the castle in the air, Fergusson now made the hospitals and halls his chief resort; nay, his all but continued abiding places. He has not only been known to pass *sixteen* out of the twenty-four hours of the day in the dissecting rooms, allowing himself only very brief intervals for refreshments, but heard to say that for years together, during his working hours (as he called them), his profession was not out of his mind or forgotten by him for five consecutive minutes. He was remarkable in his youth for skill in practical mechanics; and, indeed, it was an instance of this kind which first attracted Knox's particular attention to him. One day, after having scrutinised some of his handiwork in this line, he observed to him, "I think you should make a good surgeon;" and nothing gratified him more than to find he could turn out a pupil who, as he himself used to say, he was sure would make his own way in life, and do credit to his instructor. Knox, aware of the fact, that to polish one diamond another diamond must be applied to it, Fergusson was put to work in right earnest under the eye of his preceptor. In 1826 Fergusson also became a pupil and assistant of the celebrated John Turner, who himself had been the favourite pupil of John Thomson. Turner was then the Professor of Surgery in the Royal College of Surgeons in Edinburgh, and subsequently became the first Professor of Surgery in the University. Soon after this connection was formed, it is related that Knox, in speaking to a friend about it, said "if Turner, clever as he is himself, does not mind what he is about, take my word for it Fergusson will be shoving him out of his Professorship's chair some of these days." Fergusson's business now was to be engaged for Knox about his preparations, &c., in the dissecting rooms, and for Turner in all things appertaining to a most elaborate and able course of surgical lectures which he was at that time delivering; and such satisfaction did he give to both of these gentlemen, and such progress make in his own anatomical and surgical knowledge, that in the following year he was appointed by Knox to be his prosector and demonstrator, and in 1828 had the whole management of his practical rooms left to him, which were at that time more numerously attended than any other lecturer's or surgical rooms in Edinburgh, the pupils (including winter and summer sessions) being no fewer than 400. In the same year he became a licentiate of the Royal College of Surgeons, Edinburgh, and in 1829, the stripling of 21 years of age was elected, after a rigid course of examination, a *Fellow* of that Corporation! Having throughout his career pleased Knox in all things, he entered, in 1829, into a sort of a partnership with that gentleman, and bade adieu to his connection with his friend and patron, Turner. His duties were then still to take an active charge in the anatomical rooms, and also to teach operative surgery by demonstrations and lectures—the latter for the purpose of getting his hand in to a systematic course of lectures on the principles and practice of surgery, which Knox believed, if delivered by Fergusson, would add to the then seeming stability of his school; at the same time it was a condition that our young aspirant should be permitted to devote as many hours in the course of the day to private practice as he should find to be necessary; and as the glare of his abilities was then peeping out to the public, that practice soon came to be of importance. In the dissecting rooms he was always noted for prowling amongst parts which had been neglected by the pupils, or thrown aside as of no further value; and when not engaged with the pupils, he was usually to be found occupied in examining some joint, dissecting some ligament, breaking up the base of a cranium for the purpose of tracing the nerves in that locality, or in making some preparation to be added to the collection which his arrangement with Knox then enabled him to call his own, and which he thus enriched with a variety of the most beautiful specimens.

In 1831 he was elected one of the surgeons of the Royal Public Dispensary; and at the commencement of the winter session of that same year, he made his first *debut* as a public lecturer, on a course of surgery; and so extensive were his talents for the office acknowledged to be, and so much was he personally beloved by pupils, that to this, his very first course, no less than between 50 and 60 pupils paid down their entrance fees for permission to attend his lectures. He lectured, though unassumingly, with as much collectedness as if he had been accustomed to his new chair for 20 years. He was fluent and impressive; submitted his points in the clearest possible manner; edified his pupils; and received, at the conclusion of his course, the most convincing assurances from those who had been his auditors that he had not only satisfied them, but enlightened and improved them as much as his own ardent disposition to do so could possibly have induced him to desire. He was then still occupied in the anatomical rooms, and also engaged in discharging private professional duties. His fame for ability, acceptableness of manners, and kind and obliging disposition to all who had the opportunity of becoming acquainted with him, began now to gain for him a very extensive connection amongst pupils and others; and his zeal in all matters relating to surgery, by this time assured the world that he had already become a proficient surgeon; and so true was this, that he performed, what has been described to be, *the capital operation of surgery*—he successfully *tied the subclavian artery* at the juvenile age of *twenty-three* years! This accomplishment obtained for him universal applause; as it was an operation which had *only* been *twice* successfully performed in Scotland before that occasion—once by Mr. Liston, and once by Mr. Wishart. But it was not to one operation, however difficult and complicated, or to one disease, or to one part of the human frame that he had restricted himself—he had devoted himself to all, and in a very short time afterwards was able to instruct his pupils, in the lectures he continued to deliver, from his own personal experience in operations for hernia, for excisions of the jaw, for the stone, and, in short, in all important parts, and on all important points of surgery. He effected and pointed out a variety of improvements in the apparatus and instruments necessary for the performance of lithotrity; and probably on that account it was, that many persons afflicted with stone in the bladder were induced to seek his advice. In proof of the reputation in which he was held with respect to this class of diseases, no less than *ten* cases of calculus in the bladder came under his treatment within the first 12 months after Liston left Edinburgh, nine of which he lithotomized. At one of the earliest vacancies after Liston's departure, Fergusson was elected in preference to many senior candidates to be one of the hospital staff, although at that time he was scarcely personally known to a solitary governor of the institution. This gave him an immense lift in public estimation, and his private practice greatly increased immediately afterwards. In the same year of 1839 he became a F.R.S.E., and was comparatively all at once so situated in point of practice and character as to feel that he had only then to glide along with the stream if he had chosen to have been contented with his lot and fair share of the business of an Edinburgh surgeon. But no; —Liston had found the field there not wide enough for him, and why was Fergusson to be satisfied within such *reeky* limits? Liston had gone south—was he to have a monopoly of London? What was there in a name? What was there in a Liston, or what had a Liston done that there was not in a Fergusson, or that a Fergusson had not done? What could the one assume to do that the other could not; or was there to be scope for a Scotch professor of surgery at one London Hospital, and not for another at another? Upon the Council of King's College becoming acquainted with his resolution to transmigrate, although not one member of the body knew him excepting by reputation, and only one of their Professors had a slight personal acquaintance with him, yet they were too happy to have the opportunity of securing a professor of such known and acknowledged talent, not at once and unanimously to agree that he should have the Professorship of Surgery in King's College, and the surgeoncy of the Hospital attached thereto, and accordingly, in the month of May, 1840, he was elected and seated in those chairs.

His departure from Edinburgh was not only felt to be a severe loss and a source of deep regret to the medical pupils there, with whom he was a universal favourite, but of unfeigned sorrow to a most extensive circle of private friends, to whom his abilities and amiable disposition had endeared him. When he resigned his appointment of surgeon to the Royal Infirmary, its managers conveyed to him

* Mr. Fergusson's uncle, Colonel Fergusson, now second in command at Chatham, at that time a junior officer of marines, was wrecked on the coast of Leghorn, and was, with a private, the only person that escaped. When the ship blew up, he threw himself into the sea, luckily escaped the descending crush of the fragments, and, swimming the extraordinary distance of nine miles, with his companion reached in safety the coast of Florence.

their unanimous vote of cordial thanks and gratitude for the services he had rendered, and the signally usefully manner in which he had discharged his duties there. His personal friends presented him with a very valuable piece of plate, as a testimony of their high esteem for him. On that occasion, according to the *Caledonian Mercury*, May 7, 1840, amongst other speeches, we find Professor Lizars, after adverting to Fergusson's private worth and humane disposition, saying "that they had all in common with himself to regret that the honourable distinction recently conferred on that gentleman would deprive them of our esteemed and valued friend; but that consideration was comparatively trivial when they reflected on the loss which the hospital of Edinburgh and the inhabitants at large would sustain in being deprived of the services of one so distinguished in his profession. In the course of events, Liston had been removed to a more extended sphere, and now Fergusson had been led to follow the example. As to Mr. Fergusson's merits, it was unnecessary for him to say anything before an audience to all of whom they must be so familiar, but having for several years had the happiness to be a colleague of that gentleman's, as one of the surgeons to the Royal Infirmary, he might be permitted to bear the testimony of one who had perhaps the best possible opportunity of judging. He had seen Mr. Fergusson perform all the operations of surgery, from simple blood-letting up to the most trying and critical cases of amputations, excisions, lithotomy, and lithotrity, and with every signal success. He had seen John Bell operate, and he had often assisted Liston, but he would sincerely declare, that he had seen no one, not even Liston himself, surpass Fergusson. Nor was Fergusson remarkable only for his manual dexterity, and the rapidity by which he was enabled to abridge the sufferings of the patient, for in his subsequent treatment he displayed all the skill of the scientific physician. If in the visitations of Providence, he (Professor Lizars) himself should be doomed to undergo any of those operations which surgical science had devised for the relief of humanity, he would conscientiously say that there was no one in whose hands he should more readily place himself than in those of Mr. Fergusson." Fergusson's pupils likewise presented him with an extremely elegant silver cup upon his making to them his final bow, which he did under a severe conflict of feelings—on the one hand, almost overwhelmed with grief at parting from those whose affection he knew he had won, and amongst whom he was aware he had been eminently useful; while on the other, propelled to accept of the opportunity of ascending the ladder which the fairy hand of Fate had placed ready for his step, and from the summit of which he conceived he should be able not only to look back with pleasing remembrance upon the scenes he was then with *joyful sorrow* leaving, but to hold out to the rising generation a stirring example that if they would but do as he had done, many of their own names might enrich the page of history, and they also wear the laurel.

In 1828 he visited the schools in Dublin, and in 1836 made short tours to London and Paris, in each of which places the leading establishments where the medical art was taught and practised, were, of course, the special objects of his attention. From what our readers now know of him, it must at once be inferred that he has not had very much opportunity of shining forth as an author. Study, lecturing, and practice have occupied his time so fully as to have prevented that; nevertheless, he has published a variety of talented and useful papers. Amongst others, he is the author of a paper on Lithotrity, that first appeared in the *Edinburgh Medical and Surgical Journal*, which, with Mr. Key's, were long the only papers on that subject which had proceeded from the pens of our own practical surgeons, and which were highly appreciated. Besides, he published in 1842 his "System of Practical Surgery." That work, which has gone through several editions, has met with very extensive patronage in this country; and soon after its appearance it was reprinted in America, where it was greatly approved of, and by it the author's reputation has been widely circulated across the Atlantic.

The professor's operations must be witnessed by judges to be appreciated; they cannot be described with the pen. With him there is no scowl on the brow, no *apparent* determination of hand or of mind; but on the contrary, composure, a smile, placidity of countenance, and perfect self-possession. Nothing is forgotten or overlooked or not foreseen; acquainted with his subject, he knows from the first what he has to do; there is no appearance of haste, no confusion, and yet in an incredibly short space of time all is over, and without mistake or interruption from any unforeseen event. We have had frequent opportunities of seeing him, and can safely assert, that we have never either in this or any other country beheld a more dexterous or successful operator. We were present some months ago when he *excised the head of a femur*, an operation which had only been *twice* previously performed in Great Britain, on which occasion he was surrounded by many distinguished foreigners and other practitioners, and nothing could have exceeded the ease and neatness with which the whole of that rare and formidable operation was gone through. The little patient was in the theatre just *thirteen minutes*, and the result has afforded the greatest cause of congratulation—life has been preserved by it, and a useful limb restored to the sufferer. If we were called on to express in few words the professional character of Fergusson, we should unhesitatingly say, that as a surgeon (as a *surgeon generally*, because as Professor Lizars states, his extraordinary abilities are by no means restricted to excellence in operating) he is unsurpassed. His powers of detecting the nature, character, and extent of all forms of disease are only to be equalled by the promptness with which the means of cure or relief suggest themselves to his mind. He never acts precipitately where life is in question, and one standing rule with him is, invariably to acquaint himself accurately with the characteristics of his patient's constitution, and then to make all treatment subservient to circumstances.

As a lecturer he is perspicuous and forcible. His language is simple, easily to be understood, fraught with practical facts, commands attention, and is profitable. There is no pedantry or pretension about his style or delivery. Modesty, commingled with that confidence which his thorough knowledge of his subject must be considered to inspire, makes him fluent, and gives an agreeable effect to all he says. The only improvement we should be inclined to suggest in his lecturing would be, that he should habituate himself to address his auditors in a louder tone of voice. He may not be aware of this fact—singular as it is—that lecturers in London who have received their education in Scotland, generally deliver their discourses in a tone of voice so low, as frequently to be inaudible in some parts of the room.

Personally, Professor Fergusson is a handsome fellow. He is tall and straight as a young poplar, six feet high, and for his height rather thin. Whatever phrenologists might deduce from a critical examination of his head—and did they ever yet fail to find what they wanted?—there is nothing in the size or shape of it calculated to give to a casual observer an impression that he is a man possessed of the extended acquirements of which assuredly he is master. But still, darting through every trait of complacency, and even playfulness of countenance, there is a shrewdness in his eye, and a something, a *je ne sais quoi* in the whole contour of his visage, that at once satisfies the mind that he is acute and talented, and in some way or other no ordinary man. Like many of his countrymen, he has a largely developed nose—Napoleon's indication of ability, for his "large-nosed men never failed him"—his complexion is somewhat dark, his hair black, his whiskers large and ruddy, and seeming for colour and size to be left to the chance cares of Nature, who is not as particular as she might be with them. From the front, back to the summit of the crown of his head he is all but bald, and though a profusion of hair is encouraged to play the *rôle* of Cæsar's laurels, the fact of Time's triumph, we grieve to say, is but too clearly visible. Altogether he is a "kindly chiel," full of good nature and right feeling, though far from deficient, therefore, in the prudential, foreseeing virtues of his country. Upon being introduced to him one would scarcely, if at all, take him to be "a *pare*," all but in the zenith of his surgical success. There is that youthfulness about him which, generally speaking, men of his aspect long retain, and that degree of vivacity, pleasantry, and freedom from the *sombre*, that would incline a new acquaintance to look upon him as a *spicy merchant*, who had been spending his day on 'Change, and had just alighted from his saddle after a fifteen miles' ride to dinner. There is no indication about him that he is the bantling of the dissecting room, the daily attendant in the crowded wards of a city hospital, and the *thoughtful* medical Samaritan, on whose thoughts and doings lives daily hang.

He married, congenially, in 1833, an amiable and accomplished lady, possessed of considerable fortune, subsequently much increased by the early death of her only brother, to whose landed property, in Peebleshire, she succeeded. He has by her a brood of interesting Fergussons, amid whom he so truly lives in the bosom of domestic happiness:—

"That Milton's eloquence were faint,
The beauties of his home to paint;
My rude unpolish'd strokes but taint
Their brilliancy;
Th' attempt would doubtless vex a saint,
And weel may't me."

Sir W. Hamilton on the Frontal Sinus.—It is sufficient to refer those who ascribe weight to Sir William Hamilton's statements, to the protracted correspondence between him and Dr. Spurzheim and Mr. Combe, published in our 4th volume, pp. 1-67. It will be seen, that, in February 1828, a variety of facts there mentioned, and among others those relating to the frontal sinus, having been referred by Sir William and Mr. C. to the arbitration of Dr. Scott, Professor Syme, and Professor Christison, these gentlemen, after hearing Mr. Combe's objections to the skulls brought forward by Sir William as evidence, "agreed that satisfactory facts could not be deduced from them; in the first place, because the age and sex could be determined only presumptively, and even that but in a few; and, secondly, because liberty could not be obtained to lay the sinuses open to such an extent as appeared necessary for an accurate examination."—p. 34. At a subsequent meeting, "after a desultory conversation on the best method of procuring accurate facts for deciding the points at issue between Sir W. Hamilton and Mr. Combe, the arbiters proposed that, instead of examining skulls whose history was unknown, and which could not always be cut open to the requisite extent, the parties and umpires should attend the pathological dissections at the Infirmary and Fever Hospital; by which means they hoped that, in the course of a few months, a sufficient set of correct observations might be procured, with all the necessary collateral circumstances. This proposition was agreed to; and a few days afterwards the first examination was made in presence of all the arbiters at the Fever Hospital." Here, however, the investigation was allowed to drop: and until data, derived from "*a sufficient set of correct observations, with all the necessary collateral circumstances*," be procured, Sir William's ingenious pleadings, elaborate ridicule, and captivating display of learned names, will be expended in vain. It is highly desirable that such an investigation should be made; and if any cool, candid, industrious, and accurate observer shall thus succeed in proving any statements made by phrenological writers respecting the frontal sinus to be erroneous, we shall cordially welcome the correction. Truth, not victory, is what we desire; and if, in our progress towards it, the dicta of Gall, or Spurzheim, or any other phrenologist, should be overturned, there would be no reasonable ground for either pain or astonishment in the discovery that phrenologists, like other men, had fallen into error. That in all cases much beyond puberty, the frontal sinus throws a serious difficulty in the way of phrenological observations in the superciliary region of the head, is universally allowed; the difference between the phrenologists and Sir William Hamilton respects chiefly the extent of the obstacle. And here we would caution his readers not to receive too confidingly as phrenological doctrine what he presents as such—for example, "the singular fancy" which he is pleased to ascribe to them, "that these cavities are abnormal varieties, the product of old age and disease."—*Phrenological Journal*.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

THE BICARBONATE OF LIME IN DYSPEPSIA.—Dr. Basham has published a paper on the medicinal uses of the bicarbonate of lime dissolved in an excess of carbonic acid, in some cases of indigestion. The particular preparation which Dr. Basham uses is the carbonate of lime, obtained from the Carrara marble, held in solution in water by means of an excess of carbonic acid. It is prepared in a manner similar to soda-water, and is said to be both palatable and refreshing. The particular forms of indigestion in which this preparation of lime has been observed to be most serviceable are, the irritable gastric, follicular gastric dyspepsia, and a form most frequently met with in London, among particular cases, occasionally of chronic character, the symptoms unquestionably depending on a congested state of the mucous surface of the stomach, and the symptoms in the majority of cases agreeing in type with the inflammatory gastric dyspepsia, as described by the late Dr. Todd, of Brighton, but which Dr. Basham calls congestive, or chronic congestive dyspepsia, as the case may be of recent or of long standing; heartburn, occasional gastrodynia, pain at the epigastrium, furred, brownish, clammy tongue, and thirst, being the most marked symptoms common in such cases. In many of these cases, the fur on the back of the tongue has a brownish-yellow hue, and there is a disagreeable alkaline or bitter taste in the mouth; and if a piece of reddened litmus be placed on the tongue, the secretions will be found strongly alkaline. There is great thirst, particularly on first rising in the morning, and frequently an accumulation of thick tenacious mucus about the fauces and pharynx, which is hawked up with some difficulty. There is seldom any great loss of appetite, except in the more chronic cases, nor do the bowels always exhibit any very marked irregularity. The urine, however, is either high-coloured and scanty, or more copious, and depositing minute orange-red grains of lithic acid. Such symptoms often depend merely on high living, or irregularity and imprudence at table; among the poorer classes, on the intemperate use of fermented liquors. In more aggravated cases, patients will complain of a burning sensation, or even pain proceeding along the gullet to the stomach, chiefly excited on swallowing either fluids or solids, and followed by a hot and similar unpleasant situation at the præcordia, and generally lasting from a few seconds to a minute or more after ingesta have been swallowed, constituting the true gastrodynia. The symptoms now mentioned are common to some forms of complicated indigestion, but they are common also to the temporary derangement from which the stomach suffers after a succession of imprudent excesses at the table, and are unquestionably dependent on a congestion of the mucous membrane of the stomach and upper portion of the digestive organs. This state of things, if neglected, not unfrequently terminates either in chronic congestion, or inflammatory gastric dyspepsia. Carbonic acid dissolved in water acts as a sedative on the mucous membrane of the stomach; and from the large quantity condensed by the absorbing power of the lime, Dr. B. explains its beneficial effects in these conditions of the stomach. In another class of cases, where uneasy sensations are referred to the stomach during the process of digestion, accompanied by nausea, and not unfrequently rejection of a portion of the previous meal, with attacks of water-brash, the stomach being empty, there is also a characteristic state of the mental functions, hypochondriasis, and depression of spirits. In two cases lately under treatment, and occurring in patients sedentarily employed, this Carrara water, taken frequently in quantities, not exceeding a large wine-glass for a dose, very speedily and surprisingly relieved the water-brash; and when dyspeptic patients lose any of their most distressing symptoms, on which perhaps they have been anxiously solicitous, the relief obtained gives them confidence to pursue the other and more important directions of regimen and diet, on which their ultimate cure mainly depends. These cases are illustrative of what has been termed, irritable gastric dyspepsia. It must not be inferred that this bicarbonate of lime is useful as a remedy in all stomachic affections. There are some forms of the disease in which it would be, indeed has been, as injurious as in others it has been beneficial and efficient. In all cases of dyspepsia marked by atony or debility of the stomach, great oppression after eating, drowsiness, and lethargy, cold clammy extremities, hands and feet being generally moist, with a cold exhalation, an aspect of anæmia, and general indications of a want of vigour and power in the assimilative processes, such an agent as the Carrara water would be most injudiciously employed. The least distension of the stomach is, in such cases, attended by sensations of distress and oppression, and any fluids containing carbonic acid generally bring on such sensations. Again, in those dyspeptic affections in which the duodenum is the principal seat of the disorder, such a remedy would be uncalled for, if not hurtful. Another advantage derived from the use of the mineral solution, which Dr. Basham calls the Carrara water, is its employment as an adjunct to, and even as a vehicle for other remedies. In the thirst of fever, in the irritable condition of the stomach in the early stages of what is sometimes called gastric fever, taken in small quantities at a time, or even *ad libitum*, it has proved more grateful to the patient, more effective in relieving the intolerant thirst, and far easier of administration, than the common effervescing draughts. The sulphate of magnesia or soda, the tartrates of potass and soda, by being first dissolved in a small quantity of water, and this water then added, are deprived of much of their nausea and repugnant flavour. One great advantage this preparation possesses over all other artificially prepared carbonated waters, is the length of time it retains an excess of carbonic acid after the cork is withdrawn: the contents of a bottle may be taken in small quantities in intervals spread over some hours, and if the cork be merely replaced in the mouth, its effervescing briskness is retained to the last ounce. It never becomes nauseous, for if poured into a tumbler, and freely exposed to the air, it does not lose its palatableness for many hours. To those who are fond of effervescing drinks, this water will prove a most agreeable substitute for soda water. It may be drunk at table with sherry, hock, Sauterne, or with small quantities of French brandy, and forms a very agreeable and wholesome beverage; with the wines it neutralizes their free acid, and renders them more wholesome. Dr. Basham is at present engaged in experimenting with this water in cases of diabetes mellitus and the lithic acid diathesis.

UTERINE HÆMORRHAGE.—Dr. J. Hall Davis' narrates a case of uterine hæmorrhage, occurring between the sixth and seventh months of pregnancy, from placental presentation, in treating which he used the plug, and finding afterwards the hæmorrhage return, ruptured the membranes; the loss of blood continuing, the plug was again had recourse to. Ultimately a dead child was expelled by the uterine efforts, and the woman recovered. The plug used by Dr. J. H. Davis consists of pellets of sponge.

NEW INSTRUMENT FOR DEAFNESS.—Mr. Roberts suggests the insertion of a sacculus, composed of membrane, India rubber, or other suitable material, containing a small quantity of condensed air, into the external auditory foramen, so as to be in contact with the membrana tympani, by which, he says, a means of increasing the intensity of sounds would be provided, which, coming in contact with the tympanic membrane, would communicate sonorous vibrations to it, which would be transferred thence, by means of the chain of ossicles, immediately to the internal ear. The sacculus or hearing vesicle might be constructed either of membrane or India rubber; the latter, perhaps, would be superior, owing to its elasticity reacting upon the air, distending it, and hence permitting a greater amount of condensation of the air it contained, over that which membrane would allow. This sacculus might be contained in a light metallic tube, curved so as to suit the flexure of the external meatus; its external extremity might be expanded into a small trumpet-mouth, over the orifice of which the membrane or India rubber should be tightly stretched; the internal extremity should permit of the sacculus slightly projecting from it, so that it might rest on the membrana tympani. Around the tube itself some cotton wool should be evenly wrapped, and over this a portion of oiled silk, in order to make the tube fit easily and comfortably to the ear. When the sacculus is required to extend into the cavity of the tympanum, it must, of course, be made of greater length, and capable of entering that cavity, and in this case the metallic tube would require to be slightly longer; the side of the metallic tube must also be provided with an opening, to admit of air being condensed into it, and this opening afterwards firmly closed. Mr. Roberts considers that this apparatus would be applicable in all cases of deafness.

PERIODICITY OF NEUROSES.—Dr. Pidduck mentions a case of periodical neurosis, much relieved by the internal exhibition of strychnia.

INSTRUMENTAL DELIVERY.—Mr. Coventry describes a midwifery case in which he operated by evisceration, the separation of the placenta being followed by severe hæmorrhage, which was controlled by pressure, the use of the ergot, and the passage of the hand, previously placed in cold water, into the uterus. The patient recovered.

HOUSEMAID'S KNEE.—Several cases are reported from the practice of Mr. H. J. Johnson, of effusion into the bursa patellæ, and into other bursæ, in which a cure was obtained by puncturing the sac, and subsequently blistering the part.

SUDDEN BIRTH.—Mr. Blacklock places another case on record, in which birth took place with exceeding rapidity, so much so as to occur while the mother was crossing the room, the child falling on the carpet, owing to rupture of the cord. Flooding to a considerable extent followed, but was checked by appropriate measures, and the mother recovered.

GOSSIP.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Friday, July 25, 1845:—G. Wilmshurst, G. Brooker, T. Wakley, G. S. Jones, T. Murphy, R. M. Mann, J. P. Lane, J. Johnson, W. Tickell, C. R. Prance, H. Crocker.

APOTHECARIES' HALL.—Gentlemen admitted as Licentiates on Thursday, July 17, 1845:—Henry Heginbotham, Edward Drosier Rudge.

BRISTOL ASSOCIATION OF SURGEONS.—On Thursday last, the surgeons resident in Bristol and its neighbourhood, held a meeting at the Medical Library, Orchard-street, for the purpose of "considering the best means to be pursued in obtaining those privileges to which the members of the College of Surgeons were entitled." The Chairman, J. J. Kelson, Esq., read the advertisement convening the meeting. Mr. M'Donald, the Secretary, read the Report of the Committee. The Committee had sent deputations to meet certain surgeons in Bath, Gloucester, and Taunton, to invite them to co-operate with this Association in the furtherance of its objects, the result of which had been that those gentlemen upon whom the deputation waited, perfectly coincided with the views entertained by the Association, and promised to assist it in obtaining signatures to such memorials, petitions, and protests as it might adopt hereafter. The report was adopted. Dr. Rogers then proposed "a memorial to Sir J. Graham, praying that he would advise her Majesty to grant a supplemental charter to remedy the evils complained of." He spoke in strong terms of the invidious manner in which the College of Surgeons had bestowed the Fellowship upon men who were but juniors in the profession, to the great injustice of their seniors, passing over men who were many years above them in standing. He referred also to the fact of their having entirely passed over one hospital in this city—the Bristol General Hospital, not one of the surgeons of which had been appointed Fellows, not to say anything of St. Peter's Hospital, to which he was himself a surgeon, but which he did not like to refer to, as it was generally considered only a Poor-house.—Mr. J. G. Lansdown seconded the motion, which was carried. Mr. Geo. Allen, of Pill, proposed that the memorial be adopted.—Mr. Alfred Smith seconded it, after which it was carried unanimously. Mr. J. B. Prowse then proposed that the Committee be directed to carry the same into effect. Mr. Goodenough seconded it, and it was carried.

LECTURES ON DISEASES OF THE HEART.

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick, and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

Gentlemen,—We come this evening to consider a peculiar functional disorder of the heart accompanying chlorosis, and which has been called from thence "chlorotic palpitation." A patient who has been for some time affected with chlorosis, presents herself to you labouring under the following symptoms. Anæmia, characterised by the bloodless, tallowy appearance of the surface of the body; cough, oppressed breathing, dyspnœa, emaciation, loss of muscular strength, anasarcous feet, and effusion perhaps into the cellular tissue of the body. To these symptoms, alarming enough in themselves, are added palpitation of the heart, and bruit de soufflet. Here we have a train of symptoms alarming enough to induce us to suppose our patient labouring under organic disease of the heart. We find these palpitations increased on taking exercise, and sometimes accompanied by pain in the region of the heart. Have we any characteristic mark by which we can distinguish whether the above train of symptoms denotes organic disease of the heart or not? Yes. Although the other signs might readily deceive us as to its existence, yet by carefully examining the bruit, we can from it discover a means of arriving at the wished-for conclusion. The bruit, from the peculiarity of its sound, in these cases has been by the French writers termed *bruit de diable*. The sound closely resembles that produced by the schoolboy-toy (with which I am sure you are all familiar), made of a piece of iron, or stiff leather, nicked at the edge, and strung on a cord by a hole through its centre. This, on being twirled through the air pretty briskly, produces a peculiar sound. The bruit here differs from that in organic disease in the following particular:—In organic affection the beats of the pulse being 50, 60, 70, 80, or 90 in a minute, the number of times bruit is heard, will tally exactly with this, except in cases of permanent patency of the aorta, when the sound of the returning portion of blood causes double bruit. In chlorotic palpitation, no matter what the number of pulsations may be, the bruit does not correspond with them. You cannot count the number of times in which you hear bruit de soufflet in this affection. There it goes on continuously, whirring away for one-half, one, two, three, or ten seconds; there is no intermission in it as in organic disease; *it may hold on thus for half a minute or a minute, but during this time there is no cessation.* In this distinction we possess a never-failing criterion between functional disorder and organic disease of the heart. In the chlorotic bruit de soufflet you can hear this sound also in the internal jugular vein, when the stethoscope is applied to the neck, this sound proceeding here from exactly similar physical causes as those which I have detailed in the lecture explanatory of the causes which operate in producing bruit de soufflet. In the disease before us we have the physical cause acting in full force, which is absolutely essential in producing this sound—namely, an incomplete distension of the large vessels with blood, owing to the deficient supply of it in the system. But you must bear in mind, that in a person of perfectly sound heart, and enjoying excellent health, you may have bruit de soufflet present, from some cause or other, of only momentary duration.

The treatment of this chlorotic palpitation may be divided under two heads:—1. To remove the constipated state of the bowels which always exists here, by means of purgative medicines, which are supposed to exert some specific stimulus on the uterus; of this class I think aloes the most preferable. 2. To improve the general state of health by the administration of a full diet of animal food, a moderate allowance of fermented liquors, by taking a sufficiency of exercise—walking, if possible, is to be preferred—and by the use of medicines, which are supposed to possess the property of promoting materially the formation of red blood, chalybeates, for instance. By the use of these, and all other means which may suggest themselves to you, as being useful in raising the debilitated system to a proper degree of vigour and to the highest possible tone, you will in the majority of instances quickly and effectually restore your patients to health.

There is another variety of functional disorder of the heart, consisting solely of palpitation, without any other irregularity of this organ, which we find attacking females about, or at the period of puberty, say from fourteen to sixteen, and in some instances continuing until the persons so attacked have attained the age of thirty or thirty-five. The state of the catamenia here has no influence in producing this complaint, for we meet it in persons where this secretion is regular, irregular, wholly defective, or, on the contrary, morbidly profuse, and we often meet it coexisting with leucorrhœa. It may attack males as well as females, but the latter principally, particularly such of them as have given themselves the custom of wearing tightly-laced stays, and it is often met with in persons who have naturally narrow chests. In these cases the heart may be felt beating violently, and over a large extent of surface, sometimes accompanied by pain. In no case, no matter how violent the palpitation may be, is there any abnormal sound heard. The palpitation is much increased whenever the patient takes much pedestrian exercise, though (and the fact which I am about to mention is curious) if the person has been accustomed to horse exercise she can take any amount of it without feeling any inconvenience from palpitation. We often find persons who, having been delicate in early life, and subject to this affection, on being surrounded by a numerous family in after life, tell us that they have outgrown their disorder, have become stronger than it, and that they are no longer troubled with it. A curious circumstance connected with the pulse occurs in this affection. *If the pulse (as most often happens in it) be irregular and intermittent during the prevalence of the disorder, it still continues so after the complaint has disappeared, and will continue too, irregular and intermittent, during the patient's lifetime.* If unacquainted with this fact, we might be led to infer, from the irregularity and intermission of the pulse in persons otherwise healthy-looking, the speedy accession, or even the presence of some severe disease of the heart. We frequently find this state of the pulse in delicate young females labouring under the affection of the heart in question, joined with pain of the left side, frequently extending towards the right. The existence of this pain makes them uneasy, fearing from its situation some fatal disease of the heart, and I have not unfrequently seen *the whole train of symptoms* treated by medical men as incipient pericarditis. Such an opinion is groundless, and one likely to lead to some aggravation of the functional disorder already existing. We often find this affection dependant upon spinal irritation, and the part of the column which is generally affected is the first or second, or sometimes the last of the dorsal vertebræ.

This cause of the disease is frequently overlooked both by patient and physician in their anxiety about the palpitation, until evident symptoms of spinal disease show themselves either in the usual form of curvature where the body is bent forward, or in the more severe and unmanageable form, called by the French "syphosis," when the curve is lateral and angular.

In cases where this affection depends on spinal irritation, we must immediately have recourse to the means best calculated to subdue this. For this purpose, the first step should be topical bleeding, from whatever situation the spinal irritation may occupy. This we can determine by pressure along the spinous processes of the vertebræ. After this topical bleeding by leeches or cupping, we must direct the use of counter-irritation over the seat of disease. I do not know a better remedy for this purpose than the tartar emetic ointment rubbed in every morning and night until it produces pustulation. Along with these radical means of cure we shall derive very great advantage in controlling the distressing palpitations by the use of prussic acid or laurel water in half drachm doses three times a day. Observing to follow up this line of treatment, we shall have the gratification of finding the heart symptoms disappear, according as the primary exciting cause is removed. In the cases which do not depend upon spinal irritation, we shall find our best account in a tonic plan of treatment, supporting the strength by every means in our power, and by keeping the digestive organs in proper order.

You will take care to keep in mind the difference between these last two disorders. The former arises generally in persons at an early period of sexual life, and is attended by a suppression of the catamenia; the latter arising, too generally speaking, at an early period of sexual life, but completely independent of any connection with the state of the catamenial secretion, which may or may not be healthy or morbidly profuse; the one attended with peculiar bruit de soufflet, the other unattended by any abnormal sound of the heart, but both coinciding in the material fact of neither proving a source of organic disease to the person affected.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

Scarlatina Anginosa is complicated with inflammation of the throat, which is far from being of a superficial nature, the tonsils being more or less affected with swelling. The symptoms are more permanent than in the other forms, and the fever is more severe and accompanied by slight delirium, headache, and prostration of strength. The stiffness and soreness of the throat begin about the second day. There is fever and thirst at first in many instances, and in some the throat is first affected; there is difficulty of deglutition, and the fauces are red and more swollen than in scarlatina simplex; they are covered with patches of lymph. This extends to the pharynx, not commonly to the larynx, and there may be some hoarseness, and invariably slight cough. As the throat becomes worse, the skin is hot and dry, and the heat rises up to 106° to 108°, or even 112°—higher than in any other disease. The tongue is more furred, yet the red papillæ are easily seen. The rash is later in its appearance than in the simple form, and is not so florid, but deeper in colour, often less intense and more changeable; it comes and goes, and appears more in patches, but it lasts longer, and the parts where it shows most are the elbows, the chest, and the throat. In slight cases there is an exfoliation of the cuticle, like that of scarlatina simplex. In the more severe cases other local inflammations take place beside this of the throat; the ears and nose are apt to be affected by a bad kind of inflammation, leading to suppuration; the lymphatic glands, the angles of the jaws, and other parts, show it too. The internal organs become the seat of inflammation, just as they do in continued fevers. These complications are generally subacute, but as the fever is more inflammatory, so likewise the accompanying affections are more of the sthenic kind, and bear depletion better.

On the decline of scarlatina various diseases are apt to occur—e. g., effusions into the joints, rheumatic affections, anasarcous affections, with œdema of the cellular tissue, and effusions into serous sacs; and these effusions are accompanied by low degrees of inflammation. The affections occurring in these cases I have noticed are connected with albuminuria.

Scarlatina maligna is more a disease accompanied by typhoid fever, and it is also called *angina maligna*, from the circumstance of the throat being commonly affected, and the skin sometimes not at all. In most instances the fever is like that of *scarlatina anginosa*, and the rash may appear in the same way; but it is even redder and duskier in its appearance, evanescent, often shifting; the face is frequently suffused of a dark red, and congested, as I mentioned to occur in the congestive form of typhus fever; the eyes are heavy and red, and sometimes there is efflorescence in different parts, with petechiæ, but this disappears on the pressure of the finger. This is characteristic of effused blood. In this variety, too, the throat is commonly affected, and the affection of the throat is of a more diffused character. There is not only inflammation and swelling of the throat and fauces, with, sometimes, slight ulceration of the tonsils, but the cellular texture of the neck and the submaxillary glands are much swollen, and diffused erysipelatous inflammation occurs in them. The disease is by this means sometimes greatly complicated, from the difficulty of breathing and deglutition, and also from the obstruction to the return of blood from the head. The tongue in this form is usually furred, sometimes denuded, or even ulcerated; subsequently it becomes dry and brown, and the other appearances of the mouth exhibited in typhus fever are commonly present. There is soreness of the gums and teeth, and the lips are parched and dry. In scarlatina anginosa, stomatitis, or inflammation of the lining membrane of the mouth is a common thing, just as in other inflammations of the throat. The typhoid type of the malignant scarlatina is shown by the low character of the affections of the throat, which sometimes terminate in gangrene or sloughing, and also of the visceral complications and affections of the brain, that occur as in the congestive form of typhoid fever, producing coma, stupor, and sometimes low delirium, congestion in the lungs, causing dyspnœa and the various ronchi, and sometimes tending to asphyxia; also by the petechiæ and the bad appearances about the hands and feet; the rapid prostration of strength, subsultus, &c.

This disease may prove fatal on the third or fourth day, in some cases going on for eight or ten days. Recovery takes place from very bad states of scarlet fever, but the recoveries are very lingering, and much retarded by the various sequelæ, such as low inflammations occurring in parts, frequently tending to suppuration and serous effusions.

This disease sometimes appears in a mild form, quite in the character of the *simplex*, or the *anginosa*, and may turn into the malignant form in its progress; and sometimes we can trace very distinctly the causes of its malignancy, which quite correspond with those I mentioned as causing malignancy in other continued fevers, such as contamination of the atmosphere, an epidemic poison, &c.

Another variety of scarlatina to be described is the *scarlatina faucium*, in which there is no eruption, but merely a sore throat. During the prevalence of scarlatina as an epidemic many persons are affected with a sore throat, but without any rash, though perhaps there is more redness than usual of the tongue.

Now, scarlatina may be said to be at once the slightest and the most serious of eruptive fevers; sometimes so slight as not to confine the patient to bed or to require any treatment at all, and in other instances being a most intractable and fatal disease.

Morbid anatomy does not throw much light on this disease, any more than on any other febrile affections. In the early stage in the worst form no constant lesion is found, but the blood is in a fluid state, and usually the lower parts of the viscera are much disordered by hypostatic congestion and a disposition to early putrefaction, and, in the worst forms, to gangrene of the throat. There may be variously complicated inflammations of the throat. When the parts are cut open there is some swelling of the fauces and neighbouring parts, but they rarely exhibit anything more than purulent lymph with serum effused into the cellular tissue.

The sequelæ I have adverted to are local inflammations, particularly in the ear, the eye, the glands, the larynx, the bronchi, and the joints. It is said, too, that dropsy is apt to occur in the membranes; hydrocephalus has been known to ensue. The form of dropsy that succeeds scarlatina is more of the inflammatory type, and the notion prevailed that this inflammatory dropsy arose from the inflammatory action of the cellular tissue, which had its origin in the disordered action of the skin; that the cutaneous inflammations extend to the cellular texture; disturbance taking place in the one texture affects the other. Dr. Watson, of Middlesex Hospital, entertains the opinion that the skin is so much damaged in its structure by the eruption, that effusion takes place in the cellular texture from want of the power of cutaneous excretion. This I think a mistaken view of the sequelæ. You find in some cases that the urine is altered, and in some of the worst cases I have found it to be suppressed. But in the common cases the secreting power of the kidneys is impaired, and in consequence the serum passes through the kidney, and the urine is coagulable; the urea and other matters being left in the blood, become the cause of dropsy in the manner I have explained. There is no doubt that the failure of the excreting function of the kidneys is the true source of these sequelæ.

The prognosis of these affections is to be founded much on the same principles as the prognosis of continued fevers. The *simplex* variety is a trifling affection, and requires very little treatment; it is attended by no danger, but the sequelæ may be serious, and therefore require attention. In the case of *scarlatina anginosa* the danger arises from the complications, and sometimes from the tendency of the affection to become typhoid at a later period. The cases are generally of a bad description when the rash is slow in coming out, more dusky in colour, and when it comes and goes, and especially when petechiæ occur, when the pulse is very weak and frequent, and when the breath is fetid. The worst danger of scarlatina is that arising from the typhoid fever, and this form is chiefly to be apprehended in the inflammatory complications. The disease is of a more serious character in adults than in children, and peculiarly so in puerperal or pregnant women. This is a very curious fact, which one might speculate upon if there were time. It is worse in autumn than in winter or spring. Its seriousness may be evinced by this fact, that in some epidemics of the worst form that prevailed, many healthy persons were affected and died.

The treatment of the slight form of the disease is very simple; the heat may be reduced by cold or tepid sponging, and antimonial salines, the bowels being kept open. The treatment is the same as the simple *synocha*. *Scarlatina anginosa* includes the same treatment also, with the remedies for tonsillitis or nephritis. When the aphthous form occurs, diluted muriatic acid, nitric acid, or lemon-juice, are found useful in modifying the character of the inflammation. The nitrate of silver is a still better application. The inflammatory complications are to be treated according to their kind.

Scarlatina maligna is a disease on which treatment seems to produce very little impression; however, the salines and stimulants combined appear to be the most useful; acetate or muriate of ammonia, nitrate of potash or of ammonia, chlorate of potash, nitro-muriatic acid, and the decoction of bark, or a little quinine, has been known, in some instances, to support the strength somewhat against the poisonous influence of the disease. It is quite necessary to support the strength by other stimulants—wine, brandy, ether, ammonia, and so forth.

After scarlatina it is of great consequence to keep the bowels free. The kidneys appear to be defective in their power of action, and therefore they should be aided and relieved, by acting on the bowels, on the one hand, and on the skin, on the other. The rheumatic indications are colchicum or iodide of potassium, to increase the action of the kidneys. Some persons think that scarlatina may be prevented by small doses of belladonna. This notion originated among homœopathists, but it may be useful, independently of that doctrine, in doses of from three to four grains, twice or three times a-day.

The next disease is measles, or rubeola, or, as it used to be called in Italy, *morbilli*. This is, also, a contagious disease, and it may be said to be a necessary disease, as it happens once to almost every one; this is the general rule, but I have known instances where it has occurred twice. Such cases are exceptions, and are more rare than in any other eruptive disease. It very rarely occurs in new-born infants, but there is a case recorded of a child born with it. The disease spreads by contagion, and is epidemic. Small-pox and measles are different degrees of the same disease, and it is curious how it occurs in the same subject. The measles will occur first, and small-pox will come on, and be suspended, in the course of the measles. Between the time of the incubation and the latent period there are about ten or fourteen days. The first symptoms are commonly fever, headache, sense of constriction in the forehead and eyes, heaviness, and nausea, and, in children, sometimes convulsive affections. About the second or third day of the fever the eyes become swollen, the nostrils blocked up, and there is coryza, and, in fact, a cold in the head seems to be coming on, accompanied by an unusual amount of fever; sometimes, too, a little sore throat, the pulse very quick and strong, and the skin very hot, the fever being quite of the inflammatory description. About the fourth day the heat comes on the forehead and the chin; the next day in the neck, and it does not reach the arms and legs until the fifth or sixth day. The eruption appears first in the form of small red spots like flea-bites. They occur in patches, leaving interstices of a somewhat irregular and semi-circular shape. The eruption is more to be compared to the colour of the raspberry. It is sometimes accompanied by some swelling, particularly about the face and limbs, and frequently miliary vesicles appear. The fever reaches its height about the fifth day; cough and constriction of the chest may occur. After the eruption passes off there is a partial exfoliation of the cuticle, often with excoriation.

There are two varieties, one called rubeola maligna, in which the eruption is of a more dusk-

colour, and leaves the skin somewhat stained, though it is not accompanied by any serious complication; and the other variety is the *rubeola sine catarrha*, which is merely an eruption without any catarrhal affection, and what is curious in this modification is that it appears to be a more partial affection, and does not protect the system against its recurrence. The febrile symptoms appear to be the most essential part of measles, and the eruption may occur without them. The more formidable cases are those complicated with inflammation; the type of the fever is altogether inflammatory, and the danger chiefly arises from the inflammations that occur. In more rare cases the danger arises from the typhoid form of the fever.

The complications are extensive—bronchitis, pneumonia, and gastro-enteritis, and in many rare cases other parts are affected—the membranes of the brain and the larynx. There are three periods at which the inflammatory complications may occur before the rash comes out: in the first case, they are slow to appear; secondly, they may occur after the rash has come out, on the fourth or fifth day. If the rash has come out, and the complications come on, the rash fails or recedes. The third period at which they may occur is the natural decline of the rash, about the fifth day, when the rash and fever decline; then inflammation may occur. These inflammations constitute the chief danger of measles, and they must be watched, and their symptoms attended to. Whenever retrocession of the eruption appears we must examine all the organs, to find whether there are any signs of inflammation, and be careful to try to draw out the heat, and to restore the depression. As I said, in a few cases the disease becomes typhoid; this is during the prevalence of the epidemic.

Now, as to the diagnosis of *rubeola*. There is a difference between this and scarlatina; that in rubeola the latent period, from the exposure to the infection and the first symptoms of fever, is as much as from ten to sixteen days; in scarlatina it is only three to six days. In rubeola the early symptoms, besides fever, are coryza—a remarkable affection of the eyes, running at the nose, and more affection of the ears; in scarlatina, on the other hand, the throat is most affected. In rubeola the eruption occurs in two or three days at least, and more in spots; in scarlatina the eruption appears in two days, and is more diffused—in smaller spots at first, and leaves deeper interstices, which are irregular in shape, not irregular and concentric, but quite irregular. Measles may be communicated by inoculation; it has been done, but there does not seem much certainty in it. Dr. F. Hope, of Edinburgh, succeeded in inoculating a child by taking matter from the most vivid patches of the eruption.

The treatment of the simple form of measles should be mild—febrifuge treatment, the patient kept in bed, cool, but not cold; antimonial salines, in a few doses; antimony at night, and followed in the morning by salines. If the heat of surface is marked, and causes suffering, it may be relieved by tepid sponging of the hands and arms. The chief object is to watch for any complications, and treat them in the usual way, and the earlier the better. If they are neglected they are less easily treated, and are more apt to become subacute and intractable. In slighter cases, after other measures have been tried in vain, irritants are often useful: turpentine liniments to the chest, when the chest suffers, and the rash does not come out. If the eruption recedes without any inflammation it may be useful to stimulate, but chiefly to stimulate the skin; a warm salt bath should be prescribed, with acetate of ammonia and antimonials internally. In the typhoid form, ammonia, camphor, and quinine, are to be administered, as in the other cases of typhoid disease.

TINCTURE OF COLCHICUM IN OBSTINATE CONSTIPATION.—Dr. Chapman, of Pennsylvania, recommends as a medicine which rarely fails to restore the lost susceptibility of the bowels, tincture of colchicum-root given in doses of ten drops, repeated several times in the twenty-four hours. It must be persevered in for some time, and it is essential to its success that the dose be small, the object in view being attained by gradual insinuation rather than by forcible impression.

ON THE FIRST AND LAST APPEARANCE OF THE MENSES, AND THE RELATION EXISTING BETWEEN THE TWO PERIODS.

By WILLIAM A. GUY, M.B., Cantab. Physician to King's College Hospital, &c.

(For the Medical Times.)

The facts about to be stated in this communication were not originally collected with a view of ascertaining the earliest and latest appearance of the menstrual discharge, and the relation existing between the two periods; but as a means of illustrating a question bearing upon the value of the numerical method, and the necessity and importance of large numbers of observations. As, however, the number of facts which I have brought together illustrative of the first appearance of the menses already exceeds the largest collection of observations hitherto made in this country, and the facts in illustration of the latest period, and of the relation existing between the two periods, are also numerous, I am induced to publish the results, in the hope that they may form an acceptable contribution to our knowledge of this subject.

It may be necessary to premise that great care has been used in collecting the individual facts, and especially where they presented anything unusual. The ages stated are the birthdays to which the first or last appearance of the menses was nearest; thus, fifteen years will include all cases in which the menses appeared during the last six months of the fourteenth, and the first six months of the fifteenth year, and so of the other ages.

The following table shows the age of the first occurrence of the menstrual discharge in 1500 cases, and the per centage proportion occurring at each age.

TABLE I.

Age.	No. of Cases.	Per Cent.
8	1	·06
9	4	·26
10	5	·33
11	53	3·53
12	90	6·00
13	183	12·20
14	266	17·73
15	291	19·40
16	234	15·60
17	181	12·06
18	105	7·00
19	45	3·00
20	28	1·87
21	8	·53
22	3	·20
23	2	·13
25	1	·06
Total	1500	

It appears from this table that fifteen is the age at which the greatest number of females first menstruate; that the fourteenth year comes next in order, then the sixteenth, and that the thirteenth and seventeenth, the twelfth and eighteenth, and the eleventh and nineteenth, present numbers approximating closely to each other. Before the eleventh year, and after the nineteenth, the numbers are very small. In the following tables the ages are thrown together in groups of three, so as to present the results in a more compact form.

TABLE II.

Age.	No. of Cases.	Per Cent.
8, 9, and 10	10	·66
11, 12, and 13	326	21·73
14, 15, and 16	791	52·73
17, 18, and 19	331	22·06
20 and upwards	42	2·80

In more than half the cases, then, the menses made their first appearance at fourteen, fifteen, or sixteen years of age, the numbers at eleven, twelve, and thirteen, and seventeen, eighteen, and nineteen being very nearly equal, while at twenty and upwards more than four times as many cases occur as before eleven.

In ascertaining the last appearance of the menses the same care has been taken as in determining their first occurrence, and all cases have been excluded in which the cessation might be attributed to the existence of severe disease, such as pulmonary consumption.

The following table presents the ages of cessation in 400 cases.

TABLE III.

Age.	No. of Cases.	Age.	No. of Cases.
27	1	42	24
28	1	43	23
29	0	44	24
30	1	45	45
31	0	46	34
32	0	47	25
33	2	48	38
34	1	49	25
35	3	50	37
36	1	51	14
37	5	52	13
38	5	53	8
39	7	54	2
40	33	55	1
41	24	56	2
		57	1

In the following table the facts are given for periods of five years.

TABLE IV.

Age.	No. of Cases.	Per Cent.
35 and under	9	2·25
35 to 40	51	12·75
40 to 45	140	35·00
45 to 50	159	39·75
50 and upwards	41	10·25
Total	400	

From forty to fifty, then, is the period at which the large majority of females cease to menstruate, but the number during the last half of the ten years is somewhat greater than during the first half.

The relation existing between the first appearance of the menses and their cessation is a point of some interest, which, as far as I am aware, has not yet been very carefully examined. The following table exhibits this relation in 250 cases.

TABLE V.

No. of Observations.	First Menstruation. Age.	Last Menstruation. Age.	Interval.
1	8	42	34
2	9	46	37
2	10	47	37
10	11	47·10	36·10
29	12	45·34	33·34
31	13	46·16	33·16
39	14	45·33	31·33
30	15	46·30	31·30
41	16	46·14	30·14
26	17	45·18	28·88
19	18	46·84	28·84
11	19	46·18	27·18
5	20	40·80	20·80
3	21	41·66	20·66
1	23	41·00	18·00

The average period of the last appearance of the menses varies, according to this table, betwen forty-one and forty-seven years, but the interval during which the function continues varies inversely, as the age at which it begins being longer where the function is established early, and shorter where it makes its appearance later in life. This case will appear more distinctly if the observations are thrown together in groups of three years, as in the following table.

TABLE VI.

No. of Observations.	First Menstruation. Age.	Last Menstruation. Age.	Interval.
5	8, 9, and 10	45·60	36·60
70	11, 12, and 13	45·65	33·65
110	14, 15, and 16	45·85	30·85
56	17, 18, and 19	46·35	28·35
9	20 and upwards	41·45	20·45

It has been already stated that the foregoing observations were originally made with a view of throwing light upon the function of menstruation; hence it happens that I have not entered so much into detail as I might otherwise have done. I have, however, made a few short notes, which I give without comment.

In several instances the menstrual discharge, after making its appearance once only at the periods indicated by the tables, did not recur until after a considerable interval. The following are examples:—In two instances it made its first appearance at nine, and did not recur till thirteen and fourteen respec-

tively; in one case at ten, and not again till fifteen; in five at eleven, and a second time at thirteen (two cases); at sixteen and at eighteen (two cases); in three cases, for the first time, at twelve, and for the second at twelve and a-half and thirteen (two cases); and lastly, in one instance, at fifteen, and not again till seventeen.

A female not having been unwell up to her twenty-sixth year, since her twenty-fourth year, has had leucorrhœa, increasing in quantity at the menstrual periods.

The case in which the menses are stated to have first appeared at eight years continued to be perfectly regular from that period. She was first unwell before the completion of her eighth year, and her mother before the completion of her ninth year. Circumstances were mentioned substantiating the statement of the mother as to time. The girl was not larger than other well-grown children of the same age, nor were the breasts developed.

One female, who first menstruated at eleven years, had not changed life at fifty-three.

A woman, who had menstruated for the first time at fourteen years of age, changed life at forty-two, but up to the present time (she is now forty-nine) she states that she is unwell once a-year, on new year's day. There is no appreciable difference between these annual discharges and her former monthly ones.

Two females stated that they were always perfectly regular during suckling, and one female that she is regular both during pregnancy and lactation. In these cases, also, there was no perceptible difference in the discharge. A mother of seven children married at fifteen, not having previously menstruated. She had a child nine months after marriage.

A female, who had not been regular till she was married at nineteen, was unwell a few days after her marriage for the first time. She had a child at the expiration of nine months and a-half from the date of her marriage.

A female, ætat. thirty-six, menstruated at twelve, was married at nineteen, and had fifteen children in fourteen years and seven months. They were all born alive, and with the exception of one, who died at eleven months, they are all living. She did not suckle her children. Her husband is of the same age as herself. Six of the children are male, and nine females. They were all single births. Her mother had twenty-two children, and her grandmother four. The mother had twins three times, and triplets once. Of the latter one lived to eighteen years of age. She is now seventy-two years old, and in good health.

I shall conclude this communication by a short summary of the results of the tables expressed in words.

1. The age at which the greatest number of females begin to menstruate is fifteen; the fourteenth year comes next in order, then the sixteenth, while the numbers at thirteen and seventeen, twelve and eighteen, and eleven and nineteen, approximate very closely to each other. Before the eleventh, and after the nineteenth year, the numbers are very small. In more than half the cases the menses make their first appearance at fourteen, fifteen, or sixteen years of age; the numbers at eleven, twelve, and thirteen, and seventeen, eighteen, and nineteen, being very nearly equal, while at twenty and upward more than four times as many cases occur as before eleven years. The earliest period in the tables is eight years, and the latest twenty-five.

2. Menstruation may cease at any period from twenty-seven to fifty-seven years. In the majority of females that event happens in the interval from forty to fifty years of age, but the number during the last half of the ten years is greater than during the first half.

3. The period during which the menstrual discharge continues varies with the time of its first appearance, and, as a general rule, the earlier it commences the longer it lasts.

These conclusions are not put forth as original, but simply as the expression of the results of facts collected by myself without reference to the labours of others, and, as has been already more than once observed, without any intention originally of throwing any light upon the subject of menstruation.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, July 30, 1845.

Effusion into the Pleura, followed by rupture of the Lungs and Pneumo-thorax; Death.—Dr. Bouvier, as stated in my last, presented the left lung of an individual, aged thirty-five, who died in his wards at Lafitte. This patient was attacked three months and a half since with pleuritis, and three weeks after its commencement the effusion was so considerable that paracentesis thoracis seemed indispensable; before having recourse to it, however, at the recommendation of Professor Piorry, tartar emetic in doses of gr. vj and gr. viij per diem was prescribed. The improvement under the use of this remedy was so great, that tapping was adjourned, and after two months the state of the patient was very satisfactory, though there was still a quantity of liquid in the pleura. He was now suddenly seized with dyspnœa, sense of constriction in the precordial region, pain at the base of the chest, and fever. These symptoms increased in spite of the most active treatment, and the day before his death the matity of the left side was replaced by an excessive sonorousness without the respiratory murmur, indicating evidently that pneumo-thorax had succeeded to hydro-thorax, owing in all probability to a perforation of the lungs. The man died on the 8th of July. *Autopsy.*—Pleura containing a great deal of air, and from a quart to three pints of a yellow serosity; soft and recently formed pseudo-membranes existed, principally on the diaphragm, where several red spots were observed, proving the presence of inflammation. Left lung pushed backwards on the vertebral column; sound; crepitates in all parts near its apex, small superficial erosion, forming a small opening, through which the air entered the pleura, this was made evident by inflating the lung under water, when several bubbles rose to the surface; near this opening was a small reddish concretion, like a clot of blood; this rupture probably took place during the efforts made by the patient in vomiting. Right lung full of grayish miliary tubercles, the presence of which had not even been suspected during the patient's life.

Diphtheritis Vulvæ.—Julia Arblat, aged three months, had enjoyed good health from her birth to the 27th of December, 1844, when she was attacked with irritation of the external parts of generation, with slight discharge, followed by white spots on the labia majora.

Jan. 2.—Child pale, puny; external labia tumefied and of a livid red colour; ulcerations of a gangrenous aspect of the anterior commissure; light violet spots indicating the commencement of sphacelus on part of the left labium; very fetid sanious discharge; part of the mucous membrane of the labia majora evidently sphacelated; below the meatus urinarius a white membrane is seen; all the ulcerated parts are covered by a coating of a grayish black colour; no fever; slight gastric disturbance.

Caut. cum acid. hydrochlor. pur. mane nocteque.

3.—Parts of a brighter red; a portion of the grayish false membrane has separated, and a red surface, covered with white concrete pellicles, is observable; the clitoris and commissure of the nymphæ seem to have been destroyed; general health improved.

Repet. caut.

4.—Tumefaction of the labia majora somewhat less; their inner surface, and especially that of the left side, covered by a thick white coating; aspect of the deeper seated portion of the mucous membrane healthy. Fomentations.

R. Hydrargyr. chlorid. ℈j, pulv. sacch. alb. ℈v, ft. pulvis ter. in die applicand.

5.—Right labium better, a very small portion of false membrane remaining; on the left, on the contrary, the pseudo-membrane is still very thick, and the sphacelus seems to have increased.

Caut. lab. sinis. dextr. ut antea.

6.—State of the labia as before; on the internal surface of the left side is a deep ulceration covered by a false membrane; on the right side and at the commissures some pseudo-membranes still exist; the bluish tint observed at the upper part of the left labium is of a deeper hue; remainder of the mucous membrane in a satisfactory condition; fever; appetite good; moderate diarrhœa.

Contin. pulv. sacch. alb. et calomel.

7.—Considerable œdema of the mons veneris and labia majora; the parts at the upper part of the left external labium are evidently sphacelated for about nine lines in diameter, and the internal labium seems to be converted into a sort of shell, in which a black mass was perceived; right labium appeared to be on the point of undergoing the same process, and contained in its excavation a blackish core: fever; diarrhœa.

Caut. cum hydrargyr. nitr. acid.

8.—Sphacelus and tumefaction have considerably increased on the left side; edge of the right external lip begins to assume a gray tint; all the surrounding tissues are excessively hard, hot, and of a light rose colour; general state, with the exception of the fever, pretty satisfactory.

Caut. ut supra; statim.

9.—Tumefaction and erysipelatous redness much less; on the left side the eschar has separated, superiorly and laterally, on the right the sphacelus has extended and is not yet limited; general state good.

Caut. ad dextr.

10.—Eschar has separated on the left side; sphacelus has extended on the right, but begins to be limited outwardly; intense fever.

11.—The sloughs being completely limited, the greater part was removed; tumefaction of the surrounding parts somewhat less; still a good deal of fever; face very pale; no vomiting, diarrhœa, thoracic or nervous disturbances.

R. Calc. chlorid. ℈j, aquæ puræ ℥ x, Lotio sæpe utend. cura cum. balsam. arcæi.[1]

12.—Sphacelus limited superiorly to the mons veneris, but seem to increase in depth; excoriations of the inside of the thighs and the buttocks; slough not yet perfectly separated from the surrounding parts; edges of the wound red and slightly indurated; cough; respiration accompanied by a mucous râle, especially on the left side.

Contin. medicam.

13.—Sphacelus has increased in extent, and invaded the sound portion of the labia majora, a portion of the mons veneris, and even a part of the thighs; the child is still paler, though the general health, considering the circumstances, is not bad.

R. Pulv. cinchon. cordifol. ʒ ijss, Acid. gallic. ℈j, Camphor. ʒ j. M. ft. pulvis part dolent. applicand. Contin. balsam. arcæi.

14.—Sphacelus extended still more, and occupies all the mons veneris and the inner part of the thighs; intense diarrhœa; no vomiting; extreme pallor; fever; coma. Lotio cum cal. chlorid. Pulvis et balsamum ut antea.

15.—No change in the mortified parts; surface of the body cold; pulse and respiration extremely rapid; breath not so warm as in the normal state; death towards midnight.

Autopsy.—Skin and cellular tissue forming the labia majora et minora, the clitoris, and a part of the vagina, are deeply sphacelated; the mons veneris is in a similar condition, with considerable œdema around it.

On Rubeola, by Dr. Bouchat.—The author in this memoir describes an epidemic of rubeola which raged in 1843, at the Necker Hospital, in one of the wards of Professor Trousseau, and the peculiarity of its having been limited to this ward rendered it possible to study its various phases, mode of development, &c.—a circumstance impossible in large cities.

History.—A child, eighteen months old, was brought to the hospital on the seventh day of an attack of rubeola, complicated with intense lobular pneumonia, and was placed in a ward containing nine children, of whom one only had previously had the disease. These infants were affected as follows:—five on the twelfth day, with very slight premonitory symptoms; two from the twenty-fifth to the twenty-sixth day, with the characteristic premonitory symptoms for four days previously; of the remaining two, one had had rubeola, and the other was taken away during the fever produced by vaccination, and had a secondary eruption like varioloïdes; seventeen other children were admitted during the progress of

[1] *Balsamum Arcæi.*—R. Resin. elemi., Terebenthin, āā ℥ iv, Adip. ovill. ℥iij, Ad[illegible] ℥ij.

the disease, and two only were attacked, one on the twenty-first, the other on the twenty-ninth day.

Symptoms.—This disease is divided into four periods: 1. *Incubation* varies from twelve to twenty-nine days—a fact which can be explained only by a peculiar idiosyncrasy; 2. *Invasion*, in five cases, was very slight, lasting only twelve hours, characterised in some by redness of the eyes and sneezing towards evening, the day before the appearance of the eruption; in others it was more appreciable, and presented—smart fever, dry skin, swollen eye-lids, red eyes, lachrymation, sneezing, serous discharge from the nostrils, white tongue, buccal mucous membrane uniformly red, dry cough; in two patients there were efforts to vomit and diarrhœa (symptoms indicated by Sydenham during dentition). These symptoms lasted four days, but Dr. Guersent observed a case in which they remained a fortnight. 3. *Eruption* commenced on the forehead and face, like small flea-bites, which united so as to form large spots of various shapes, slightly prominent at first, but soon becoming flattened; colour, at first, bright rose, then pale, except during fits of coughing, when they assume their primitive colour; cough; fever; increased difficulty of breathing; lachrymation; somnolence; anorexia; mouth red, dry; tongue covered with a white fur, and presenting numerous red spots corresponding to the papillæ; abdomen supple, not painful; diarrhœa in four cases; eyes still swollen; coryza changed into a thick mucous discharge, which soon dried, so as to form scabs; harsh cough, augmented and accompanied, in six cases, with intense dyspnœa, sibilant, mucous râle, which twice was converted into the subcrepitant; cough, in two cases, came on in fits, as in pertussis. This period lasted from six to eight days, when the eruption disappeared, leaving no traces whatever, but followed by maculæ, produced by a circumscribed local inflammation of the dermis (causing an alteration of the pigmentum), which disappeared only after fifteen or twenty days. 4. *Desquammation* of the cuticle, in many cases, was imperceptible, and furfuraceous in four cases. The symptoms disappeared with the eruption, except the cough, which, in some cases, remained for a considerable time.

Mode of Development.—The only notable difference between the present and ordinary rubeola was the absence of the furfuraceous desquammation; as to the anomalies presented, they are common to all epidemics, and Professor Piorry, in his report of this class of disease, was perfectly right in noticing these immunities.

Duration of the epidemic, seventy-seven days; of each case of rubeola, from four to eleven days.

Complications.—Diarrhœa, twice; in one, it might be considered as critical; in the second, as symptomatic of entero-colitis. Secondary eruptions of eczema impetiginosa on the face, accompanied in one case by boils on different parts of the body, and in another by inflammation of the cervical glands, which terminated in suppuration; here, however, eczema of the scalp had existed before the measles, and in all probability, owing to the irritation of the skin, caused by the eruptive disease, had extended itself to the face, and subsequently gave rise to the glandular inflammation. Harsh (*ferine*) cough was in a direct ratio with the bronchitis; pneumonia, characterised by matity; bronchial respiration; resonance when the child screamed, and, in one case, by a double mucous and a sub-crepitant rhonchus on one side; pertussis, but this was probably produced by accidental nervous phenomena grafted on bronchitis.

Diagnosis was easily established from the symptoms just enumerated.

Prognosis, not serious.

Causes, evidently produced by a contagious principle, propagated by the little patient received into the Hospital on the 29th June, the development being modified according to the idiosyncrasy of the individuals, whether normal, or produced by the disease under which they were suffering.

Treatment.—When the disease was not intense, and went through its various stages regularly, the patient was kept in bed, with moderate covering, for if too hot the skin becomes the seat of a painful congestion; emollient drinks were prescribed, and abstinence from food, except milk, was enjoined. During the period of invasion, if the cough was very troublesome, Syrup. papaverac. ℥iss—℥v per diem, was given in a draught, or in the tisane. If the eruption took place with difficulty or disappeared suddenly, urtication, sinapisms, frictions, blisters, &c., were had recourse to. If the cough became troublesome when the disease was declining, emollient and demulcent tisanes were prescribed. As to laxatives, they were never administered; it was found of the highest importance not to allow the patients to go out too soon. This treatment was necessarily modified according to the complications; thus, in pneumonia, ipecacuanha was given in doses of grs. vi to grs. viij in ℥j of syrup, repeated if requisite. The immediate result of this was a diminution of the fluid accumulated in the bronchi, and afterwards the decrease of the pulmonary congestion. After the emetics, temporary blisters, frictions with the oleum tiglii, and other cutaneous revulsives were used; blood-letting may be had recourse to when the patient is strong, and the fever intense. Antimon. hydro-sulphur. rubr. gr. j, may likewise be given. In diarrhœa, starch enemata were exhibited. In pertussis, pulv. ipecacuanha and pulv. ipecac. comp., in small doses. In an inflammation of the lids, an ointment containing red precipitate, and in otorrhœa, injections with *baume tranquille* were found beneficial. Finally, as a preventive, inoculation has been recommended, but further experiments are requisite ere its efficacy can be admitted.—(*Journal de Medecine.*)

Foreign Body in the Bladder.—A man, ætat. 40, consulted Dr. Piffard in August, 1843; he stated that on the 25th April, experiencing some difficulty in making water, he introduced, per urethram, a young stalk of arundo donax, formed of several leaves rolled up. On withdrawing it, he perceived that the inner ones alone came out. His endeavours to extract the outer one having failed, he desisted, in hope that it would escape with the urine. Two days passed thus in the midst of the most violent pain, with frequent desire to make water. Urine flowed drop by drop, sometimes in a small stream. A gum elastic sound showed that there was no stricture in the urethra, and that it did not contain the foreign body. Several baths were prescribed, and on the 1st September Jacobson's instrument was introduced into the bladder when distended with urine, but without being able to seize the leaf. The next day Mayor's sound, No. 2, was introduced, and the bladder filled with tepid water; this done, the sound was removed, and replaced immediately by Jacobson's instrument. Several attempts to seize the body proved fruitless; at length, by closing the instrument rapidly, instead of a metallic sound, a dull one was heard. The instrument when closed reached zero, so that it was feared nothing had been grasped; it was, however, withdrawn, and was followed by the leaf, which had been seized at its small extremity. A day or two after the man returned home, and is now quite well. The length of the leaf is six and a quarter inches, its diameter when rolled up two lines; here and there a slight urinary deposit of a dull white was perceived. The leaf is entire, showing that none was left in the bladder.—(*Gazette des Hôpitaux.*)

On Hare-Lip.—At a late Sitting of the Academy of Medicine (vide *Medical Times*, vol. xii, p. 221) Professor P. Dubois communicated several interesting observations tending to prove the utility of, and the little danger attendant on, this operation, when performed immediately after birth, and the following case, recorded by Dr. Malgaigne, comes to the support of this opinion.

Case.—On the 5th of March, 1845, Dr. Malgaigne was called to see a male child born that morning, who presented a vertical division of the upper lip, extending from its edge to the right nostril; the lips of the division were about nine lines apart; the division extended backwards, affecting the os maxillare and the velum palati, and was so considerable that the whole of the right side of the bone seemed to be wanting; the rounded edges of the division of the soft parts were somewhat more distant from each other than the osseous portion, and the left was situated on a plane anterior to that of the right; nose flattened, ill-shaped; lip drawn to the left; right ala forcibly drawn to the right, and three times the size of its fellow, and quite flat; deglutition easy, but, from time to time, the liquids pass through the left nostril; it was impossible to place the edges of the wound in contact with each other, on account of their adhesion to the bones. The operation being absolutely necessary, in order to enable the child to take the breast, it was performed as follows:—1. With a stroke of the scissors, beginning towards the centre of the right flap, the edge was cut off as low as the mucous membrane of the lip, leaving a sort of flap. 2. The same process was performed on the left side. 3. The edges were then removed from below upwards, as high as the nostrils. 4. The lip was separated from the bone on both sides. 5. Two pins were introduced, and the twisted suture applied, the lower first; the upper presented some difficulty, on account of the right edge being unsupported by bone. 6. Finally, a part of the flaps was removed, and then united by three sutures. The child cried very little during the operation; was soon pacified; drank with perfect ease, and ejected nothing through the nostrils. Gentle pressure was ordered to be made on the cheeks, in case the child should cry much. The immediate result was—nose nearly regular; tip almost in a straight line with the root; nostrils of equal size; lip regularly formed; labial tubercle had nearly disappeared, but was replaced by the newly-formed one.

March 6.—Going on well; child has cried very little.

7.—Right nostril obstructed with some blood and mucus, which was easily removed by means of a probe.

8.—A part of the thread was removed in order to examine the subjacent parts; no suppuration nor ulceration around the pins.

9.—Upper pin and the three sutures on the flap removed; a little serous blood escaped through the holes made by the pins; no pus; the thread of the lower pin was removed, but, as a slight erosion existed on the cicatrix, was replaced by another, but without drawing it very tight.

10.—Last pin removed; a small quantity of reddish lymph escaped, no pus; the union is complete; there is, however, a small scab on the cicatrix, which was ordered not to be removed; child seemed to gain flesh; the upper lip seemed to be somewhat larger than immediately after the operation.

11.—All was going on well; but, two days after, a large, whitish aphthous spot appeared on the inferior surface of the turbinated bone in contact with the tongue; cicatrix was thinner superiorly, and inferiorly seemed on the eve of bursting; on its inner surface were one or two small whitish spots; it seemed to be continually on the stretch, owing to the efforts made by the infant to suck. The aphthous spot on the turbinated bone was touched with the nitrate of silver; gentle pressure on the cheek, if perchance the child should cry.

14.—Considerable improvement; cauterised surface nearly clean; application of the nitrate to the remaining portion; cicatrix presents a better aspect; scab removed, so as to examine the wound, which has healed completely, except perhaps a little towards its nasal extremity; a pin was inserted, and the twisted suture applied somewhat tighter than usual.

15.—Baby caused the pin to fall out about 9 A.M.; cicatrix firmer, closer; general health better; stools which had been out of order were more natural. Slight cauterisation of the mouth.

18.—All going on well; child takes the breast for the first time, and sucks readily; the milk does not escape through the nostrils; cicatrix is unchanged.

19.—Child puny; greenish stools; aphthæ in the mouth; takes the breast, but does not suck; to be fed with the spoon. Cauterisations. During the day an attack of suffocation occurred, which fortunately soon subsided.

20.—Better; stools natural; aphthæ improved.

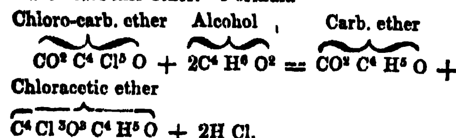
21.—Continues improving; appetite and stools normal; skin firm; cicatrix still firmer, and begins to assume the colour of the surrounding parts. This state continued, and the child enjoyed good health until the 4th of April, when, all at once, he was seized with symptoms of cerebral congestion, and died in a few hours; the cicatrix having been solid the whole time.

Remarks.—According to Dr. Malgaigne, two reasons alone counter-indicated the operation:—1. The non-development or sickly state of the child

not that it would hasten the approach of a fatal event, but because it is useless operating on a child not likely to live. 2. Internal hemorrhage, produced by the instinct which makes the child swallow the blood. As to the dragging on the two flaps, the division of the flesh by the pins, the non-reunion or the destruction of the recently formed cicatrix, they may occur at all ages, if the necessary precautions are not taken. In the present instance, the first of these accidents was prevented by detaching the lips from the bone, for it is hardly possible that such a division could, as some surgeons suppose, give rise to any serious hemorrhage. Another precaution was taken, and which ought never to be omitted in similar cases, viz., to make the pins go through the whole, and not two-thirds or three-quarters of the lip; as, on account of the division of the os maxillare, they form a species of septum, against which the tongue strikes when carried forward, instead of the inner surface of the cicatrix. The suture of the two little flaps prevents the disunion of the parts during suction, and ought, therefore, always to be had recourse to, even in simple cases of hare-lip. The pins may be left, in complicated cases, with advantage, longer than in the case just related, and only a part of the thread put in at first must be removed; and if a fresh thread is put on, it ought always to be wetted, when put on the part, with a solution of gum arabic or white of egg. Finally, as to the possibility of swallowing, many eminent surgeons consider it as impossible, but, however plausible in theory their reasons may be, still they cannot be admitted ere experience proves their correctness.—(*Journal de Chirurgie.*)

Academy of Sciences; Sitting of the 14th July.—(Concluded.)

On the action of different Substances on Chloro-Carbonic Ether, by M. Malagati.—Alcohol changes chloro-carbonic ether into an oil formed of chloracetic ether, normal carbonic ether, and unchanged chloro-carbonic ether. Formula—



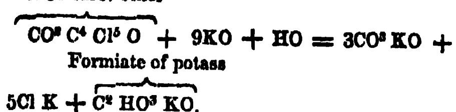
Chloro-carb. ether, Alcohol, Carb. ether

$$CO^2\,C^4\,Cl^5\,O + 2C^4\,H^6\,O^2 = CO^2\,C^4\,H^5\,O +$$

Chloracetic ether

$$C^4\,Cl^3O^3\,C^4\,H^5\,O + 2H\,Cl.$$

Potass.—A weak or concentrated solution of potass decomposes and changes it into formic acid, carbonic acid, and chloride of potassium. Formula—



Chloro-carb. ether

$$CO^2\,C^4\,Cl^5\,O + 9KO + HO = 3CO^2\,KO +$$

Formiate of potass

$$5Cl\,K + C^2\,HO^3\,KO.$$

On the decomposition of Water by different Metals, when Acids and Salts are added in solution; by M. E. Millon.—The experiments performed by the author were—1. A certain quantity of zinc was divided into six parts, and placed, in six different bottles, in a solution of diluted sulphuric acid, one part acid to twelve parts water. To one nothing was added, to another a solution of bichloruret of platina (bichloruret one part, water ten parts), and to the rest saturated solutions of tartar emetic, arsenious acid, sulphates of copper and silver. The result was—

Bottle.	Zinc before Exp.	Loss.
1. Diluted sulphuric acid . .	10·119	0·028
2. Ditto, with 4 drops of the solution of bichloruret of platina	10·466	4·298
3. Ditto, with 10 drops of the solution of tartar emetic . . .	10·600	0·800
4. Ditto, with 10 drops of the solution of sulphate of copper .	9·808	1·234
5. Ditto, with 15 drops of the solution of arsenious acid . . .	10·857	3·706
6. Ditto, with 15 drops of the solution of sulphate of silver . .	10·349	0·071

Length of time, 10 minutes.

The action of the bichloruret of platina rose immediately to its maximum, and then decreased; that of arsenious acid was established slowly, but soon was equal to the former.

2. In two comparative experiments, which lasted an hour instead of ten minutes, the result was:—with diluted sulphuric acid, zinc before commencement, 10·091 grains; loss, 1·187; with addition of fifteen drops of a solution of sulphate of silver, zinc before 10·278 grains; loss, 5·527. The acceleration produced by this solution may be expressed for ten minutes by 2·4, and for an hour by 4·6. A few drops of the solution of the bichloride of mercury preserves the zinc by the formation of an amalgam on its surface. In adding ten times the quantity of bichloruret of platina, the action was twice as powerful.

3. Three quantities of zinc were added to diluted sulphuric acid, and three with the addition of four drops of a solution of bichloruret of platina; the length of time varying, the result was, with dilute sulphuric acid—

	Grains.	Grains.	Time.
Zinc before exp. .	15·104 .	Loss 0·025 .	5 min.
„ „ .	15·041 .	„ 0·058	10 min.
„ „ .	15·215 .	„ 0·120	15 min.
With addition of the bichloruret—			
Zinc before exp. .	15·352 .	Loss 3·653	5 min.
„ „ .	15·326 .	„ 6·325	10 min.
„ „ .	15·237 .	„ 7·206	15 min.

The action diminishes with the concentration of the acids.

4. With hydrochloric acid, diluted with forty volumes of water, the bichloruret of platina does not act so powerfully as with sulphuric acid, and tartar emetic produces an equal acceleration.

5. Diluted oxalic acid is without action, unless bichloruret of platina be added, when the whole of the metal is converted into an oxalate.

6. Acetic acid, with an equal quantity of water, has but a very feeble action, but it is rendered very active by the addition of a few drops of the solution of the bichloruret. The other acids, with which experiments were performed, are—butyric, citric, tartaric, and racemic. A similar effect is produced when a few drops of a solution of bichloruret of platina are added to a solution of chlorides of potassium and sodium, sulphates of soda, potass, magnesia, alkaline leys of potass, soda, and ammonia, salt water, river water, and even distilled water. Sulphuric acid, diluted to a twelfth, dissolves iron pretty rapidly; the action is increased by the addition of the bichloruret of platina; arsenious acid, on the contrary, puts a stop to all action; tartar emetic and bichloride of mercury render it less active. Sulphates of copper and silver accelerate the decomposition, the latter very slightly. Other acids were likewise examined; among them, diluted nitric acid, when poured on the iron, disengaged abundant vapours of nitrous acid gas, and a persalt of iron was produced; but if a drop of the solution of the bichloruret of platina be added, hydrogen alone is given off, and a protonitrate of iron and nitrate of ammonia are obtained. Tin: it is with hydrochloric acid that this metal presents the most striking phenomena; the result is protochloruret of tin; the effect is accelerated by the addition of the metallic solutions just mentioned. The results obtained with lead, copper, antimony, bismuth, silver, and mercury were likewise considered.

On several new Compounds of Naphthaline; by M. A. Laurent.—The substances examined in this memoir are:—*Sulphonaphthalic Acid;* formula, $C^{40}\,H^{16} + 2SO^3$. *Thionaphthic Acid*, denominated by M. Berzelius *Hyposulphonaphthic Acid* (formula, $C^{40}\,H^{16} + 4SO^3$), is obtained by the action of sulphuric acid on naphthaline. According to M. Gerhardt's law of capacities, it is bibasic, and the composition of the thionaphthate of lead is a proof, the formula being $C^{40}\,H^{12}\,Pl^2 + 4SO^3 + 4Aq.$ The water is driven off at a heat of 392° F. *Nitrogenated Sulphonaphthalic Acid*, obtained by treating nitrogenated naphthaline with sulphuric acid. Formula, $C^{43}\,H^{14} + 2SO^3$. *Chloruretted Sulphonaphthalic Acid.* Formula, $C^{40}\,H^{14}\,Cl^2 + 2SO^3$. *Bichloruretted Sulphonaphthalic Acid* $C^{40}\,H^{12}\,Cl^4 + 2SO^3$. *Trichloruretted Sulphonaphthalic Acid.*—Obtained by treating chloronaphthine with sulphuric acid, when an abundant crystalline precipitate is obtained on neutralising the solution by caustic potass. Formula: $C^{40}\,H^8\,Cl^6\,K + 2SO^3$. This acid is soluble in water and alcohol, and when the solution is evaporated, a crystalline mass like pap is obtained, which decomposes the alkaline salts, setting even the most powerful acid free. *Quadrichloruretted Sulphonaphthalic Acid.*—Prepared like the former; salt of potass less soluble. $C^{40}\,H^6\,Cl^8\,K + 2SO^3$. *Bromuretted Sulphonaphthalic Acid.*—Obtained by treating bromonaphthaline with sulphuric acid, and neutralising the solution with potass; the salt of potassium is almost insoluble. Formula:—$C^{40}\,H^{12}\,Br^2\,K + 2SO^3$. *Bibromuretted Sulphonaphthalic Acid.*—Prepared like the foregoing, with bromonaphthaline. Formula: $C^{40}\,H^{10}\,Br^4\,K + 2SO^3$. *Chloruret of Naphthaline.*—Obtained by cooling to 32° F. the oil which accompanies the crystallised chloride of naphthaline; very soluble in alcohol and ether; crystallised in light spangles. Formula: $C^{40}\,H^{16}\,Cl^8$. *Bromochloruret of Naphthaline.*—Obtained by adding bromine to the preceding. Formula: $C^{40}\,H^{16} + \frac{Cl^6}{Br^2}$ — Chloronaphthine Æ. In addition to the numerous isomeric compounds, the author obtained another by treating the oily chloruret of chloronaphthine by sulphuric acid; hydrochloric acid is disengaged. Formula: $(C^{40}\,H^{14}\,Cl^2 + Cl^8) + S^2\,H^8\,O^8 = C^{40}\,H^{10}\,Cl^6 + H^4\,Cl^4 + S^2\,O^6 + H^4\,O^2$. *Nitro Bromonaphthine.*—Obtained by treating bromonaphthine by nitric acid. Formula: $C^{40}\,H^{10}\,Br^2\,X^2$. *Carminaphthine.*—Obtained by treating naphthaline by a mixture of bichromate of potass and sulphuric or hydrochloric acid; is of a fine rose colour; soluble in alkalis, from which it is precipitated unchanged by acids. Formula seems to be: $C^{38}\,H^8\,O^8$. Finally, the author, after proving the impossibility of the formulas indicated by M. Kolbe, of the compounds obtained by the action of chlorine and the alkalis on the sulphuret of carbon, concludes by stating, that these acids ought to be considered as composed of sulphuric acid, with marsh gas or its compounds, and that the formulas are (*formène* indicating the marsh gas):

Sulphoformic acid, $C^4\,H^8 + 2SO^3$ corresponding to $C^{40}\,H^{16} + 2SO^3$.

Chloruretted sulpho-formic acid, $C^4\,H^6\,Cl^2 + 2SO^3$ corresponding to $C^{40}\,H^{16}\,Cl^2 + 2SO^3$.

Bichloruretted sulpho-formic acid, $C^4\,H^4\,Cl^4 + 2SO^3$ corresponding to $C^{40}\,H^{12}\,Cl^4 + 2SO^3$.

Trichloruretted sulpho-formic acid, $C^4\,H^2\,Cl^6 + 2SO^3$ corresponding to $C^{40}\,H^{10}\,Cl^6 + 2SO^3$.

Academy of Sciences. Sitting of the 20th of July. Mr. E. de Beaumont in the chair.

Remarks on some new Phosphuretted Products; by M. P. Thenard.—In passing the hydrochlorate of methylene through an excess of phosphuret of lime at a temperature varying from 356° F. to 572° F. five products are obtained, three liquid and two solid. One of the former examined by the author was found to be composed of phosphorus, hydrogen, and carbon; it is a true alkali, as it restores the blue colour of litmus paper, reddened by an acid, and combines with acids to form neutral salts; it is colourless; hot and bitter to the taste; odour somewhat similar to ammonia; boils between 104° and 106° F.; density of its vapour 2·61—a number in all probability too high on account of the presence of a proportion of oxygen; distils without being decomposed; when exposed to a current of atmospheric air it absorbs oxygen with emission of light and forms a peculiar acid, which uniting with the undecomposed portion of the alkali, produces a salt which crystallises in fine transparent needles, in which the acid becomes at length in excess; explodes when mixed with oxygen; very slightly soluble in water, on which it floats like oil; analysed by treating it with the oxide of copper, it gave—

1st. Ex.	Carbon 46·1	Hydrogen	11·6	per cent.
2nd. Ex.	„ 46·08	„	11·7	„

It was impossible to say the precise quantity of phosphorus contained in it; the formula may, however, be expressed thus—$C^6\,H^9\,P$ divided into $C^6\,H^6$ and PH^3, contains no oxygen. The other two liquids are composed of the same elements; one is of a light yellow; viscous, inodorous; very dense; not easily volatilised; not acted upon by air at the usual temperature; insoluble in water and most acids, except the hydrochloric; probable formula, $C^4\,H^4 + PH^3$. The other colourless, smell somewhat like that of *cacodyle*, takes fire when exposed to the air; formula, $C^2\,H^2\,P^2\,H$, that is to say, three compounds of hydrogen and phosphorus, $P^2\,H$, PH^2, and PH^3; combines the first with $C^2\,H^2$; the second with $C^4\,H^4$; and the third with $C^6\,H^6$. As to

the two solid compounds, the one is the hydrochlorate of an alkali; the other not yet perfectly known is easily obtained by adding an excess of lime to the phosphuret of lime, it crystallises in beautiful white needles.

Liquid and Gaseous Ammonia.—The principal products aro, an amide (denominated by the author chloro-carbéthamide) chloride of ammonium, an ammoniacal salt, and some secondary products, among which is paracyanogen. The first presents itself in lamellæ; is fusible; volatile; very sweet taste; very soluble in alcohol; less so in water; mixed with an alkali, it does not disengage ammonia, but does so in abundance if boiled in an alkaline solution: formula—$C^{10}\ Cl^{7}\ H^{6}\ Az^{3}\ O^{8}$. Liquid ammonia, after some time, changes it into an ammoniacal salt: formula—$C^{10}\ Cl^{7}\ Az\ H^{2}\ O^{6}$, $2Az\ H^{4}\ O + 2HO$. This salt ought to be called chlorocarbethamate of ammonia; and the acid chlorocarbathamic; it is very bitter; crystallizes in white spangles; greasy to the touch; soluble in ether, alcohol, and water.

On the Composition of the Acids of Phosphorus; by M. O. Wurtz.—The conclusion of the author's researches is, that these acids originate in the same type, represented by anhydrous phosphoric acid, or by perchloride of phosphorus. Phosphorous acid is phosphoric acid, in which an eq. of oxygen is replaced by an eq. of hydrogen; and in hypophosphorous acid, two atoms of hydrogen are substituted for two of oxygen. In this memoir the author gives the result of his researches on the hyposulphites; in a second he will study phosphorous acid and the phosphite, and in a third the reaction of the protochloruret of phosphorous on ethero-phosphorous acid; amylophosphorous ether, and amylophosphorous acid. *Hypophosphites* are obtained by double decomposition of the soluble sulphates and the hyposulphites of barytes, and are in general combined with the elements of two eq. of water. The author then gives in a table the result of his analyses (hypophosphorous acid being composed of phosphuret of hydrogen and oxygen, formula $PH^{2}\ O^{3}$) of several hypophosphites, and terminates by some theoretical considerations.

On the Action of Chlorine on the Cyanuret of Mercury; by M. Bouis.—The author studied anew the influence exercised by chlorine on an aqueous solution of cyanuret of mercury when exposed to the rays of the sun. M. Gay Lussac was the first who stated that a liquid was thus produced, but without making it the object of his studies: M. Serullas indicated its composition, but without explaining all the reactions obtained. M. Bouis recommenced these researches, and thinks that three varieties of solid chloruret of cyanuret of mercury ought to be admitted; the first, monochloruretted; the second, bichloruretted; and the third, trichloruretted.

On a New Series of Acids; by M. Fremy. Memoir read.—The author communicated the continuation of his researches on a new series of acids formed of oxygen, sulphur, hydrogen, and nitrogen, which he calls sulphazotised compounds. In causing a current of sulphurous acid to pass on the azotite of potass, with the aid of water, eleven new acids were obtained which presented very extraordinary reactions.

Academy of Medicine. Sitting of the 22nd of July. M. Caventon in the chair.—The prefect of police addressed a letter, asking whether leeches which had been applied to individuals affected with contagious diseases, may be reapplied without danger after having been properly purged.

Dr. Theophile Roussel writes, claiming the priority of the discovery of pellagra in Paris, erroneously attributed to another individual: at the same time he presents a copy of his work just published on that affection.

Election of Foreign Associates; seventy-two votes; majority 37. Dr. Marshall Hall (London) obtained 49, and M. Arendt (St. Petersburgh) 37; and were declared duly elected; the third associate will be nominated at the next sitting.

On Clastic[1] *Anatomy.*—M. Renault, professor at the Veterinary School, Alfort, read a report on the model of a horse, presented by Dr. Auzoux, on the 16th of April, 1844 (vide *Medical Times*, vol. x. p. 73). The model is that of a small horse, about three feet nine inches and a half in height; the skin is removed; the musculi cutanei are preserved, and, when taken off, the animal appears as if flayed; it is so constructed that on one side all the constituent parts can be removed layer by layer, so as to expose successively the numerous organs which constitute the anatomy of the horse, the peculiar shape of the muscles, the relation they bear to each other, the vessels and the nerves which cross them and penetrate into their interior, and the precise spot of their insertion. When all these muscles are removed, the ligaments of the articulations may be seen, the cartilages which form a prolongation to certain bones, and especially the layers or thick cords of the yellow elastic tissue, so imperfectly developed in man, so abundant in the large herbivora, in one place attached to the occiput and the spinous processes of the cervical vertebræ so as to support the head; at another, forming a strong layer under the abdominal muscles, so as to form an efficient support for the viscera contained in the abdomen, and at the same time by its extensibility permit the enormous dilatation of the stomach and intestines, even when most distended. The reporter next noticed some slight modifications in the foot, the arteries, veins, and nerves, expressing a wish that the theca vertebralis, like the cranium, could be opened throughout its whole extent, the more so, as in the herbivora, and especially the horse, the spinal marrow is the reverse of what it is in man, being in proportion more voluminous than the encephalitic mass; and then continues:—In order to expose to view the splanchnic viscera, a horizontal section was made extending from before backwards so as to divide the thoracic and abdominal cavities into two parts of unequal size: the upper half could be raised like the cover of a box, the hinges being placed near the buttocks, so as to show the colour and shape of the organs contained in the cavities, and their relations with each other. But this is not all; these important viscera may be removed one by one, so as to permit our studying their peculiar forms, and even by sections properly made their internal structure may be examined; it is thus that the two aspects presented by the mucous membrane of the stomach, according as it lines the right or left side of the organ; the insertion of the œsophagus in the centre of the little curvature, the thickness of the muscular membrane around this spot explaining why vomiting is so uncommon in the horse may be shown. Similar sections were made for the heart, the lungs, the fossæ narium, the fauces, demonstrating in this last preparation that it is owing to the length of the epiglottis, in the rare occasions in which this animal vomits, the substances ejected pass through the nose rather than the mouth.

The model may be separated into upwards of two hundred pieces, which may be detached and replaced in less than ten minutes, and Dr. Auzoux in making it has performed a highly valuable object, for he has filled up a hiatus pointed out by the illustrious founder of our veterinary schools—a hiatus which he endeavoured to fill up by causing a series of anatomical plates to be published in 1779, under his own eye, by Goif. And what these two artists accomplished in drawing, Professor Reverchon, of Lyons, performed in 1822 and following years, in an anatomical point of view, by publishing a number of well-executed coloured plates on the osteology and myology of the horse. But before him, a modest and talented man, Brunot, after long and persevering studies for many years at Alfort, made models of horses of different sizes, and several limbs as large as life, in plaster. Is it necessary to state how superior the preparations of Dr. Auzoux are to what has just been mentioned, as well as to the anatomico-surgical plates drawn by Chasal, in 1828, under the direction of Professor Trousseau and M. Leblanc, and at a still later period by Professor Rigot? Finally, though this model does not render dissection useless, still it may be advantageously had recourse to when the professor wishes to call to mind any part of the body; by persons who breed or educate horses, and by savants who like to study the organization of animals throughout the whole series of beings. Consequently the committee propose:—1. To thank Dr. Auzoux for this new and interesting communication. 2. To advise him strongly to persevere in the excellent direction he has hitherto taken. 3. To draw the attention of government to this preparation, and to request its being presented to all the establishments in which the horse is the object of study. 4. To place his name on the list of candidates for the first vacant seat in the Section of Anatomy. Dr. Bouvier remarked that it was the prerogative of the Section of Anatomy to choose the list of candidates in case of a vacancy, and that therefore no name could previously be placed on the list. Dr. Nacquart was of the same opinion. M. Renault stated that this wish had already been expressed, and that it did not oblige the Section to retain the name. The conclusions were then adopted.

[1] *Clastic*, from κλάω, to break.

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Aug. 2.

Retrospect of Cases treated during the past Month; with Clinical Observations by M. Stapleton, Esq., M.D., F.R.C.S.I., one of the Surgeons to Jervis-street Hospital.

In taking a review of the cases under my care in the course of the month of July, gentlemen, I shall first direct your attention to that of Nelson, who suffered an extensive laceration of the great toe, with fracture of the two last phalanges. I did not see him on the occurrence of the accident, and when I got charge of him there was a nasty, ugly-looking slough all round the side of the toe, to hasten the separation of which, as you are aware, the application of warm dressing was employed; if the man would have but submitted, the best practice to have adopted would have been the removal of the toe at the junction of the first and second phalanges; and the propriety of such a course you will readily recognise by contrasting the case with that of the man from whom, within the last fortnight, the third phalanx of the little finger was removed for a somewhat similar amount of injury, the parts in this latter case having been so bruised that there was no chance of union by the first intention, while, by the performance of the operation, the man was enabled to leave the hospital in a few days with the wound nearly healed. In amputation of the fingers, you are recommended to do so at the joints, as the easiest method; but you will find a considerable advantage to arise from not always adhering to this rule, particularly in the case of the great toe, where, by keeping a portion of the phalanx, you preserve the attachments of some of the small muscles, and thereby assist the toe in its office of buttress to the arch of the foot.

The next case, one of compound comminuted fracture of both bones of the leg, with laceration of the integuments, was handed over to me, and notwithstanding the attention of his former surgeon, necrosis took place, followed by exfoliation of several small portions of bone. In looking at the limb, you would have expected the necrosis to have been more extensive, and that very large pieces of bone would have been thrown off; such was not the case, however, and the degree of deformity, for a case that looked so badly, promises to be trifling.

In the next case, one of simple fracture of both bones of the leg, you observed that there was considerable effusion with the formation of large vesicles; these you should treat by passing a needle and thread across them, by which means you give exit to the fluid and leave a covering for the parts beneath. I recommend you to use this in preference to worsted, which some advise, for in using the worsted you are apt, without a good deal of caution, to drag away the cuticular covering.

A considerable amount of fever attended this case, for the removal of which proper measures were had recourse to, but notwithstanding the strictest care in adaptation, very little callus has been thrown out. This, you know, sometimes arises from want of tone in the system, but in this man a tendency was given to separation of the upper fragment, from his having been in the habit (finding matters a little uncomfortable) of propping up his body with pillows borrowed from the neighbouring patients—a practice which also tended to thrust the bone through the integuments. Since measures have been taken to prevent the patient thus disturbing the apparatus,

and the limb been kept in the horizontal position, he has gone on much more favourably.

The next man, Ford, came in with œdema of the foot, for which he has been very nicely bandaged from the toes up to the knees. On examination, two small ulcers, about the size of a pea, and rather healthy-looking, occupied that part of the leg at which the tendo-Achilles arises. He stated that, about a year and a half ago, a loaded dray passed over his leg, since when he had never been well, though an inmate of two or three hospitals. Wondering how these small ulcers could have been productive of so much inconvenience, I examined the limb carefully, and, by the introduction of the probe, found that the ulcers just mentioned were at the termination of a fistulous canal, which, being slit up, led to a depot under the strong fascia of the leg; the deep-seated matter which had formed here not having been able to effect its escape, continued burrowing until it made its appearance where the fascia becomes united to the tendo-Achilles. All this mischief had escaped the notice of the medical men under whose care he had previously been. Having slit up the canal, I rubbed the floor of the sinus with nit. argenti, dressed it from the bottom with lint, and the case now goes on most satisfactorily.

We now come to the case of Brennan, who had his hand crushed by a horse running away with him. The little finger was extensively lacerated and broken, together with fracture and denudation of three metacarpal bones; the flap torn up by the accident was laid down and adjusted with sutures; but the great injury which the little finger had sustained rendered amputation of it necessary. The limb was then placed on an inclined plane, and every possible means adopted to repress inflammation, which in this case you might expect to run very high; our efforts have not, however, been as successful as could have been desired, for I yesterday pointed out to you a red line extending along the arm, indicating the existence of angeiolencitis, and this morning the inflammation, in its further spread, has assumed the character of true erysipelas. The traumatic fever is running to a considerable height, and means have been taken to prevent its further progress by leeches, &c.

The boy in No. 3, with white swelling of the knee joint, on whom Dr. Woodroffe performed subcutaneous section of the hamstring tendons, is suffering a great deal. There is undoubtedly ulceration of the cartilages, but we have some hopes of saving his limb by keeping up his constitution. He is taking a grain of quinine and two of sulphate of iron three times a-day, together with syrup of iodu-ret of iron, by which means the hectic symptoms have been very much subdued.

The limb has latterly been much easier, and bears to be moved slightly without pain; but these causes are so subject to changes and relapses that the issue of this case is as yet very doubtful.

If it be possible to preserve the limb, and save the boy from mutilation, the act will be a much more glorious one than that of removing the leg, however skilful the performance of the operation.

The man on whom I practised the operation of circumcision had phymosis to so great a degree as to have impeded materially the power of micturition, and to have prevented his being able to clean round the corona of the glans penis. I shall not now, however, go into a detail of cases in which this operation is required.

We now come to the man who met with the accident on Saturday last, while fastening one of the large Liverpool steamers, his leg having been caught between the hawser and pillar. The parts were so broken up that I saw there was no use in attempting to save the limb. The tibia was broken at the lower third, and denuded from below the ankle to within a hand's breadth of its superior extremity. The fibula was shattered in bits, and the soft parts with their tendons extensively lacerated. A consultation having been summoned, the immediate necessity of the operation was determined. I do not mean to enter into a history of amputations, which belongs more properly to a surgical course, but would just direct your attention to one remarkable circumstance connected with this subject; it refers to the use of the ligature, which was first introduced by Ambrose Paré, in the reign of Louis 16th, and with respect to the use of the flap operation, which I adopted in this instance, it was first attributed to Verudin, of Amsterdam, but properly belongs to Lourdon, of Oxford, who was the first to perform it, under circumstances like the present, below the knee.

Among the causes that render amputation necessary is malignant disease. When you have determined a limb to be so affected, the sooner you remove it the better, for the system soon becomes contaminated by its presence. Again, tumours sometimes arise, which, though non-malignant, often require removal, from the inconvenience they produce. In cases where mortification sets in, a question arises whether you are to operate or leave them to nature. I have seen instances of this kind in which nature performed a cure, and left a stump decidedly not inferior to some of those seen after the best operations. One case, which recurs to my memory, though of old standing, is remarkably illustrative of this fact. A girl had her fore-arm broken, and applied for surgical assistance, but the splints were applied so tightly that mortification was the consequence, and was with great difficulty arrested above the insertion of the deltoid muscle. The friends of the patient would not allow amputation, and on subsequently dressing the limb, I moved the bone, which, to my great surprise, separated at the epiphysis. In a few days after I introduced my finger into the wound, and removed the head of the bone. But suppose mortification to take place in the middle of a limb, it is very doubtful whether a sufficient covering for the bone would be left, and if you would not have a conical or sugar-loaf stump, with extensive caries, and necrosis, and various other lesions which we shall not go into the consideration of here, but which might also be enumerated amongst the cases in which the operation is occasionally required.

Had the species of injury which called for amputation in the case under consideration occurred in a boy of twelve or fourteen, I should have been strongly inclined not to have operated, but to have run the boy's youth against the risk arising from the extensive suppurations which would have been established. The much greater vascularity of the bone, in the case of the boy, would most likely have preserved it from death—a circumstance which must inevitably have occurred in this man had he been left to nature. I chose the flap operation in this case in preference to the circular incision, because I think below the knee it affords a better stump; the bones are better covered, and the nerves are not involved in the cicatrix, which is a source of considerable subsequent pain and irritation; besides, you avoid by it all chance of protrusion of the bone. While operating I stood at the outside of the limbs, and pushed the catling in at the outside also—a mode of proceeding by which there is much less danger of passing the blade between the bones. If, in addition, you use the precaution of pressing the thumb against the fibula, you are sure to pass the instrument out at the tibia; but in entering it upon this bone, you are very likely indeed to pass it into the interosseous spaces. The surgeon not unfrequently finds that, after cutting his flaps, he has not calculated sufficiently largely—a source of considerable disappointment, and to obviate the recurrence of which, Graef used to recommend the skin to be well drawn up, and the leg to be flexed a little, while the flap was being made. I am not an advocate for complicated dressings, and in order to avoid secondary hemorrhage prefer not bringing the flaps together for a couple of hours after the operation.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following comprise the principal articles of interest to our readers in a number of the *Medical Gazette*.]

Perforation of the Stomach.—A case of perforation of the stomach which had occurred in the practice of Dr. Barlow, of Guy's Hospital, is published by him. The patient was a woman, 59 years of age, who for eighteen months had suffered from obscure pains in the epigastrium and left side, darting through to the shoulder blade, and from occasional vomiting. These were at first treated as dependent on irritability of the stomach, caused by intemperance, and afterwards as sub-acute gastritis, and with some relief for a time, so that she left the hospital. While engaged afterwards in her domestic duties, she was suddenly seized with intense pain in the left side and shoulder, and great difficulty of breathing. These symptoms continuing, she again became a patient at the hospital, where she was treated for sub-acute gastritis, probably complicated by pleurisy. A day or two after admission, as she still complained of pain in her side, though it had greatly abated, her chest was examined, and the following results were obtained. Thorax upon percussion was moderately resonant both in front and behind, except under the left scapula, where it was rather dull. On applying the ear to the chest anteriorly, the respiratory murmur was audible, as also posteriorly on the right side, but not increased in this situation. About two or three inches below the left scapula and near the place of dulness, amphoric respiration was distinctly heard, synchronous with the movements of the lungs. It could also be traced down nearly as far as the loins. Metallic tinkling was also occasionally heard in this spot. Over the scapula, and of course above this last-mentioned point, egophony was heard, or, more properly, Punch's voice, for the words which she spoke were highly harsh and discordant. There seemed to be no obvious difference in the size or motion of the two sides of the chest. No pleuritic rubbing could at this time be detected. Sometimes splashing was heard on succussion, but this was not constant. The epigastrium presented rather an elevated bulky appearance, and was very resonant upon percussion, as was the whole abdomen. The remedies she took alleviated the vomiting and the pleurisy which she evidently laboured under, but she gradually sunk, and two days before she died, she sat leaning forward in bed, resting her head upon a pillow in front of her, and referring all her pain to the epigastrium. The examination of the body was made thirty hours after death. On opening the chest and abdomen, the first thing that presented itself was a large peritoneal abscess occupying the left hypochondriac region. It was circumscribed by adhesions which had previously been formed, and was thus separated from the general peritoneal cavity. It was bounded above by the diaphragm, which was very much forced upwards. Its front and side were formed by the ribs, and its lower boundary by the left lobe of the liver, spleen, and superior part of the stomach. The abscess communicated by two openings with the stomach. It was lined by a membrane which was partially sloughing, and involved the adjacent parts of the liver and spleen. It contained a dark offensive fluid, full of broken-down membrane, and also some air. On the mucous membrane of the stomach were some red patches, and close to the œsophageal opening on the right side was a perforation, the result of the ulcerative process, communicating with the above-named abscess, and large enough to admit the middle finger. On the anterior wall of the stomach there existed another perforation, but not so large as that just described. When the chest was opened a large quantity of sero-purulent fluid escaped from its left side. No pleuritic adhesions existed, with the exception of one or two unimportant bands of lymph. The lungs were very much condensed from the pressure of the diaphragm, which was forced up as high as the fourth rib. With this exception, they were healthy: no tubercles could be discovered. The heart was healthy, and there existed no traces of pericarditis, neither recent, nor of an older date. There existed no communication between the chest and abscess. The indications of pneumo-thorax which were discovered by the stethoscope, are attributed to the passage of air, by the pressure of the diaphragm from the cavity of the abscess into the stomach, and *vice-versâ*. The egophony was produced by the effusion of fluid into the cavity of the chest, from the pleuritic inflammation.

Spermatorrhœa.—Mr. B. Phillips, in a communication entitled "Further remarks on spermatic discharges," gives the results of a rather extensive experience on this disease. It appears that he has seen 109 cases in rather more than two years, and he says that the cases which have come under

his notice have left on his mind the impression, that though great general depression, and much mental discomfort, are the common accompaniments of those discharges, the instances are unfrequent where permanent bodily or mental mischief results from them: still he has known cases in which the mind as well as the body has broken down under the complaint. Usually, however, the inconvenience is got the better of; owing more commonly to effort on the part of the patient, than to the skill of the attendant. Of the 109 cases, eighty-four were under twenty-two years of age; ninety-seven admitted that they had practised masturbation to a greater or less extent, and they referred their present distress to that practice. Every one, however, stoutly asserted that the habit had been discontinued—by some for a few months, by others for years—but in many cases there were reasons to doubt the correctness of the assertion. In two of the older cases, irritation within the rectum was the exciting cause; in two instances abuse of sexual intercourse; in one, probably in two, stricture of the urethra; in four, the irritation consequent upon congenital phymosis. In the remaining cases there was no doubt that masturbation was practised, though it was strenuously denied. In thirty-eight cases the patients were submitted to active treatment; caustic was applied upon the urethra. In seventy-one instances no medical treatment seemed to be necessary, except for the purpose of exercising some moral influence over the patient, and to gain time. They were advised in many instances to use a mixture of the Tinct. Ferri Sesqui-chloridi, and Tinct. Lyttæ, and in those cases where the patient was reasonable, Mr. Phillips tried to convince him that it was unnecessary to employ any medical treatment. The ordinary characters of the disease are the involuntary emission of semen during the night, occurring during lascivious dreams; and the escape of a drop or two of a viscid transparent fluid, with the last drops of urine, either when simply emptying the bladder, or when at stool. This kind of loss very commonly produces severe mental depression, often amounting to absolute hypochondriasis. The way in which Mr. Phillips explains this kind of discharge is as follows:—A large number of lads soon after puberty inflame their minds by reading lascivious books, from which they derive images of sexual pleasures. A large number, also, are early taught the practice of masturbation. Under both circumstances, the gratification derived by contemplating the image on the one hand, and by the physical excitement on the other, keeps up a constant irritation. The testicles, instead of enjoying moderate rest, are incessantly stimulated by the dream at night, the mental or physical stimulus during the day; the secretion is constant, the seminal vesicles are distended, and unless the ejaculation takes place with sufficient frequency to relieve them, the fluid must escape by some other means; and the pressure upon them during the efforts at stool, or in making water, squeezes out a certain quantity of the fluid by which they are distended, and it usually escapes with the last drops of urine. At one time he doubted whether this fluid were spermatic, it is usually so smooth, transparent, and homogeneous; but if it be examined under the microscope, spermatozoa can generally be observed in it. Its thin fluid character has induced some people to think that it was a depraved secretion, become watery by exhaustion of the secreting organ; and sometimes it may be so, but usually it is not; for if a person who complains of a constant escape of the thinner fluid has an ejaculation, the fluid will be thick and grumous. It is therefore most probable, that the more fluid portion of the secretion which fills the seminal vesicles is most easily pressed out; and this is a reasonable explanation of this particular feature of seminal discharges. Mr. Phillips recommends for the cure of this symptom, the keeping the testicle quiet, by substituting new images for the prurient fancies which have occupied the mind, and emptying the vesicles occasionally by sexual intercourse; for which latter purpose he recommends marriage. The influence of the mind in destroying the virile power is very great, and it is equally necessary to exert an antagonising mental influence to rouse the energies, and control the disease.

Cyanosis.—Mr. A. S. Taylor details the following appearances as presented at the post-mortem examination of the body of a woman, aged 45, who died suddenly in the hospital. She had laboured under cyanosis all her life, and was supposed to have been destroyed by a poisonous dose of nux vomica. The pericardium contained a considerable quantity of clear serum. The heart was greatly enlarged, its increase of size being entirely due to the state of the right cavities. The pulmonary artery was very conspicuous; there were some white patches, like cicatrices, upon its left side; and its back part adhered to the aorta by strong bands. The right cavities of the heart were distended with dark semifluid coagula. The right auricle was very capacious, and communicated with the left by an oblique opening capable of transmitting the ends of three fingers. In the remains of the septum, below this, was an oblique passage, closed on the side of the left auricle, and evidently the trace of a foramen ovale. It was clear that there must have been originally two of these communications, one of which had closed, the other remaining permanently open. The four pulmonary veins opened into the right auricle. The common termination of coronary veins occupied its usual position, and was furnished with a complete valve. The tricuspid valve was natural; the right ventricle extremely capacious, and its walls thick. The pulmonary artery was of extraordinary width; the tissues of the vessel were strong, and still extensible. The sigmoid valves were considerably thickened, and had some vegetations attached to their free edges; notwithstanding the extreme dilatation of the artery, they doubtless acted as efficient valves. The left auricle was smaller than the right. The left ventricle was remarkably small in comparison with the right; its walls were thick, but their muscular tissue was not strong. The aorta and its valves were healthy in structure; but this vessel was remarkably narrow, being less than an inch and a half in circumference at the widest part of its orifice; and distal to the left subclavian artery it was very perceptibly narrower than elsewhere. There were several enlarged bronchial glands near this spot, which may have encroached slightly upon the aorta; or the dilated pulmonary artery may have somewhat compressed it; but there was no distinct stricture here, and the contracted state of the left ventricle and ascending aorta proved that this narrowing had not caused much impediment to the circulation. The whole remaining tract of the aorta was nearly free from deposit, but very singularly narrow. Neither the internal mammary nor the intercostal arteries presented any obvious enlargement. The lungs were, in parts, highly emphysematous, and were generally much congested, as was also the liver. The chest was much deformed, apparently from tight lacing. The contents of the stomach were examined chemically; but no traces of nux vomica, nor of any other poison could be discovered, and Mr. A. S. Taylor referred the death to the delay occasioned to the passage of the blood in the right cavities of the heart.

Dyspepsia from Over-Eating.—Dr. Dick says, over-distension of the stomach frequently repeated overcomes the resiliency of the muscular coat. A species of muscular impotence ensues; the food lies comparatively motionless in the flaccid organ, and the important process by which the gastric juice is mixed intimately with the food, and brought in contact with the surfaces of the minutest fragments, is very imperfectly effected. Hence, just in proportion to the degree and permanence of over-distension of stomach, is digestion tardy and imperfect, and as food, not transmitted downward, in due time, acts in consequence of chemical changes and accumulations, as a morbid stimulant, various untoward consequences arise. Over-distension and its ill effects may not be confined to the stomach, but excessive meals may extend their disastrous consequences over the whole alimentary canal. An alimentary mass larger than the system requires, and than can be duly digested, distends, in turn, the duodenum and small intestines (interfering, meantime, with the free excretion of the liver by the common duct), and, in consequence of the flaccid condition apt to be induced in the parts now named, impactions of the duodenum, and scybalous accumulations in the small intestines, frequently occur. Another hurtful consequence of large, frequent, and stimulant meals, is the production of permanent hyperæmia of the mucous coat of the stomach, than which state nothing interferes more with the function of a secreting surface.

The Pancreas.—In an article on the various forms of dyspepsia, Dr. Dick thus speaks of this organ:—Though we are, in a great measure, ignorant of the precise uses of the pancreas, yet there can be little doubt that it performs a part in the process of digestion. Dr. Baillie mentions a case of abscess of this organ, in which the symptoms before death consisted in wandering abdominal pains, in spasmodic affection of the abdominal muscles, in squeamishness, in stomachic distension. Disease of the pancreas may simulate, or rather be mistaken for, affections of the stomach, or of the left lobe and convex surface of the liver. It frequently causes epigastric pain and sickness, and sometimes jaundice, when structural disease, extending along its duct, involves the ductus choledochus, narrowing or obstructing that common conduit. Its enlarged bulk may also be detected through the stomach, and be mistaken for structural disease of that viscus; or else pressing on the ductus communis, or the duodenum, may cause obstruction of the former, impaction of the latter.

Leucorrhœa.—Dr. Allnatt mentions a case of leucorrhœa, very imperfectly detailed, in which it seems that some relief was experienced from the use of the oxide of silver.

Scirrhous Stricture of the Colon.—A case of intestinal scirrhus occurring in the person of an aged female, is reported from Guy's Hospital. The disease apparently commenced at the umbilicus, where it formed a soft and elastic tumour, about the third of a hen's egg in size, which gradually became harder, of a bluish or purple colour, and very painful. Suppuration afterwards took place, followed by discharge of unhealthy pus, mixed with blood. The bowels were also costive, and there was general abdominal tenderness. After her admission into the hospital, tumours were discovered extending from the epigastric by the left hypochondriac region. Fæcal vomiting next occurred, and afterwards hæmatemesis. Meanwhile the abdominal tumors continued to extend, and the strength declined; she died nine weeks after her admission into the hospital. The following is the account of the post-mortem appearances, as furnished by Mr. King. The lungs contained seven or eight round, coarse, reticular, creamy tubers, the size of nuts; an undefined scirrhous state of parts at the umbilicus; some adhesions about the liver and gland below. The left end of the arch of the colon was contracted and dense; from this there was a wide opening into a slough cavity, the size of an egg, hard and contracted, with a simple, free, sinuous canal into the stomach, near the mesian line. Tubercles occupied the left lobe of the liver, the size of a child's head (with a partial coating of peritoneum, half an inch thick, even and semi-transparent) radiating, dissolving; watery and numerous tubercles in the liver, and about the described parts; also in, on, or about the uterus, scattered as beans. The cœcum only was distended. The ileum was large, the serous surfaces injected and gray.

Congestive Apoplexy.—Mr. French narrates the particulars of a case of congestive apoplexy occurring in a little girl, between two and three years of age, which terminated fatally. Prior to death, certain appearances seemed to indicate mischief in the abdomen, and after death, the cardiac extremity of the stomach was found to be perforated by an aperture of about three inches in diameter. It presented a wide, open, irregular laceration: the edges, soft, thin and membranous, running into shreds like those observed in spontaneous perforations of this organ. There was no thickening of the coats of the stomach in any part, nor any appearance of disease,—in one or two patches near the aperture, the coats appeared to be slightly thinned. The mucous membrane forming the edge of this aperture was of a dark bluish black colour. There was only a thin layer of mucus on the stomach, no solid or liquid matter, nor any appearance of food. It seems that only a small quantity of tea was administered in the twenty-three hours during which the child survived the attack, but it is doubt-

ful, from the account given by the parents, whether even this was swallowed. There were no traces of the meal which the child had made, three hours and a half before its seizure; a fact further established by iodine water having no effect upon the contents of the organ. Nothing appeared to have escaped from the aperture; there was no sign of extravasation, no mark of peritoneal inflammation, nor any softening of the spleen or surrounding structures in the neighbourhood of the perforation. The mucous membrane, it should be observed, was entirely free from any trace of inflammation. Mr. French examines the question, whether this was a case of death from poisoning or disease. The facts detailed, as well as the negative proofs derived from an analysis of the contents of the stomach, show that this could not have been a case of poisoning. The perforation might have been ascribed to a powerful irritant, like sulphuric or oxalic acid; for the blackened appearance of the mucous membrane at the aperture somewhat resembled the effects of these poisons; but, 1st, the symptoms did not come on until nearly four hours after the last meal taken, whereas these acids produce their effects immediately; 2nd, the symptoms were not those of an irritant poison; 3rd, there was no sign of inflammation in the stomach; 4th, no appearance of the presence of these two acids nor any other poison in the stomach. A narcotic poison might account for the symptoms, but not for the perforation; still, it is impossible to admit that a narcotic poison had been taken;—1st, the symptoms came on suddenly, and about four hours after the last meal; 2nd, there was no appearance of narcotic poison either by the odour nor by the application of tests. The supposition of poisoning, for these reasons, cannot therefore be admitted. With respect to disease, the principal question to be considered is whether the perforation of the stomach took place during life, and was the cause of the symptoms and death, or whether it was merely the result of post-mortem changes. The child had occasionally complained of pain in the region of the stomach, as of the sensation of a bone in her side after eating, but she had not suffered from any disease of the organ, and her appetite was good even up to her last meal. The symptoms and appearances are wholly unlike those observed in death from perforation of the stomach as a result of disease. In these cases the person is suddenly seized with the most violent and excruciating pain, vomiting, and other symptoms indicative of mortal collapse. The intellectual faculties are retained, and the individual dies from peritonitis. After death an aperture is found, commonly small, well defined, with thickened edges sometimes discoloured,—marks of disease in the mucous membrane (ulceration) in or near the seat of perforation,—extravasation of the contents of the stomach,—with the well-marked signs of peritoneal inflammation in the abdominal cavity. On comparing this description with that of the symptoms and appearances in the case of the deceased, they will be found to be wholly dissimilar. On the other hand, the perforation presented all the characters which have been assigned by pathologists to those spontaneously produced by chemical action, either after death or during the last moments of life,—as, for example, its situation at the cardiac extremity,—its size, occupying the whole of that portion of the stomach, —the thin, shreddy, pulpy, and blackened edges,—the absence of any sign of disease, as inflammation, ulceration, or thickening in the mucous membranes; all these are circumstances which appear to point to this, as the true explanation. It is perhaps somewhat unusual to find the stomach thus extensively perforated from spontaneous causes in so young a subject, and admitting the correctness of this view, it appears to show that for the production of spontaneous perforation, it is by no means necessary that there should be food in the stomach, or that a meal should have been made shortly before death. Death was ascribed to congestive apoplexy, an opinion founded on the symptoms, coupled with the highly congested state of the brain and its membranes.

Pericarditis connected with Rheumatism.—Dr. Taylor relates a case of sub-acute rheumatism occurring in a female servant, twenty years of age, which became complicated with acute pericarditis. The rheumatism was of some duration when she came under his care at University College Hospital, on the 1st of January, 1839, and the pericardiac disease had already commenced, as evinced by sharp pain under the left breast, increased by a deep inspiration, by coughing, and on pressure; a sense of weight about the heart, and some palpitations, with a frequent pulse. Auscultation was not carefully practised; but the heart's impulse was increased, and then was a double morbid sound. The treatment consisted of venesection repeated thrice, the exhibition of a full dose of calomel and opium, followed by half-grain doses of tartarized antimony, every four hours. By these means the pain was diminished, and the other symptoms relieved, but on the ninth day after admission, the pain still continued. The pulse was 108; respiratory murmur rather puerile everywhere in the right lung; audible in the upper part of the left lung, but in the lower part almost or entirely wanting. There was not any other morbid respiratory sound. She was cupped on the left side to eighteen ounces, and calomel and tartarized antimony exhibited every four hours. The report the next day was, respiration audible in every part of the left lung; heart's impulse not very strong, less than it was; rhythm regular; a double morbid sound, like a rough friction-sound; the second the louder, most distinct about the junction of the fifth costal cartilage with the left border of the sternum; nearly as loud over the third rib, and audible, more or less, over the whole region of the heart. The second morbid sound heard but feebly, at the top of the sternum; a slight morbid sound in the neck; healthy sounds audible nowhere. A single rough bellows-sound, synchronous with the pulse, heard along each side of the vertebral column in the greater part of its length, but loudest on the right side, opposite the fifth and sixth dorsal spines. It was distinctly audible over the whole of the back part of the chest, even at the axillary borders of the scapulæ, and also in the lumbar region. *Percussion* yielded a dull sound over too great an extent in the situation of the heart, but a natural sound over both lungs; pulse 80, soft and regular; tongue furred, and rather black. A light tonic was soon after prescribed, and, the mouth having become sore, the patient's health somewhat improved; but when discharged, the impulse of the heart was still too strong and too extended; there was dulness on percussion as high as the third rib only; and scarcely a trace of morbid sound over the heart or along the sides of the spinal column. In some remarks appended to the history of this case, Dr. Taylor observes that the chest was not examined for some time after the patient's admission into the hospital, both from the non-suspicion of the existence of any serious disease, and from the presence of hysteria, but subsequent experience has taught him the importance of remembering that although hysteria may be proved to exist, it does not follow that it is the *sole* disease. Cases of this kind frequently present considerable difficulty in diagnosis. It is often easy to perceive, for example, that pain in the abdomen is neuralgic, because it is increased by the slightest touch of the skin; but this is sometimes accompanied by a deeper-seated pain, which may likewise be neuralgic, but which may also be *inflammatory;* and both the general and local symptoms are such, that the diagnosis may for some time be not a little embarrassing. The general symptoms of the pericarditis were, acute pain under the left breast, increased in respiration, by coughing, or by pressure; a sense of weight or oppression about the heart; and palpitations. The pulse was frequent, and the heat of the skin was somewhat increased, but these symptoms were not urgent, and did not excite much notice. The complication of the pericarditis with pleurisy was also suspected, but was not fully ascertained from the non-practice of percussion. On admission, the heart's impulse was increased, and there was a double morbid sound. This, in the course of ten days, was found to be less; and the sounds were more carefully noted, when the question presented itself—were these sounds the result of pericarditis or of valvular disease? The general symptoms not being such as to afford much assistance, the diagnosis rested chiefly on the physical signs. Now we find—1st. That the sound was double, continuous, and rough, but, as was noted at the time, it would be difficult to affirm that, considered in itself, and apart from its situation, extent, and duration, it could be distinguished from many valvular murmurs. 2nd. It was heard extensively, and loudest at first, where valvular sounds are seldom loudest, and afterwards changed its point of greatest intensity to opposite the third rib. This fact (not mentioned in the history, and the date of which is not mentioned at all) agreed best with the notion that the pericardium was the seat of the sound, and seemed to indicate either adhesion, or, more likely, greater serous effusion. 3rd. The morbid sound was very loud over the third rib, and scarcely audible at the top of the sternum,—a circumstance which could hardly occur in aortic valve disease. On these grounds it was concluded that the sound was pericarditic, and it would cease in a few weeks—a prediction which was verified by the event. The phenomena subsequently observed proved that there was pericarditis. On the 24th, the morbid sounds were much less intense, and there was a dull sound, on percussion, as high as the second rib. On the 30th, the increased impulse is again noted, and a dull sound, as high as the third rib only. Now the fact that the dulness on percussion in the cardiac region reached, on the 24th, as high as the second rib, is sufficient of itself, Dr. Taylor believes, in the absence of disease in the lung, to enable him to say that the pericardium contained a liquid, and, taken in connexion with the diminished extent of dulness a few days later, it must be admitted to be quite distinctive. The friction-sounds, although feebler, still existed on the 24th, proving that they may co-exist with a certain amount of serous effusion in the pericardium. The single murmur at the back of the chest is a very remarkable feature in this case. Did it originate in the aorta or in the pericardium? Dr. Taylor thinks in the latter, for the following reasons:—1st. It was loudest about the fifth and sixth vertebræ, and therefore opposite to the heart. 2nd. The great *transverse* extent of the sound, without any evidence of disease of the lung to conduct it. 3rd. Its diminution on the 24th, when the friction-sound diminished, and when there was evidence of increased serous effusion into the pericardium. 4th. Its cessation with the friction-sound on the 30th. If this view be correct, it is remarkable that this sound was *single*, whilst the sound in front was *double*. Perhaps the single sound depended on a fibrinous exudation on the posterior surface of the pericardium, so disposed as to occasion a friction chiefly with the ventricular systole; considered in itself the sound resembled that occurring in disease of the aorta much more than the rubbing sound of pericarditis; but, independently of the considerations adduced above, it may be presumed that it would have been less likely to cease in the former than in the latter case. Signs of enlargement of the heart remained when the patient was discharged.

Ligature of the External Iliac.—A case in which this operation was successfully performed is recorded by Dr. Duncan in *The Northern Journal of Medicine*. The patient was a man, thirty years of age, an American sailor, of a stout robust frame, and full habit of body. The disease commenced in consequence of making a violent effort while reefing a sail, and was of some months' duration when he was admitted into the Royal Infirmary in Edinburgh, at which time the tumour was rapidly increasing in size. It measured six inches in length, and extended from about an inch above Poupart's ligament downwards. It was somewhat irregular on its surface, in consequence of some enlarged glands lying over it. It felt pretty resisting at all points, except over its upper and anterior part, where it was more compressible and most prominent. It pulsated, when grasped, in all directions; but the pulsations were felt most distinctly over its upper and anterior part. Over the same part an indistinct bellows murmur was heard, more particularly when the thigh was flexed on the abdomen. When the limb was extended so as to make the fascia tense, the tumour diminished somewhat in size; and a certain diminution could likewise be effected by pressure, and likewise by compressing the abdominal aorta so as to suspend the pulsation in the swelling. The integuments over the tumour were free from discoloration, were per-

fectly lax, and could be moved freely over it. There was no œdema of the limbs, and no congestion of the superficial veins. After the requisite preliminary antiphlogistic treatment had been practised, the vessel was tied. The patient was laid resting rather on his left side, with the shoulders slightly elevated and the limb somewhat bent. An incision dividing the skin and superficial fascia was made, commencing about an inch above the middle of Poupart's ligament, and carried upwards for about three and a half inches, in such a direction as to be when it passed the anterior superior spinous process, about an inch or more internal to it. It was slightly curved, the concavity being towards the mesial line. The aponeurotic expansion of the external oblique, the internal oblique, and transversalis, were divided to the same extent. The fascia transversalis was next divided to the requisite extent, the peritoneum carried inwards, and the vessel exposed. The thin fascia covering the artery was divided to a very slight extent, and the needle carried around the artery, with its convexity towards the peritoneum, counter-pressure being made with the forefinger of the left hand. As a small filament of a nerve lay over the needle along with the artery, another needle was passed from within outwards, the first being retained to serve as a guide. The vessel was then compressed over the needle, and immediately the pulsation in the tumour ceased. The ligature was secured, one end being cut close to the knot. The securing the ligature was followed by immediate cessation of the pulsations, and collapse, to a certain extent, of the tumour. The wound was brought together by several points of suture, and lint wetted with cold water applied. The patient was laid in bed, with the limb slightly bent, and supported by pillows at the knee. The patient scarcely had a bad symptom afterwards, except that some excitement was caused by a crowd of students around his bed at the visit the day after the operation, which was removed by an opiate antimonial draught. He was also bled from the arm the same evening. The ligature came away on the twenty-second day.

[The following are the principal articles of interest to our readers in two numbers of the *Lancet*.]

Fracture of the Thigh-bone.—Mr. Prior has narrated the details of a severe compound transverse fracture of the femur with displacement, which occurred in the person of a young sailor, who had fallen from the maintop to the quarter deck, a height of from seventy-nine to eighty feet. The fracture was reduced by his fellows in bringing him ashore. There were other and numerous injuries inflicted by the fall, such as contusions and lacerations, so that the whole body was more or less ecchymosed. The consequent shock was very great, on recovering from which the limb was placed on the double-inclined plane, and treated in the usual manner. Mr. Prior abstained from bleeding at any period of the treatment. The principal symptoms which presented themselves afterwards were those of muscular irritability, which for a time was very troublesome. The wound was examined, for the first time, about three weeks after the accident, and was found to be nearly closed. The fracture apparatus was removed five weeks later, and the man was allowed to walk about on crutches. In another month he was dismissed, walking well, with the limb not perceptibly shortened. In another case which Mr. Prior saw occasionally only, but which was not under his care, the fracture was oblique, and extended nearly to the condyles. The patient was several years older than the other, and of an impatient, irritable habit, yet did not suffer so much from involuntary muscular action as the former. The limb was placed in the straight position, but union did not make progress. The end of the upper portion of the bone in about a month gradually diverged outwards, forced its way through the integuments, and thus made the injury a compound fracture of the worst description. Profuse suppuration ensued at the end of seven or eight weeks, and amputation was performed, the patient dying thirty hours after. In this case the constitution never recovered from the original shock.

Fracture of the Spine.—Mr. Prior gives at some length the particulars of a case in which fracture of the spine occurred as a consequence of a fall from a ladder—from a height of thirty-four feet. The patient, a bricklayer's labourer, fifty-four years of age, complained of excruciating pain in the spinal column, more particularly about the eleventh dorsal vertebræ, which on careful examination afforded a distinct crepitus from fracture of the spinous process; there was also great pain from the gentlest pressure in the two vertebræ immediately above. Besides other bruises and wounds of minor importance, there was a prominent elastic swelling on the left dorsum ilii. The respiration was oppressed; no pulse at the wrist; the man could not pass his water, and the lower limbs were paralysed as to motion, but not as to sensation. Stimuli and anodynes were exhibited, and the water drawn off by the catheter. Reaction occurred but slowly, but the man by the third day recovered sufficient expulsive power over the bladder, so as not to need the use of the catheter. He suffered much from excessive cramps in the limbs, and from some symptoms of paralysis of the intercostal muscles; he was also delirious for a short time. The treatment already mentioned was steadily pursued, and cathartics were exhibited when required. Under this plan the man improved somewhat, so as to be able to lie on the back, and shortly after to change to the right side, and even to rotate the lower limbs slightly. The integuments over the lower dorsal vertebræ were pustulated by the tartar-emetic ointment, after which he was cupped over the seat of the injury, and mercurial frictions used; a few days later an issue was formed on each side of the spine near the lumbar vertebræ. During this while the man may be said to have gradually but steadily improved. At the end of more than two months the loss of voluntary motion over the lower extremities in flexion and extension constituted the only unpromising symptoms, but as he can rotate them freely when extended, Mr. Prior thinks there is reason to hope for further amendment. The treatment already described is to be persisted in. Another case of fractured spine which occurred on board the Inconstant, is also recorded by Mr. Prior. The injury resulted from a fall of about seven feet, and was followed by considerable collapse. The spinous process of the tenth dorsal vertebra was fractured. The principal symptoms very nearly resembled those already recorded, but the recovery of the patient when discharged from the ship, three months after the accident, was more advanced than in the first case, he being able to move about tolerably well by means of a crutch and stick. In both these cases in all probability the spinous process was alone broken, although it is not impossible that the posterior arch was also splintered, and thus some degree of pressure caused on the spinal cord. It is, however, very unlikely from the symptoms which presented, that any serious injury was done to the body of any of the vertebræ, although in the first case there were one or two rather suspicious symptoms. Even the partial recovery which took place could scarcely have been anticipated, had the vertebral bodies been fractured.

Strychnine in Chorea.—Dr. Ross mentions two cases in which he employed this alkaloid successfully in the treatment of chorea. The remedy was given in small doses. It is, however, a very dangerous experiment, and should not be had recourse to, until other means of cure have failed.

Apoplexy a Cause of Sudden Death.—Mr. Semple narrates a case of exceedingly sudden death, in which the only morbid appearances detected, were congestion of the membranes of the brain, of the lung, liver, and kidneys. The heart and its valves were healthy. The patient was a gentleman, fifty-five years of age, about five feet ten inches high, stout, but not corpulent, with a rather short neck, of moderate and regular habits, and generally in the enjoyment of perfectly good health. He was not known to have experienced any premonitory symptoms.

Variola and Scarlatina.—Mr. Barnes gives the particulars of a case in which these two exanthems ran their course almost simultaneously.

ORIGINAL RESEARCHES ON THE FRONTAL SINUSES, WITH OBSERVATIONS ON THEIR BEARINGS ON THE DOGMAS OF PHRENOLOGY.

By SIR WILLIAM HAMILTON, Bart., F.R.S., Secretary to the Senate of the University of Cambridge.

(Concluded from page 179.)

By the kindness of Dr. Monro and Mr. Mackenzie I was permitted to examine all the crania in the public anatomical museum, and in the private collection of the professor; many were, for the first time, laid open for my inspection. I was thus enabled to institute an impartial induction. A random measurement of above thirty perfect crania (laying aside three skulls of old persons, in which the cavity of the sinus was almost entirely occupied by a pumicose deposit) gave the following average result: breadth, two inches four-tenths; height, one inch and nearly five-tenths; depth (taken like Dr. Monro), rather more than eight-tenths of an inch. What in this induction was probably accidental, the sinuses of the female crania exhibited an average, in all the three dimensions, almost absolutely equal to that of the male. The relative size was consequently greater.

Before the sinuses of the fifty crania of Dr. Spurzheim's collection (of which I am immediately to speak) were, with the sanction of Professor Jameson, laid open upon one side, I had measured their three dimensions by the probe. This certainly could not ascertain their full extent, as, among other impediments, the probe is arrested by the septa, which so frequently subdivide each sinus into lesser chambers; but the labour was not to be undergone a second time, especially as the proportional extent of these cavities is by relation to the phrenological organs articulately exhibited in the table. As it was, the average obtained by the probe is as follows:—In the thirty-six male crania (one could not be measured by the probe), the breadth was two inches and nearly four-tenths; the height, one inch and nearly three-tenths; the depth, rather more than one inch. In the twelve female crania (here, also, one could not be measured by the probe) the breadth was one inch and rather more than nine-tenths; the height, nearly one inch; the depth, within a trifle of nine-tenths.

I should notice that in all these measurements, the thickness of the external plate is included in the depth.

So true is the observation of Portal, that the "*frontal sinuses are much more extensive than is generally believed.*"

The collection of fifty crania, of which the average size of the frontal sinuses has been given above, and of which a detailed table of the impediment interposed by these cavities to phrenological observation now follows, was sent by M. Royer, of the Jardin des Plantes (probably by mistake), to the Royal Museum of Natural History in Edinburgh; the skulls, taken from the catacombs of Paris, having, under Dr. Spurzheim's inspection, been selected to illustrate the development of the various phrenological organs, which development is diligently marked on the several crania. Thus, though I have it in my power to afford a greatly more extensive table, the table of these fifty crania is, for the present purpose, sufficient. For—

1st, They constitute a complete and definite collection;

2nd, A collection authoritative in all points against the phrenologists;

3rd, One to which it can be objected by none, that it affords only a selected or partial induction in a question touching the frontal sinus;

4th, It is a collection patent to the examination of the whole world;

5th, In all the skulls a sinus has on one side been laid open to its full extent; the capacity of both is thus easily ascertained, and, at the same time with the size of the cavity, the thickness and salience of the external frontal table remains apparent.

In these circumstances it is to be observed—

In the *first* place, that, as already noticed, while the developments of all the crania have been carefully marked, the presence of the frontal sinuses has been signalised only in one skull (the male, No. 19, xiv), in which they are, however, greatly below even the average.

In the *second* place, that the extent of the sinus varies indeterminably from an affection of one to an affection of sixteen organs.

In the *third* place, in this induction of thirty-seven male and thirteen female crania, the average proportional extent of the sinuses is somewhat less in the female than in the male skulls; the sinus, in the former, covering 4·4, and affecting 1·2 organs; in the latter covering 5, and affecting 2·1 organs. This induction is, however, too limited, more especially in the female crania, to afford a determination of the point, even were it not at variance with other and more extensive observations.

In the *fourth* place, the male crania exhibit at once the largest and the smallest sinuses. The largest male sinus covers 12 and affects 4; whilst the largest female sinus covers 7, and affects 3 organs: whereas while the smallest male sinus affects only one, the smallest female sinus covers 2 organs.

In the *fifth* place, so far from supporting the phrenological assertion that the sinuses are only found, or only found in size, in the crania of the old, this their collection tends to prove the very reverse; for here we find about the smallest sinuses in the oldest heads.

TABLE exhibiting the variable extent and unappreciable impediment, in a phrenological relation, of the Frontal Sinuses; in a collection of fifty crania, selected, and their development marked, under the direction of Dr. Spurzheim.

Number of Skull, as hereinarranged, according to sex and age.	Number of skull, according to Spurzheim's fortuitous order.	Sex, as marked by Spurzheim.	Age, as inferred from teeth and other criteria.	Extent of Sinuses, as entirely or nearly *covering* (†), or as more or less *affecting* (*), the pretended phrenological organs, according to the late and latest numeration. (1)																
				20	21	22	2 19	24	1 19	23	25	L. 29	26	W. 29	27	30	31	28	32	7
				xxiii	xxiv	xxv	xxii	xxvii	xxx	xxvi	xxix	L. xxxiii	xxxi	W. xxxiii	xxviii	xxxiv	xxxv	xxxii	xx	ix
1	viii	Male	Young	†	†	†	†													
2	xii			†	†		†	*												
3	xiii			*																
4	xvi			†	†	†	†	†	†	†	†	†	†	†			*	*		*
5	xxvi			†	†	†	†	†	†	*		*	*							
6	xxxiv			†	†	†	†	†	†	†		*								
7	xxxvi			†	†	†	†	†	*	†	*	†								
8	xxxvii			†	†	†	†	†	*	†		*	*							
9	xli			†	†	†	†	*												
10	xxxv			†	†	†	†	†	†	†	†	†	†	†	†	*	*	*		* ?
11	xxxix		Young or Middle aged	†	†	†	†	*		*	*	*								
12	ii		Middle-aged	†	†	†	†	†		†	*	*								
13	iv			†	†	†	†	*						* ?						
14	v			†	†	†	†	†	* ?	†		*								
15	vi			†	†	†	†	*	* ?	†										
16	vii			†	†	†	†													
17	ix			†	†	†	†	*		†		*								
18	x			†	†	†	†	†	*	†		*								
19	xiv			†	†	†	†	*	*											
20	xvii			†	†	†	†	†		†		*								
21	xxi			†	†	†	†	*		*		*								
22	xxiii			†	†	*	†	*	*											
23	xxv			†	†	†	†	†	*	†		*	*							
24	xxvii			†	†	†	†	†	†	†	*	*	*							
25	xxviii			†	†	*	†	*												
26	xxix			†	†	†	†	*		†	†	*	*							
27	xxx			†	*															
28	xlii			†	†	†	†	†	*	†		*		*			* ?			
29	xliii			†	†	†	†	†		†	*		*							
30	xliv			†	†	†	†	†		†		*		*						
31	xlv			*	†	†	†	†	*											
32	xlvii			†	†	†	†	†	*	*										
33	xlviii			†	†	†	†	†	†	†	*	*	†			*	*	*		
34	xxii		Middle aged or Old	†	†	†	†	*												
35	xlix			*	*															
36	xxxiii			†	†	*	†													
37	l	Male	Old	†	†	†	*	*												
38	xv	Female	Young	†	†	†	†	†												
39	xxxii			†	†	†	†	†		†	*	*								
40	xxxviii		Young or Middle aged	†	†	†	*													
41	xi	Male?	Middle-aged	†	†	†	†													
42	xviii			†	†	†	†	†		†										
43	xix			†	†	†	†	†		*			*							
44	xxiv			†	†	†	†	*												
45	xxxi			†	†	†	†	†	†	†	*	*	*							
46	xl			†	†	†	†	*												
47	xlvi			†	†	†	†	†	*	†		*	*				*			
48	li	Female	Middle aged or Old	†	†		*													
49	xx			†	†	†				*										
50	iii		Old	†	†															

(1) The organs denoted by these numbers:—ix, 7, Constructiveness; xx, 32, Mirthfulness or Wit; xxii, 19 [2], Individuality, Lower Individuality; xxiii, 20, Configuration, Figure; xxiv, 21, Size; xxv, 22, Weight, Resistance; xxvi, 23, Colour; xxvii, 24, Locality; xxviii, 27, Calculation, Number; xxix, 25, Order; xxx, 19 [1], Eventuality, Upper Individuality; xxxi, 26, Time; xxxii, 28, Melody, Tune; xxxiii, 29, Language—this organ Gall divides into two, to wit, into the organ of Language and the organ of Words; xxxiv, 30, Comparison; xxxv, 31, Causality. The order of the numbers in this table was taken from that of a more extensive and general table; so that whilst here xx, 32, has not been affected at all, there it was affected more frequently than ix, 7.

ON INFANTICIDE.

By ORFILA.

(Translated for the Medical Times, by Dr. ROSENTHAL.)

In the month of January last I was requested by a professor at a medical school to give an opinion, as to whether it be possible to distinguish the ashes left behind by burnt wood, from those of a burnt new-born child. It seemed probable that a young female after having killed the child of which she had been lately delivered, had burnt the body by placing it on wood, ignited in a furnace, and it was supposed, that the judge commissioned to investigate the case would put to the medical witnesses the following question :—"Is it possible to ascertain whether ashes found in a furnace are derived from the combustion of an infant?" The day after receiving the above question I answered to the effect, that it was an easy matter to resolve the problem proposed. The ashes of a fœtus, on being calcined with potassa, ought to yield cyanide of potassium ; whereas the mere wood ashes, on being treated with the alkali, furnish no trace of the cyanide. This question being of some interest, I undertook a series of experiments, which will constitute the subject of the following memoir : the results of my labour, while more than sufficient to resolve the problem in question, may, perhaps, be useful some day in elucidating a question of a similar kind to that addressed, in 1840, to my honoured friend, Ollivier (d'Angers)—I think I ought first to state the case described by this experimentalist, as it will make known the present state of science on this point.

CASE OF M. OLLIVIER (D'ANGERS.)

The female L. states that she was in the sixth or seventh month of her pregnancy, when on a sudden, towards midnight, she was seized with labour-pains, and having no notion of the cause of her sufferings, she rose to satisfy a call of nature. Immediately, however, the head of a child, giving no signs of life, was expelled. She divided the umbilical cord, and the delivery became gradually complete. According to the statement of the woman L. the labour and act of parturition lasted only a quarter of an hour. After having wrapped the infant in linen, she concealed it under a mattress. Feeling convinced that her pregnancy was unsuspected, she intended to destroy the body, and contrived to burn it, so as not to leave any traces behind. After having kindled a strong fire in her room, she put the body on the burning mass, which she maintained in a continual state of ignition. She believes that about four hours were required entirely to consume the body. She was not aware that, mixed with the ashes, numerous particles of partially incinerated bones were left.

M. Freyssinaud, the judge in this case, asked the opinion of M. Ollivier (d'Angers) and Dr. Evrat, and sent to them, besides other matters, a vessel containing five killogrammes (ten pounds) of ashes, partly in a humid state. It appeared by a simple inspection, that the bony *residuary mass*, which was mixed with the ashes, was extremely brittle, being generally *almost completely calcined*. The experimentalists thought at first that these fragments could easily be separated by a sieve ; but owing to their great brittleness, it was necessary to abandon this means of separation. To avoid destroying entirely the bones remaining, the nature of which it was important properly to ascertain, it became necessary to employ delicate forceps to remove the fragments singly.

The conclusions given in the report were as follow :—

1. The bones, the fragments of which have been examined by us, evidently belong to a human fœtus.

2. After having compared several of these bones with one another, and with those of other fœtal skeletons, we think we are warranted in maintaining that the infant, of which the female L. was delivered, was a mature one.

3. Several bones of the woman L.'s child, on being compared with similar ones of other skeletons of the same age, were found to be in such proportion as to induce us to suppose that this infant was very large.—(*Annales d'Hygiène*, vol. xxvii. p. 350.)

As in the above case incineration was not persisted in to its utmost extent, the problem now before us is left considerably untouched. Not only could the fragments of bones, mixed with the ashes, be recognised, but it was likewise possible to determine that they were the bones of a fœtus, and even to ascertain its age. This would not have been the case, of course, if the calcination had reached a higher degree, and had changed the osseous fragments to such an extent as to convert them into a coarse powder. I must add, that this is the common case, for when I burnt bodies of mature infants, I obtained with the ashes fragments of bone of greater or less size, but generally of such small dimensions, that in most instances it was difficult to say to which particular bone they belonged. The question to be discussed for the present applies, therefore, only to cases in which the fragments cannot be recognised, either because the calcination has reached a high degree, or because the ashes have been triturated in such a manner as to furnish an almost homogeneous powder.

Experiment 1.—I calcined blood until it was reduced to ashes; four grammes of which, after being treated with boiling water, furnished a *solution*, which on being mixed with sulphate of iron, even when acidulated by hydrochloric acid, did not give the slightest trace of *prussian blue*. If 4 grammes of these ashes be calcined with 50 centigrammes of pure potash, and then boiled with water, the solution acidulated, filtered, and acted on by the same reagents, furnishes a perceptible quantity of prussian blue.

Experiment 2.—The above ashes calcined for two hours without an addition of potash, until incinerated as completely as possible, and treated with boiling water, produced the same effect as the foregoing. If 4 grammes of the same ash be calcined with 50 centigrammes of pure potash, and the product dissolved in water, acidulated with hydrochloric acid, and treated with sulphate of iron, a considerably less quantity of prussian blue is given than that of the foregoing experiment.

Experiment 3.—A fœtus of 7 months was burnt, the ash was of a gray colour, and contained fragments of bones of a white colour.

Examination of the Bones.—After having reduced them to powder, 5-6ths of the whole were mixed with 2 grammes of concentrated and pure sulphuric acid, a small quantity of *sulphuretted hydrogen* was soon disengaged, which could be recognised by the odour it diffused, and its action on white paper, impregnated with acetate of lead, which was turned brown. Three days after, the action on the bones by acid being ended, the mixture was boiled with distilled water for one hour; the liquid when filtered was of an acid reaction, and contained biphosphate of lime ; the precipitate thrown down by pure ammonia was white, and the liquid, after being evaporated to dryness, and mixed with charcoal, yielded phosphorus, when heated to redness.

Examination of the Gray Ash.—2·6 grammes of this ash, after being boiled with distilled water, and treated with sulphate of iron, gave no prussian blue. The same quantity of ash, on being calcined with 0·3 grammes of pure potassa, and dissolved in boiling water, gave a colourless and limpid fluid; this fluid after having been filtered and acidulated with hydrochloric acid, on the addition of a few drops of a solution of sulphate of iron, yielded a greenish blue colour, without any turbidness, and on the following day a small quantity of prussian blue was deposited. If a very small proportion of animal ash be calcined with potassa, the mass dissolved in boiling water, and then acidulated with hydrochloric acid, it frequently happens that the liquid thus obtained, on being treated with sulphate of iron, is not rendered turbid at first, but generally becomes yellowish; some hours afterwards, however, it acquires a green colour, without ceasing to be transparent; finally, it turns blue, and is opaque, throwing down after twenty or thirty hours a precipitate of cyanide of iron (prussian blue). By treating 2·6 grammes of the same gray ash with 1 gramme of pure sulphuric acid, sulphuretted hydrogen gas was disengaged; after remaining in contact for three days, the mixture was boiled with distilled water, when a liquid was obtained which reddened litmus paper, and contained biphosphate of lime: by pure ammonia phosphate of lime was thrown down.

Experiment 4.—I burnt a mature fœtus, the gray ash mixed with osseous fragments was reduced to powder, one half of this powder weighing 4·7 grammes, on being treated with the sulphate of iron, produced the same effect as the gray ash in experiment 3, except that a more copious precipitate of prussian blue was obtained. The remaining portion being treated with 2 grammes of pure sulphuric acid caused sulphuretted hydrogen gas to be disengaged; after having remained in contact for three days, the mixture treated with boiling distilled water, yielded a liquid reddening litmus paper, and containing biphosphate of lime.

Experiment 5.—The same experiment repeated with 5 grammes of gray ash, mixed with bones obtained by burning a fœtus of eight months, and treated with sulphate of iron, and sulphuretted hydrogen gas, gave exactly similar results.

Experiment 6.—I treated 40 grammes of oak-ashes with boiling water, that is to say, a quantity eight or ten times greater than the animal-ash I before experimented on. The solution was alkaline, restoring the *blue colour* to litmus paper reddened by acids; it precipitated the sulphate of iron of a green colour, and hydrochloric acid dissolved the precipitated oxide without leaving the slightest trace of prussian blue. After calcining 40 grammes of the same ash with 4 grammes of pure potassa for one hour in a *covered* crucible, and boiling the residue with distilled water, an alkaline *liquid* was obtained, which threw down the sulphate of iron with a deep green colour; but the precipitated oxides of iron being instantly dissolved by hydrochloric acid, left *behind no atom of prussian blue*. 40 grammes of the same ash mixed with 16 grammes of pure sulphuric acid gave *no trace of sulphuretted hydrogen gas*; after having been left in contact for three days, the mixture was treated for one hour with boiling water. The liquid, *instead of being of an acid reaction*, as was the case in experiments 3, 4, and 5, was alkaline, restoring the *blue* colour to litmus paper reddened by acids; and was not precipitated by pure ammonia.

Experiment 7.—The last-mentioned experiment being repeated with a similar quantity of ash, obtained from the charcoal used in the laboratory, on being treated with water, sulphate of iron and pure sulphuric acid acted like the foregoing.

Experiment 8.—I repeatedly calcined charcoal from the oak, fir, &c., with potassa, *in open crucibles*, and obtained invariably the same results.

Experiment 9.—I treated with boiling water 40 grammes of the ash of vine twigs; the solution was alkaline, and when, after being acidulated with hydrochloric acid, it was mixed with *sulphate of iron*, no prussian blue was obtained. The same quantity of ash calcined in a *porcelain crucible* for one hour, and then treated with boiling water, gave a *solution*, which being acidulated, and mixed with sulphate of iron, yielded no prussian blue. When, however, it was calcined in a *hessian crucible*, and the aqueous solution obtained by boiling was acidulated with hydrochloric acid, and mixed with *sulphate of iron*, a slight green precipitate was thrown down, very different from prussian blue, and probably formed of silicate of iron. It is important not to confound deposits of the latter kind with prussian blue, which is well characterised by its colour and other properties. 40 grammes of the same ash mixed with 16 grammes of pure concentrated sulphuric acid, gave off a small quantity of sulphuretted hydrogen gas, and being allowed to stand for three days, and then boiled with distilled water, the solution thus obtained was of a slightly acid reaction, and was slowly precipitated by ammonia.

Experiment 10.—25 grammes of rhamnus frangula (bois de bourdaine) were calcinated with potassa, and the mass left behind was boiled with distilled water. The filtered liquid, on being acidulated with hydrochloric acid, and mixed with sulphate of iron, yielded no prussian blue. 25 grammes treated with 10 grammes of pure concentrated sulphuric acid, after having been in contact for three days, was boiled with distilled water, and furnished a solution with *scarcely* a trace of an *acid reaction*, and from which, by pure ammonia, no sensible quantity of phosphate of lime could be precipitated. By treating this ash with sulphuric acid, no sulphuretted hydrogen gas was disengaged.

Experiment 11.—150 grammes of turf ashes being continued with pure potash, yielded a product,

which, treated with distilled water, acidulated by hydrochloric acid, and mixed with sulphate of iron, gave no prussian blue. The same quantity of ash mixed with 60 grammes of sulphuric acid, disengaged no perceptible quantity of sulphuretted hydrogen gas. After a contact of three days, and boiling with distilled water, the filtered liquid was found to be *highly alkaline*, and treated by carbonate of ammonia threw down no precipitate.

Experiment 12.—50 grammes of peat ashes (mottes à bruler) were calcined with potassa, and the product obtained boiled with distilled water; the solution filtered, acidulated with hydrochloric acid, and mixed with sulphate of iron, yielded no prussian blue. The same quantity of ash after being in contact for three days with 20 grammes of pure sulphuric acid, disengaged scarcely any sulphuretted hydrogen; by treating with boiling water, a *solution* was obtained of a distinctly *alkaline* reaction, which by contact with ammonia, threw down no precipitate.

Experiment 13.—150 grammes of coke ashes were calcined with potassa, and the residue boiled with distilled water; the acidulated solution mixed with sulphate of iron, yielded no prussian blue. An equal quantity of the same ash, mixed with 60 grammes of pure sulphuric acid, disengaged a considerable quantity of sulphuretted hydrogen gas; after having been allowed to stand for three days, it was boiled with water; the solution obtained was of a *highly acid* reaction, and being treated with pure (not carbonated) ammonia threw down an *abundant* precipitate.

Experiment 14.—150 grammes of coal ashes (houille, pit-coal) were calcined with potassa, and the residue boiled with distilled water for a quarter of an hour, the solution acidulated with hydrochloric acid, and treated with sulphate of iron, yielded a small quantity of prussian blue. A similar quantity of ash, decomposed by 60 grammes of pure sulphuric acid, disengaged a considerable quantity of sulphuretted hydrogen; and when, after having been allowed to stand for three days, the mass was boiled with distilled water, a solution was obtained of a highly *acid reaction*, containing a *large quantity* of phosphate of lime and sulphate of iron.

Experiment 15.—40 grammes of ash taken from a fire-place in which wood was burnt with coke, were calcined with potassa, and the residue boiled with distilled water; on adding to the *solution* thus obtained sulphate of iron, a *scarcely perceptible precipitate* was thrown down.[1] 16 grammes of pure sulphuric acid being thrown on 40 grammes of the same ash, scarcely any sulphuretted hydrogen gas was disengaged; after boiling the mixture with distilled water, the solution was found to be of an acid reaction, and phosphate of lime was precipitated by ammonia.

Experiment 16.—40 grammes of ash, taken from a fire-place, on which *wood is burnt*, but into which *rags, bones, and fragments of meat* are thrown, on being treated to redness with potassa, left behind a mass, which, after being dissolved in boiling water, acidulated with hydrochloric acid, and, treated with sulphate of iron, yielded a little prussian blue. 16 grammes of pure sulphuric acid being thrown on 40 grammes of the same ash, disengaged a small quantity of sulphuretted hydrogen; the mixture, having been allowed to stand for three days, was boiled with distilled water; a liquid was thus obtained of a slightly acid reaction, from which, by ammonia, rather a copious precipitate of phosphate of lime was thrown down.

Conclusions.

1. When the ash of a fœtus is not mixed with fragments of bones, which can at one glance be distinguished from other ashes, it may be recognised by the following characters:—*a*. If it is calcined with potassa in a porcelain crucible, either open or closed, cyanide of potassium is obtained, even though a very strong and long-continued heat be applied during the operation; on boiling the product obtained by the action of the alkali with distilled water, and treating this solution with sulphate of iron, a dirty green precipitate is thrown down (cyanide of iron and ferroso-ferric oxide); this precipitate disappears almost entirely by an addition of hydrochloric acid, which dissolves the ferroso-ferric oxide, and leaves behind the cyanide of iron (prussian blue); sometimes the quantity of the latter body is so small that it is not deposited before the expiration of twenty-four or forty-eight hours. *b*. By treating the ash of a fœtus with two-fifths of its weight of pure and concentrated sulphuric acid, sulphuretted hydrogen gas is invariably disengaged; hence white paper, impregnated with acetate of lead, being held over the vessel in which the experiment is made, becomes immediately brown or black. The ash of the fœtus being allowed to stand with sulphuric acid for three days, and then boiled with distilled water for a quarter of an hour, the solution is *invariably of an acid reaction*, strongly reddening litmus paper. *c*. This solution invariably contains biphosphate of lime, and, consequently, if treated with ammonia (not the carbonate), precipitates a considerable quantity of phosphate of lime.

2. The ash of *charcoal of the oak or fir tree*, calcined with potassa in a porcelain crucible, either open or closed, contains no cyanide of potassium, and on being treated with two-fifths of pure and concentrated sulphuric acid, disengages no sulphuretted hydrogen gas; and on allowing this mixture to stand for three days, and boiling with distilled water, the solution is *invariably of an alkaline reaction*, restoring the blue colour to paper reddened by acids; finally, by ammonia (not the carbonate) no precipitate of phosphate of lime is thrown down.

The above differences between the two sorts of ashes are so characteristic and decided, that they may be found even in a quantity similar to that employed above, which is eight or ten times greater than the ash of a fœtus. It will, therefore, be easy to distinguish these two sorts of ashes from one another. And if a mixture of ashes of the oak or fir tree with those of a fœtus are delivered for examination, the experimentalist will easily discover that it is not wood ash alone with which he has to deal.

3. The ashes of peat act like those of wood, except that, by a treatment with pure sulphuric acid, traces of sulphuretted hydrogen are disengaged.

The ash of rhamnus frangula (bourdaine) being treated with potassa, yielded no cyanide of potassium, but mixed with pure sulphuric acid a scarcely perceptible amount of biphosphate of lime was obtained, and no sulphuretted hydrogen was disengaged.

5. The ash of vine twigs acted like the foregoing, except that a few atoms of sulphuretted hydrogen were disengaged.[1]

6. The ash derived from coke gave no cyanide of potassium, but it yielded a considerable quantity of phosphate of lime, with a copious disengagement of sulphuretted hydrogen gas.

7. The ash of the oak and fir tree, mixed with ashes of coke and remnants of animal matters, acted nearly like the ashes of a fœtus, except that they furnish a great deal more prussian blue, sulphuretted hydrogen, and phosphate of lime.

8. The ash of (pit) *coal* offers the same reactions as the foregoing, except that it gives a small quantity of prussian blue.

9. The ash of *turf* gave neither cyanide of potassium nor biphosphate of lime; but it disengaged a perceptible quantity of sulphuretted hydrogen, when treated with pure sulphuric acid.

10. It follows from the above statements that the experimentalist should be extremely cautious in giving an opinion on the nature of ashes, if he could not ascertain whether the fœtus was burned with wood of either the *oak or fir tree*, or *such other kinds* as contain neither nitrogen nor sulphur, as other combustibles might have been employed, which, if not with all, yet with some of the above reagents, produce the same effects as the ashes of animal matter.—*Annales d'Hygiène Publique*, July, 1845.

[1] It clearly appears that the small quantity of prussian blue is owing to some fragments of bones, or other animal matters, which might have been thrown into the fire.

[1] The difference observed between the ash of the vine-twigs and that of the above kinds of wood may be owing to the nature of the manure employed in vine plantations. With reference to the sulphuretted hydrogen, it is evident that it will be disengaged, whenever the charcoal yielding the ash contains one or several sulphates, susceptible of being converted by the charcoal into sulphurets.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers who are in arrear since Midsummer, are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared us. Our rule is to be paid in advance.*

W. M.—*We recommend our correspondent, who is very properly desirous of becoming a Fellow of the New College of General Practitioners, to enrol his name immediately as a Member of the National Association.*

A Constant Reader, *Dublin.—A few copies, from the commencement, of the Pharmaceutical Number remain. If our correspondent wish to complete his set up to the present period, we advise an early application.*

R. P., *Leeds.—The Pharmaceutical volume will extend to twenty-four numbers, one of which is published on the first of every month. Fifteen Numbers have been already published.*

Maritus *will find an answer to his first question in one of our Pharmaceutical Numbers already published; we are unable at the moment to indicate the precise number. An explanation of his second question would be clearly unfitted to our columns.*

A Young Surgeon and Apothecary.—*We believe all English diplomas to be recognised in the United States. Each state, however, has its own peculiar laws on the subject; and in some, considerable changes have recently taken place in medical legislation. We should, therefore, recommend our correspondent not to decide without a serious consideration of the subject, and an inquiry into the changes to which we have alluded. All sound knowledge finds a ready market in America, and a market certainly not so much overstocked as our own. Accoucheurs can never be dispensed with in any civilised country.*

A Subscriber, Nottingham.—*Many thanks for the donation. The amount received will, at the termination of a reasonable period, be announced by the committee, as one or more prizes to be competed for by the profession generally of the United Kingdom. For the present, gentlemen are requested to forward any remittance, by post-office order, to the Treasurers, W. Griffith, Esq., Lower Belgrave-street, Pimlico, and R. B. Knowles, Esq., 59, Arlington-street, Camden-town; to the Honorary Secretaries, W. B. Costello, Esq., M.D., Golden-square, and Wyke House, Brentford, and J. Foote, Esq., Tavistock-street, Covent-garden; to Mr. Baillière, the Medical Bookseller, Regent-street; Mr. Renshaw, the Medical Publisher, Strand; or to the Publisher of the* Medical Times, 49, *Essex-street, Strand.*

We have received a copy of the Montrose Standard, *in which a communication from* "our London Correspondent" *suffices to prove the extreme ignorance of the writer on a topic he has chosen very largely to dilate on—viz., medical polity.* Our London Correspondent *has evidently not read the* Medical Times *he criticises, or he would not have prosed on the timidity with which medical journals express themselves on the different phases of Sir James Graham's Bill.*

The Case of Poisoning, *sent by* Mr. Thomas, *shall be inserted in an early number. He has our thanks for his suggestion.—The uncommon medico-legal case of Mr. Hunter Lane shall appear next week.—Papers by Mr. H. W.—Clito.—Medicus.—A Constant Reader, Bath.—Inquirer.—A Friend to the* Medical Times.—*M. D. declined—Several other communications have been received, which are under consideration.*

F. B.—*Conflicting statements have been made on the use of Mesmerism as a medical agent, it is supposed to be most effective in nervous maladies, in reference to which it is said to have a very similar agency to Indian hemp, aconite, &c. We have no personal experience on the subject, but are disposed, at least till it be further investigated, not to treat the matter with any show of intolerance. F. B. must be referred to the Zoist for the further information he seeks. There are, in* vol. vi. *of the* Medical Times, *records of some medical cases by Dr. Elliotson, in which Mesmerism was the agent used.*

X. Y.—*It is our rule to let all parties, as far as we know how, have fair play. We have no*

interest in the discussion, save that of letting the best horse win.

G. B. Z.—*The College of Surgeons require no apprenticeship, and consequently no indentures. The Apothecaries' Society have no power, under their act, of dispensing with indentures. We know that, in special cases, they venture to stretch their courtesy very considerably, but the case of G. B. Z. is, we fear, beyond their power.*

C.—*The University of Edinburgh is in a worse plight than O. P. Q. paints it, if C.'s advocacy would benefit it.*

"Non tali auxilio, nec defensoribus istis
Tempus eget."

Whoever be O. P. Q., his personality has nothing to do with the question which is, "Has the system pursued by the university and its rulers, as developed in the works of its teachers, tended to do for Science all that should have been done?" C. is quite out on this question. We leave the defence, therefore, in the more prudent hands of Dr. Lewins.

We regret that an accidental circumstance has postponed until next week the continuation of Dr Clay's paper on Asphyxia, and the paper on Mesmerism by Dr. Warenne, which are in type.

THE MEDICAL TIMES.

SATURDAY, AUGUST 9, 1845.

Trembling, hoping, lingering, flying,
Oh! the pain, the bliss of dying!—POPE.

A HUNDRED respectable practitioners met during the last week, at Sheffield, to discharge, for the Provincial Medical and Surgical Association, at an important moment, the accumulated arrears of a year's business. Two days (besides a journey) did those estimable gentlemen give to public business: for forty-eight hours did they, unflaggingly for the Profession, speak, write, discuss, form committees, give reports, and eat dinners; and yet the great aggregate result suggests, as a natural query, what was the meeting for? Why was it held? What has it done? The Association's use has certainly undergone a sad ordeal in this annual meeting of 1845. Some huge want seems revealed, when the great event of a twelvemonth's history offers so little of actual doing. From the labour of so stupendous a mass, people expected a more important birth.

In the Sheffield papers and columns of our respected cotemporary, the "Provincial Medical and Surgical Journal," we find an able digest of the two days' proceedings. Let us briefly narrate the principal points.

The president-elect, Dr. C. Thompson, of Sheffield, having declined, from a medico-political difference of opinion, to fill his chair, had a substitute elected in Dr. Favell; and the last year's president and his successor delivered the short valedictory and introductory addresses suited to their respective positions. The Council's report followed, touching receipts and expenditure, increase of members, benevolent fund, medical reform, and poor-law. It was noticed that Dr. Green, who had been awarded £516 11s. 4d. for losses sustained by his connection with the Association's Journal, should be paid by five-shilling subscriptions; a committee was named to give an opinion on medical reform; thanks were voted mutually, additions made to the committee, fruitless discussions on an increase to the benevolent fund indulged in, and a case of medical practice read. So ended the first meeting of the morning.

In the evening a report, showing the Association's inefficiency as a medical board of benevolence, was read; a long proposition submitted on a new annuity fund, and a retrospective address on surgery, delivered by Mr. Teale. The evening finished with the view of a *time*-honoured "*reflector*" adapted to the speculum—an ingenious invention, no doubt.

On the second day some discussions occurred on the subscriptions for Dr. Green's repayment, a retrospective address was delivered on medicine by Dr. Charlton, and a resolution taken that that everlasting bone of contention, the Journal, should be continued another twelve months. Brief reports were read, showing that the scheme for the school of medical men's sons was not progressing satisfactorily, and that Sir James Graham's future bill should contain two or three reasonable points of medical reform. Three or four papers were read on medical subjects; as many announced as received; and, with some formal thanks and arrangements for a meeting next year at Norwich, the business ended. A dinner followed, marked by the usual loyal and amiable toasts, and so ended a great annual meeting formed of medical men travelling from all parts of England!

Now, we are not disposed to deny that the Provincial Association has done good, or that, with the management that befits it, it might not do more. Composed of worthy and respectable men, as a body, its managers are practitioners animated with the purest intentions to serve their brethren; but we venture to think that, by one false step after another, they have got their Association into that pass in which they cannot longer, without a large change, work it either efficiently, or satisfactorily, or usefully. In every aspect in which it can be viewed—under every form under which it was originated—it stands out a complete and helpless failure. As a scientific society for the promotion of high professional knowledge, it is not worth a report. As a joint-stock publishing society, it is equally imperfect and unsatisfactory. As a political organ, its power and influence have completely gone. As a medical benevolent society it has signally and lamentably failed. As the originator of a system of medical schools for the sons of medical men, it unfortunately threatens to be not less unsuccessful. These are strong sentences, but they are still but the sentences of "soberness and truth." An association, in the annual receipt of £2000, assumes credit to itself for devoting "*not less* than £220" to distressed medical men during a year when the claims have been "unusually numerous and pressing;" and for the next year it has not a farthing for eleemosynary needs, save what may be furnished by voluntary donations forwarded in *addition* to the usual annual subscription! So much for the Provincial Association as a society for the relief of its more indigent members.

Why debate on its inefficiency as a political engine? Why has the National Association reached its 5000 members, and been treated with by Government as the only association representing the Profession, but simply because the Provincial Association, at the most critical period of our history, abdicated its functions as a medico-political body, showing itself either ingloriously mute or ambiguously laconic? At this instant the Association is a political nullity. It is followed by nobody, feared by nobody, looked up to by nobody. The colleges have forgotten, and Sir James Graham has never heard of, its existence! Why is this?—why is it that an Association which should have enlisted under its banner all those who are now enrolled on the books of a society of yesterday, which should stand before Government as a great regulating power, and time-honoured representative of the Profession—why is it, in the very moment when it should be everything, that it has thus become a political nonentity? The answer is easy. The energies of the Association have been frittered away in too many objects; ends positively incompatible have been sought. It has been turned into a mercantile confederacy, subjected to all the exigencies of a trading firm—the question of profit or loss—increase of members or bankruptcy—coming into consideration on every question of professional right or sound policy. Its ruling managers, having to keep together, *quocunque modo*, a large body of members, for the sake of revenue, are compelled to place principle under the dominion of money. They have so fixed their body, that it cannot safely speak out frankly or act decisively. How can they, when, if an honest opinion were not well received, the Worcester Council would have to be gazetted as unsuccessful traders!

With regret we say it, but the necessity of duty compels us to declare, that the Sheffield annual meeting was emphatically what the Duke of Wellington called all such affairs—a farce. It was only not ridiculous, because it was lamentable. Why were 100 men dragged from their far homes and useful occupations to be told, "We are an Association for promoting Medical Reform; but we cannot express a bold and decisive opinion, or sustain with influence a respectable and effective policy! We are a joint-stock publishing society, but we must curtail the expenses of our only two publications! We have engaged ourselves to support schools for the sons of medical men, but we have nothing for the object, and voluntary subscriptions will not do! We are a Benevolent Association, in receipt of £2000 a-year, but we cannot afford to give a single £100, nay, a single farthing, during the coming year for an eleemosynary purpose! Even a debt of £500, that we unwittingly incurred as publishers and booksellers, must be raised in pittances of five shillings by subscriptions per member, or not paid at all!" These are the startling confessions of a great medical confederacy, that, with a more courageous, and straightforward, and generous management, might by this time have wielded the whole power of the Medical Profession—these the tremendous shortcomings of what should be a vast medico-political engine, all influential in the impending reorganisation of the Profession! Beyond the things told of in this sad summary—this autographic indictment—the

annual meeting's doings consisted of *nothings*—emphatically nothings—for what else to a Profession in the position of ours are votes of thanks, tenders of mutual compliments, and cheerings of loyal toasts? The amount of mutual admiration expressed was indeed edifying. The meeting seemed like the anniversary of a society founded for the promotion of mutual admiration: the extent in which this exhilarating commodity was dispensed at the meeting was much in the proportion of which its want is likely to be in other quarters.

Let us say to the respectable secretary, Dr. Streeten (who, like all connected with the Association, gives great toil and labour for small payment), and to the very able president of the Worcester Council, Dr. Hastings, that they cannot too soon resolve on an effective change. This annual meeting has demonstrated that they have too many irons in the fire, and that some of the best of them are growing cold. A great political power they may be, compatibly with making provision for their own misfortune-stricken brethren, but not compatibly with the support of a journal, which requires them to devote about a fourth of their funds—nearly £500 per annum—in payment of government duties alone. To *give away* so large a sum is monstrous; and it might well be thought on, whether the whole amount, inclusive of this waste, spent about the Journal, could not be far better employed in some other manner. A known organ to a political party, written by its chiefs, and for whose every word, act, or omission of word or act, a large Association with discordant elements is directly, and in so many words answerable, seems to us the greatest nuisance a political organisation can be cursed with. If *not* plain-spoken, decided, and fearless, it is a contemptible rag; if the contrary, it must ruin the Association. Appearing weekly, its ominous silence at a critical moment confounds and disappoints; its "shilly-shallying" ambiguity disgusts, or its premature decisiveness divides! It puts the Association in a false and perilous position, and is clearly incompatible with full deliberation or fixed action. It does not allow the society that full freedom, that perfect play of its mechanism, necessary to large and prudent action. It cuts off a hundred aids, and precludes a thousand precautions.

But it is said, without the Journal we lose members. If that be the tenure on which the Association hold its subscribers, how deservedly powerless is it as a political or professional engine? If true, there never was a medico-political union supported on so hollow a foundation. The fact would imply a strange insult to the public spirit of the members or the worth of the Association. For ourselves, we donot believe it.

It is, perhaps, as well to make what is, after all, a needless assurance, that we possess no interest in this matter but a public one. The *Provincial Journal* does the *Medical Times* no harm, but rather a service. It may excite, but cannot satisfy, a taste for journalism. It is a matter of fact that its readers invariably subscribe to other medical periodicals, and we know that our own circulation among them is as great proportionally as among other divisions of the Profession. Our anxiety is that the vast utilities of an influential Association should not lose themselves in paltry pecuniary matters below its care; that the position of governing influence and power, known to it in days of yore, should be reassumed through a more effective and simple organisation, and that concurring, or, better still, coalescing with the National Association, it should give the Profession the only circumstance now wanting to to secure it that happy and important change which the ruling managers of both societies have so earnestly at heart.

SANATORY CONDITION OF THE PEOPLE.

Our readers will recollect that, in concluding a series of analyses of the evidence laid before the Health Commission by physicians and surgeons resident in London, and conversant with its sanatory state, we promised to give early notice of any proceedings in Parliament bearing on the subject. With the exception of a few questions put from time to time in either House, little has transpired, and nothing has been done, till a few days since the Government fulfilled its pledge by bringing in a sanatory measure, which now lies on our table. It was ordered to be read a first time, but will not be proceeded with any further till early in the next session of Parliament, when, as we sincerely hope, it will meet with no opposition, though we think it admits of material improvement. It is entitled "A Bill for the Improvement of the Sewerage and Drainage of Towns and Populous Districts, and for making Provision for an ample Supply of Water, and for otherwise promoting the Health and Convenience of the Inhabitants."

The preamble of the bill sets forth that the sewerage and drainage of the towns and populous districts of the realm, and the supply of water for the domestic use of the inhabitants, and for the due cleansing of drains, are extremely defective, or utterly neglected, especially in the districts chiefly inhabited by the poorer classes, whereby excessive disease and great mortality have been occasioned; and that the general laws in force are wholly insufficient for the remedy of so great a mischief, and the like defects, for the most part, exist in the power of trustees acting under the authority of divers local acts.

As a remedy for these evils, the bill empowers one of her Majesty's principal Secretaries of State to nominate inspectors of competent skill and science, who, previously to the making of an order in Council for enforcing the provisions of the act, shall be directed to visit and report on the state of any town or district, particularly in respect to the state of the drainage thereof, the quantity and quality of the water supplied to the inhabitants, the average amount of mortality among the population, and generally on the sanatory condition of such town or district, and on any other matters or things which may be deemed necessary and proper for the purpose of enabling her Majesty to judge of the necessity and expediency of ordering the provisions of this act to be in force within any such town or district. The inspector shall also, if required, describe and mark down on a plan the boundaries of the town or district, and if the town contain more than 10,000 inhabitants, divide it into wards, of which he shall also describe and define the limits, and assign to each ward the number of *commissioners*.

These commissioners, whose duty it is, subject to the surveillance, direction, and approval of the inspector, to carry the provisions of the act into play, are to be designated "The Commissioners for Water and Sewers for ——"

The Report of the Inspectors having been submitted to her Majesty in Council, it shall be lawful for her Majesty to direct, by an order in Council, that, at or from a time named in the order, the provisions of the act shall be in full force and operation in the town or district in question.

In addition to the inspectors and commissioners of water and sewers, two other officers are created by the act—a medical officer of health, and an inspector of nuisances.

The first 110 clauses of the bill are chiefly taken up with defining and limiting the powers of the commissioners, prescribing the mode of election, the qualifications of electors, and other matters of little interest to the general reader, and of course differing little from the machinery of other bills of a similar nature. The duties and powers of inspectors are also further described.

From the succeeding clauses we learn that the commissioners are to be surveyors of highways, to have the management and control of all streets in their town or district, with power to level and pave, to create public highways, to fence footways, to make and alter sewers, remove obstructions to efficient drainage, to construct house-drains, to cause gully-holes to be trapped, and drains, privies and cesspools to be kept in good order, to cause streets to be cleansed, and dust and ashes to be removed from the houses, to abate nuisances, to form public conveniences, to provide means of watering the streets, to order houses to be whitewashed and purified, to regulate and inspect lodging-houses and slaughter-houses, to supply, or arrange for the supply of, water to districts not already supplied by water companies, including the supply of houses, public cisterns, pumps, baths, and washhouses, and for the extinction of fires.

The commissioners are provided with ample powers for effecting all these important objects, and for raising by rates the necessary funds. As far as a first, and not a careless, perusal of the act enables us to judge, the commissioners are armed with the power and means necessary for effecting the improvements so urgently called for. The machinery appears to us to be efficient, and not likely to get out of repair. A system of inspection, which hitherto has been so great a desideratum, is also supplied, and the means are provided of carrying the recommendations of the several inspectors—the inspector-in-chief (if we may give him a name), the medical officer of health, and the inspector of nuisances—into effect.

The bill also defines the width of streets to be hereafter constructed, namely, of a carriage-road *thirty* feet, of a footway *twenty* feet, but if the buildings skirting the carriage road or footway respectively shall exceed the height of thirty and twenty feet, then the width of the street shall be at least equal to the height of the houses. The act, moreover, prohibits the letting, as a dwelling, of rooms below the level of the street, unless such rooms shall be provided with areas to the extent of at least five feet long by two feet six inches wide, (together with an open fireplace furnished with a proper flue, and a window opening at least nine superficial feet in area), of which at least four and a half superficial feet shall be made to open for ventilation.

There are several other provisions which, if our space were less limited, we might point out, such as the power given to the commissioners to purchase, provide, and maintain apparatus necessary for searching for drowned persons, and for restoring suspended animation. For the details of the measure, however, we must refer our readers to the bill itself, contenting

ourselves with a few additional observations on the new officer screated by the bill, especially the medical officer of health, and one or two defects which, as we think, might and ought to be remedied.

The duty of *inspector of nuisances* consists in superintending and enforcing the due execution of all duties to be performed by the scavengers appointed under this act, and to report to the commissioners all breaches of their bye-laws and regulations, and to point out the existence of any nuisances. The inspector is also required to keep a book, in which shall be entered all complaints made by any inhabitant of the town or district of any deficiency in the supply of water, and of any infringement of the provisions of the act, and the inspector shall then inquire into the truth of such complaints, and report to the commissioners. This report, and the order of the commissioners thereon, shall be entered in the said book, which shall be open at all times to the inhabitants of the town or district, and the inspector, subject to the direction of the commissioners, is to make complaint before a justice, and take legal proceedings for the punishment of the offenders.

The *medical officer of health*, with whose functions we are most interested, is to be appointed by the commissioners, subject to the approval of the secretary of state. He is to be a legally qualified medical practitioner, of skill and experience, whose duty it shall be to inspect and report periodically on the sanitary condition of any town or district, to ascertain the existence of diseases, more especially epidemics increasing the rates of mortality, and to point out the existence of any nuisances or other local causes which are likely to originate and maintain such diseases, and injuriously affect the health of the inhabitants of such town or district, and to take cognizance of the fact of the existence of any contagious disease, and to point out the most efficacious modes for checking or preventing the spread of such diseases, and also to point out the most efficient means for the ventilation of churches, chapels, schools, registered lodging-houses, and other public edifices within the said town or district, and to perform any other duties of a like nature which may be required of him. The medical officer of health is also to be summoned by the coroner to the performance of post-mortem examinations with or without an analysis of the contents of the stomach, receiving for this duty no special fee, but being paid for the performance of all his duties as health officer, such a salary as shall be approved by the secretary of state.

We hail with great satisfaction the proposed appointment of medical officers of health, and we consider their duties as thus defined to be of the highest importance to the community. Nothing can tend more to raise the character of the profession than this association of its members with officers appointed for the discharge of duties of a public nature; and if proper care be bestowed on the selection of their officers, and they shall be really men of "skill and experience," we anticipate the happiest results from their labours.

It must be perfectly evident to any one who has the slightest experience of the working of public bodies, especially such as are elected by the rate-payers (and such are the commissioners in whom the appointment of the health officers is vested), that efficient officers can only be obtained by demanding a minimum of qualification in all candidates for office. Now we esteem this to be essential in the case of the health officer: he should not only be a properly qualified medical practitioner, but he should be specially qualified for his duties. We would venture therefore to suggest that, after a given date, no medical man should be eligible for this office who had not attended a course of lectures on hygiene, consisting of at least twenty-five lectures, a course of chemical manipulation, and a course of practical toxicology. He should also be required to produce a certificate of punctual attendance, and a testimonial of competency to perform chemical analyses. If the bill is expected to define the qualifications of officers, it is so far defective. It would also be highly desirable to hold out to these health-officers an inducement to the proper discharge of their duties, by providing that a certain proportion of the members of the new Board of Health to be formed under the provisions of the long-threatened medical bill, shall be selected from among the medical officers of health. It may further be well worthy the consideration of government, whether the science of state medicine might not be most advantageously promoted by endowments in the principal medical schools. If chairs were moderately endowed (say on the scale of the new Irish colleges) in Edinburgh and Dublin, and in the two colleges of the University of London, men would be able to devote themselves exclusively to these most important subjects, instead of being constrained, as now, to make a livelihood by the practice of a most engrossing profession, while all their time and attention ought to be given to the subjects they profess to teach. Hence it happens that men who have shown themselves possessed of all the qualifications necessary to the improvement of the science of state medicine are found to seize the earliest opportunity of quitting a pursuit by which it is utterly impossible that they should earn a subsistence.

These suggestions are incidental to the discussion of the qualifications of health officers, and are merely thrown out *en passant*. To return to the bill. As far as the provisions for street-cleansing, drainage, and supplies of water are concerned, its provisions appear to us wise and comprehensive; but we think that the bill should go somewhat further. With the exception of some provisions incidental to the disallowance of underground habitations, and the extension of the duties of the medical officer of health to the pointing out of the most efficient means of the ventilation of churches, chapels, &c. (see cap. 175), the subject of ventilation is altogether overlooked. We think this omission has arisen from a difficulty which has been felt in drawing the bill in selecting any plan of ventilation from the many which have been recommended. We are ourselves far from wishing the government to select any particular plan, as the one to be enforced in all cases in which ventilation may be proved to be defective, but we are strongly of opinion that something might be done. The New Building Act requires that every room intended to be occupied as a bed-room should have a chimney in it, and the same provision is made in the present bill in the case of rooms underground. Now, why should not this provision be extended to all rooms whatsoever, whether occupied as day rooms or as sleeping apartments? It might at first sight appear unnecessary to insist on this, as few such rooms are built without chimneys. This is quite true, and yet if a man will take the trouble of visiting a few of the shops and workshops of London, he will find that the chimneys are either altogether closed, and the escape of foul air rendered impossible, or partially closed for the reception of the flue of a stove, by which the escape of foul air is reduced to a minimum. We would, therefore, suggest that a clause should be inserted in the bill rendering an open chimney a *sine quâ non* in all rooms whatever, and preventing the use of stoves, unless they are provided with distinct and separate flues. This would do much for ventilation; but we must go still further, if we would prevent the present baneful system of aerial poisoning. Space is the most efficient means of insuring a due supply of air. Let it therefore be enacted, that to employ men in day-rooms, or cause them to sleep in bed-rooms, containing for each person less than 500 cubic feet of air, shall be an indictable and finable offence. A minimum quantity of air, and one exit at least for foul air, is the least that ought to be done to guard our labouring classes against the present reckless system which makes so many of them the victims of consumption. Perhaps it might be possible to infringe still further the so-called rights of property, by requiring that in all places where gas is used, provision should be made for carrying off the products of combustion. As these provisions, especially that which prescribes a minimum of space, might be attended in certain instances by serious inconvenience to the owners of narrow premises not admitting of enlargement, it might be enacted that, on adopting any system of ventilation certified as efficient by the health officer, a smaller space might be allowed to each man. These are the chief provisions which we would suggest with a view of ensuring efficient ventilation, and we believe these, or others at least as effectual, to be to the full as necessary as sewerage and supplies of water. The bill contains no provision for the consumption of smoke, which, as it seems to profess to be a comprehensive sanitory measure, it should do; nor does it contain any clause preventing the pollution of our streams of water by the truly barbarous and wasteful system of pouring into them the contents of the common sewers. Surely it might have been rendered incumbent on the commissioners to guard against this wasteful and unnecessary and uncivilised practice. If the practice were forbidden, other means of disposing of the valuable refuse of towns would be discovered. There is abundant evidence in the Report of the Health Commission to show that the more solid contents of the sewers may be safely deposited, and the liquid manure be applied with great advantage and profit to the land. Why such a provision was not inserted in the bill, we are at a loss to conceive. We have one more objection to the bill, and that is, that it does not extend to the metropolis. Why should the capital be robbed of the advantage which is to be conferred upon the rest of England and Wales? Are there too many conflicting interests? In such a matter all these should be reconciled. Does the government fear the opposition of parties interested in existing abuses? Let it boldly defy their selfishness. We do sincerely trust that no idle apprehension of the trouble of reconciling conflicting interests, no undue regard to those rights of property which have been so clearly proved to be fearful wrongs to the poor, will prevent the government from extending their measure to the metropolis. They are strong enough to carry what they esteem useful measures against the open opposition of a large proportion of the intelligent people of this country; we trust that they will not flinch before the anticipated displeasure of landlords, shopkeepers, and manufacturers. They have assumed, and we think not unjustly, that they know better what ought to be done for Ireland than a million and a quarter of petitioners, and they will scarcely be consistent if they do not turn a deaf ear and a resolute front to those who in ignorance or selfishness may oppose a truly comprehensive sanitary measure, comprehensive alike in its provisions and its boundaries. It should not stop short till it embraces the whole country

from one end to the other, nor should we leave untouched a *single cause* of unnecessary sickness and premature death. The government itself has, perhaps, formed too low an estimate of the importance of the work on which it has entered. We think, and we are sure that we do not stand alone in our opinion, that a truly comprehensive measure of sanitary reform is the most urgent and the most important subject that can occupy the attention of Parliament.

HEALTH OF THE COUNTRY.

The registrar-general has just made public a quarterly report, abounding in interest. The registrar of Charlton gives this curious account of the medical attendance of his district:—

"Thinking it desirable to know the proportion of the inhabitants who avail themselves of medical assistance in time of severe illness, I have for some years past kept a private record of the attendants in cases of fatal disease, an analysis of which gives the following result:—

"Out of 1000 cases of fatal illness recorded, there were—

"Under the care of regular medical practitioners as private patients	585
As dispensary, infirmary, and hospital patients	199
Prescribed for by druggists	117
Had no medical assistance whatever during the last illness	99

From this it appears that in this district, which contains a *smaller* proportion of the very poor than most others, nearly one quarter (226 out of 1000) are not attended by authorised practitioners even in their last illness, and many of the rest are so attended for a very short time only preceding death. There is no doubt that the proportion of those who do not obtain regular medical assistance in less severe forms of disease is very much larger. The absence of proper medical attendance, in a large proportion of cases, renders it exceedingly difficult to procure correct information of the cause of death —impossible, indeed, without great care and labour, and the employment of medical knowledge."

A statement of this kind, while showing how serviceable to the interests of the profession may be a careful and thoughtful system of registration, and therefore how much to be encouraged, offers a striking picture of the need that exists that the medical attendance which superabounds in this country should be made more available than it is—through causes easily removed—to the exigencies of the public. The mortality of the spring quarter has, after all, been less than the average. Small-pox has, however, committed fearful ravages, from the apathy of the poor to the advantages of vaccination. In the only case of death recorded after vaccination, the operation had been performed by a midwife! One hundred and four women also died from childbirth in the metropolis within three months! The weekly deaths in the metropolis fell progressively in the quarter from 884 to 756 as the temperature rose.

BOOKS RECEIVED.

Microscopic Illustrations of Living Objects. Third Edition. By ANDREW PRITCHARD, M.R.I., &c. London: Whittaker and Co.

The contents of this work convey its best recommendation. Of ten chapters two are given to a record of microscopic improvements, and explanation of microscopic terms; three to very full descriptions of a gnat, dung-fly, and a species of British hydrophilus; in two others, Dr. Goring gives us some practical remarks on the use of microscopes for viewing and drawing aquatic larvæ, and on the best possible way of constructing the stand, or mounting of microscopes; and in the other three we find extremely valuable descriptions of the achromatic microscope, and of Dr. Goring's operative aplanatic engiscope, with the best mode of using both. An appendix is added, containing Mr. Talbot's two papers on the Optical Phenomena of Crystals.

This short summary of the book's contents will suffice, without any commendation on our part, to those who follow microscopic studies, and know the claims to confidence Mr. Pritchard's long experience give him on all subjects appertaining to his favourite science.

Surgical and Practical Observations on the Diseases of the Human Foot, with Instructions for their Treatment. By JOHN EISENBERG. London: Henry Renshaw.

This elegant quarto, ornamented with superb paper and exquisite type, intimates that chiropedia is not the least profitable part of "pure" surgery. The book, however, is out of our way. Mr. Eisenberg has so many opportunities of submitting to the public by newspaper advertisement testimonials of his high professional merits, that the loss of ours on the present occasion will probably no more pain than surprise him. The work is, however, made professional by its dedication, by permission, to the author's friend, Dr. M. Hall.

Memoirs of Lady Hester Stanhope. 3 vols. Colburn.

No woman who can read should omit the perusal of these volumes; they show the energy of which a woman's nature is capable, and the impotent result of its misdirection. Had Lady Hester devoted her strange powers to those ends for which her sex was formed, her physician would have recorded, from her lips, an example to be emulated, not one to be avoided. It is lamentable to behold power wasted, taking its channel through a desert which it cannot fertilize, and which at last will choke it up. Not to any principles in nature is the happiness of the world on earth more debtor than to the soothing, gentle, and *homely* disposition of woman.

Lady Hester, with more than the common energy of her sex, wanted the practical observation and judgment of the man she *aped*. Even *her* abilities, removed from their native channel, became impotent of good. In truth, this moral—the vain consequence of power unduly exercised—is nowhere to be found more thoroughly set forth than in these memoirs of her life, related by herself in conversations with her physician. We recommend the book to be read wherever there are women. In other respects, it is worth perusal, containing an immense fund of interesting anecdotes relating to the great people of the last and passing generation.

The Oxford and Cambridge Review. July and August, 1845.

The first number of this Review contains promise of a flourishing succession. The "Policy of the New Generation" is an apology for the Young England party. It is beyond our province to say more of it than that it is well written; that praise may be extended to nearly all the others, their interest varying only according to the interest of their topics. The August number is still richer in good materials. The article on Lord Grey, by Mr. Smythe, M.P., is particularly clever. There is another thoughtful article by Lord John Manners, which is worth perusal.

Douglas Jerrold's Shilling Magazine. August.

"The History of St. Giles and St. James" (resumed) is the commencing article of this number. Mr. Jerrold continues to lay about him his powerful and keen satire: as ever, he is the sarcastic and cruel advocate of humanity. He here exposes clearly that horrible vice in nature which associates the ideas of poverty with crime.

The present chapters are, however, especially valuable from their severity—well merited, upon one of the greatest pests of justice—the thorough-paced Old Bailey barrister. Mr. Montecute Crawley is an admirable specimen of the genus; the portraiture is to the life, and medical men who have had to give evidence to such persons may well wish that some of those of whom Mr. Crawley is the type should know how well they are described, and by a covering of decency endeavour to escape the odium of the Pecksniffs, the Crawleys, &c.

The other contributions of this month are moderate, with the exception of the "Travels in Barbaraland" and "The Hedgehog Letters," which are both particularly good.

DEATH OF DR. MALE, OF BIRMINGHAM.

"Pallida mors æquo pulsat pede pauperum tabernas Regumque turres."

It is with much regret that we record the death of Dr. Male, of Birmingham, one of the most distinguished and esteemed physicians of the present day. The event, or rather the catastrophe, occurred on the morning of Saturday, July 26th, and it would have had from us an earlier notice, but that the probability of a coroner's inquest induced us to withhold our communication until we had gleaned sufficient information to be trustworthy or useful.

It appears that Dr. Male had for some time prior to his decease been the subject of severe rheumatic pains, chiefly affecting the lumbar region and the hips, for which he had tried, but unavailingly, a variety of remedies; at last it occurred to him, on reading a work recently published by Dr. Fleming on Aconite, to make trial of that drug. The circumstances will be best given in the words of Mr. Russell, as elicited at the coroner's inquest, holden by Dr. Birt Davies, on Tuesday, July 29th. "Mr. Russell, surgeon, of Newhall-street, was next sworn, and said,—I have known the deceased for a number of years. He has complained to me occasionally, for six weeks or two months past, of pains in the back and loins. On Thurday morning (July 24th), about half-past nine, his son came for me, and on going to his father's house, I found the deceased in bed. His extremities were cold; the general surface of the skin cold and clammy; the pulse 130, feeble; cramps and pains in the legs, and spasmodic pains in the stomach. He said his head was confused. He told me, that not experiencing relief from medicines in ordinary use, he had been taking tincture of aconite. He then asked me if I had ever given the medicine, and I said no. I then asked him what doses he had taken, and he replied, on the preceding Sunday five drops two or three times a-day. I cannot be positive whether he said twice or thrice, but I believe he said two or three times a-day, and had increased it to six, eight, and ten drops. One dose of ten drops only had been taken on the previous night. He had also been suffering from diarrhœa for a few days, and he had taken ten drops of solution of opium early that morning for it. I inquired where he had got his notion from relative to aconite? He said he had been reading a book now circulating through our societies, treating upon the advantages of aconite in similar pains. He expressed his conviction that he should die, that the medicine was too powerful for him; but he also expressed his most earnest desire that he might recover, as his life was of the utmost importance to his children at this time. I cheered him as much as I could, reminding him of his former depression when ill, and that I thought he had nervous power sufficient to wear out the effects of the medicine he had taken. I gave him mild aperients to overcome the poison, with camphor and ammonia. His son-in-law, Mr. Amphlett, saw him along with me in the evening, and we left him somewhat relieved. On Friday we again met, and towards evening with Dr. James Johnstone, as we found him more sunk. Dr. Johnstone agreed with us in our treatment. Late that evening I found him in a dying state. He was in a torpid condition, from which, however, he could easily be roused, and then his intellect was clear. He had no paralysis; he was perfectly composed, and died about ten o'clock on Saturday morning. Twenty hours after death I made a post-mortem examination. The body, with the slightest possible exception, was in a healthy state. The blood was unusually fluid." The jury then returned a verdict of "Accidental death from an overdose of aconite, taken medicinally by the deceased."

This case presents many features of toxicological interest. Examples of poisoning by aconite are happily very rare in the human subject, but one of the most evident and instructive of them is that which we have now the painful duty of recording. That Dr. Male died from the effects of this drug there can be no manner of doubt, and yet we should be inclined, *à priori*, to say that the doses taken were only very moderate. Dr. Thomson says that the tincture of aconite, made by digesting one part of the leaves in six parts of alcohol, "may be given in doses of from m. v to m. x, gradually increased to m. xl." In the case before us, ten drops was th

maximum dose, and was taken only once. It is probable, however, as suggested by Mr. Russell, that the poisonous action was an *accumulative* one, and that the previous doses of five drops twice or thrice daily, for two or three days, had prepared the nervous system to suffer from the impression of a larger quantity of the drug. Pereira says, that the fiftieth part of a grain of aconitina has endangered life when taken medicinally (*Elements of Materia Medica*, 1842, ii. 1811), and Christison killed a rabbit in twelve minutes by introducing the tenth of a grain of muriate of aconitina into its cellular tissue (*Treatise on Poisons*, 4th edit. p. 870). Dr. Fleming mentions a case in which two grains of an alcoholic extract of the root produced alarming effects, and another in which four grains proved fatal. These are some justification of Dr. Christison's emphatic remark, that the active ingredient of this herb is "probably the most subtle of all known poisons." But the quantity which killed Dr. Male is certainly the smallest poisonous dose hitherto recorded. At the very most, he took only eighty drops of the tincture (it is likely that he took less), and these in ten doses, during a period of four days! It is reasonable, however, to think that Dr. Male's age (sixty-six years) will account for his not bearing a dose which a younger man might have taken with impunity. But, at least, we learn from this melancholy occurrence two important facts in reference to the medicinal use of aconite:—1st, That it is a remedy of very uncertain effects; for whilst Dr. Christison has given "six grains of a carefully prepared alcoholic extract (the same of which thirty grains killed a rabbit in little more than two hours) to a female suffering from rheumatism, without being able to observe any effect whatsoever," we find a comparatively infinitesimal dose producing death in a short time, and in spite of all means used to avert it; and 2nd, That we should especially regard the age and strength of the patient to whom we administer it, and, above all things, guard against the chances of its accumulative influence.

Monkshood has hitherto been classed amongst the narcotic-acrid poisons. The following exquisite description by Nicander of the poisonous operation of hemlock has been considered to apply also to that of aconite:—

> "Tu quoque signa malæ jam contemplare cicutæ:
> Hæc primum tentat caput, et caligine densa
> Involvit mentes: oculi vertuntur in orbem,
> Genua labant; quod si cupit ocius ire, caducum
> Sustentant palmæ corpus; faucesque premuntur
> Obsessæ, et colli tenuis præcluditur isthmus:
> Externi frigent artus."

This detail of symptoms, as applied to the fatal action of aconite, serves in part, but not altogether; it fails in everything that identifies this drug with the narcotico-acrid class. It should rather be considered a *direct sedative*, and, as Dr. Fleming has lately suggested, to owe any evidence of narcotic action to a state of more or less complete asphyxia, caused by its depressing effects upon the nerves supplying the voluntary muscles. Its acridity is perhaps less questionable. Dr. Fleming, who disbelieves in this property, and denies that "purging is ever produced in any genuine case of poisoning with monkshood," contends that nausea, vomiting, and epigastric pain, may be dependent "merely on the same local nervous impression which is produced on the organs of taste" (*Christison Op. cit.* p. 872). This nervous depression is of course derived from the action of some irritant body. *Irritants* and *acrids*, toxicologically speaking, differ only in degree, and therefore run into one another, and to say that vomiting and pain in the stomach are not evidences of acrid poisoning, because they are merely repetitions of nervous impression produced upon the organs of taste, seems to us very much like talking nonsense. Any local acrid influence which is not directly *chemical* (and perhaps this applies exclusively to *mineral* substances) is due to a primary action upon the nerves of the affected part. Circulation is altered secondarily, and then comes an altered secretion, or an effusion, as the case may be. Every part of monkshood possesses a hot, biting taste, followed by a tingling of the tongue, and then partial numbness. Surely this is proof enough of *acridity*; and when such manifestation occurs in the bowels, the usual and natural consequences are vomiting and purging; and these things of course arise merely from the same local nervous impression which affected the organs of taste. How could vital organs be roused to any degree of activity without their nervous tissue being the direct medium of the functional change? The best proof, however, that we can have of aconite being an *irritant* (we will waive the *acrid* if it be desired) to the stomach and bowels, is in the fact that, in Dr. Male's case, both vomiting and purging resulted from its use, notwithstanding that its quantity was singularly small. The two other points deserving of notice are, the slow decline of strength and life, forty-eight hours intervening between the occurrence of the severe symptoms and death, and the absence of all morbid appearances except the characteristic and complete fluidity of the blood.

Dr. Male was the son of the late James Male, Esq., of Belle Vue, near Birmingham. He received his preliminary education at Eton College, where he acquired some distinction in the classics and belles lettres. His medical studies were for the most part prosecuted in Edinburgh, from the university of which place he obtained his degree. He settled in Birmingham, as a physician, in 1802, and was shortly appointed one of the medical officers of the General Dispensary, which institution he continued to serve with much fidelity and usefulness for seven years. In 1805, the resignation of Dr. Carmichael caused a vacancy in the General Hospital, and Dr. Male was fortunate enough to become his successor. To this institution the subject of our biography was an honour and an ornament for thirty-six years: it is not too much to say of him, that for that lengthened period he was unvaryingly distinguished for the kindest sympathy and the profoundest skill, towards the several objects of his professional care. To his private patients, which were both numerous and of the highest respectability, he was endeared not only by the success of his treatment, but by the soundness and integrity of his principles. He was a man of most undeviating honour and rectitude, faithful to his friends, and of unyielding firmness in whatever he believed to involve matters of truth or of duty. He was a sincere upholder of professional dignity, courtesy, candour, and kindness. Perhaps the best proof of the estimation in which he was held by the profession of Birmingham, will be found in a remark made to the writer of this article by a fellow-physician, who is too just to pay an unmerited compliment, and too generous to withhold a deserved one—the observation came with peculiar emphasis, for it was offered over a grave—"Dr. Male, Sir, was a man to whom I invariably took my hat off." That sentence, coming from a source whose uprightness none can better appreciate than ourselves, will convey a far higher tribute to the memory of the lamented individual, than any praise which it is in our power to offer.

As an author, Dr. Male enjoyed a distinguished reputation. He was the father of English medical jurisprudence. The first work upon this subject in our language, was Dr. Samuel Farr's "Elements of Medical Jurisprudence," published in 1788. This, however, was little more than an abridgment of the "Elementa" of Fazelius, and although medico-legal questions were subsequently discussed in the writings of Mead, Monro, Denman, Percival, and John Hunter, and Dr. William Hunter published an able essay "On the Uncertainty of the Signs of Murder in the case of Bastard Children," yet the first *original* work in English on medical jurisprudence, was Dr. Male's "Epitome of Juridical or Forensic Medicine." This appeared in 1816, was dedicated to Sir Samuel Romilly, and consisted of two hundred pages. It displayed an unusual amount of shrewd observation, clear reasoning, and comprehensive research. It shortly passed through a second edition, and was reprinted by Dr. Cooper in America, in 1819, along with the treatises of Farr and Haslam. Although various impediments, professional and other, prevented Dr. Male from bringing it in later years up to a later science, his work is still quoted as being upon certain subjects amongst the most exact and accurate of any extant.

It is singular that Birmingham should be able to boast, in the person of the late Dr. Male, of the first original writer on English medical jurisprudence, and in the person of the late Dr. Darwall, of the most ample annotator of the greatest work upon the subject in our language and out of our country—viz., the stupendous work of Beck, in America; and the coincidence is not more remarkable than mournful, that the distinguished individual whose memoir we now close, should have been one of our first writers on indigenous poisons, and finally a victim of the deadliest of them.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845

By Robert Lewins, M.D., &c. &c.

(Continued from page 338.)

[Having given our correspondent O. P. Q. an opportunity of explaining the grounds of his depreciatory estimate of the Edinburgh university, on the ground of our personal knowledge of his good faith and full acquaintance with the subject, it gives us no small pleasure to be the medium of publishing opposing observations from a gentleman of certainly not less integrity or information, and whose opinions are entitled to the highest consideration from his peculiar personal knowledge of the constitution of Scottish college life, and of the entire polity of the university of Edinburgh in particular.—Ed.]

(To the Editor of the Medical Times.)

Next in point of seniority to Dr. Graham stands Dr. Alison, as an Edinburgh medical professor. For upwards of twenty years the colleague and successor of Dr. Duncan, Dr. Alison lectured on physiology with great credit to himself and advantage to the students of the medical school of the northern metropolis. On the resignation of the late Dr. Home, in 1842, Dr. Alison was, at his own request, transferred to the chair of the practice of medicine—one more congenial to his own disposition, and for which he had been a candidate many years before, on the death of his uncle, the late celebrated Gregory. Dr. Alison is, universally, allowed to have proved himself a faithful and efficient teacher. He stands, deservedly, high in the estimation not only of students, but of all competent judges of professorial merit; his name is known and respected in Germany, in France and Italy, and in the capital, if not in the provinces, of the Russian dominions. Dr. Alison's works on physiology and pathology entitle him to a conspicuous place as a medical writer. As a benevolent physician he is adored, I had almost said, by the poor of Edinburgh. As a philanthropist he is known far beyond the boundaries of Scotland—it may safely be asserted beyond the wide limits of England.

Dr. Christison stands *fourth* in order on the list of the medical faculty of the university of Edinburgh. As a student of medicine, and a junior graduate, he established for himself a name amongst the scientific men of the age, to which he owed the first professorship he held. The talents and acquirements displayed by Dr. Christison, whilst yet a young man, were duly appreciated by those who, at the time, dispensed the royal patronage. When Dr. Duncan resigned the chair of medical jurisprudence (a *regius* one), Dr. Christison was appointed, and he filled it with great *éclat*. His matchless work on poisons, the very best on the subject in any language, has stamped him as a man of first-rate talent, and procured for him more than European fame—whilst, and wherever, science is cultivated—and, so long as it is considered an object worthy of the laws of enlightened nations to exculpate the innocent and to consign the guilty to punishment, Christison's admirable production on Medical Jurisprudence will remain an imperishable monument of his profound knowledge as a medical jurist, and of his pre-eminent talent as a writer on forensic medicine. In 1832, on the death of Dr. Duncan, the last professor of materia medica, Dr. Christison became a candidate for that chair. His opponents were—Dr. Maclagan, who had meritoriously exerted himself in improving the system of general education in Scotland, and in rendering the curriculum of the Edinburgh College of Surgeons the excellent one which it now is, and Dr. John Argyle Robertson, who had lectured successfully for several years on materia medica. Dr. Christison,

however, to the honour of the town council (the patrons of the chair) carried his election by a large majority. As a professor of materia medica he has gained additional reputation. It may be fairly, and on the present occasion particularly, stated that, as a teacher of materia medica, Dr. Christison is equalled by few, surpassed by no one in Europe. His Dispensatory, or Commentary on the Pharmacopœias of Great Britain, is a work of extraordinary merit, and supports the name he acquired by his earlier publication on poisons—whilst Dr. Christison's valuable work on Granular Diseases of the Kidneys affords conclusive evidence of his skill as a practical physician and his acumen as a professor of clinical medicine. It is not too much to aver that no individual physician has recently more effectually supported the medical scientific reputation of our country than the professor of materia medica in the university of Edinburgh; and I repeat, that nowhere is that important department of medical science better, if so well, taught as within the walls of the Scotch metropolitan university.

Sir George Ballingall's merits, as a professor, fall next to be considered. He succeeded to the chair of military surgery in 1823. Dr. Maclagan, who had served in the army with great credit to himself, was, at the period referred to, a candidate for the chair under consideration. Sir George Ballingall had been assistant surgeon in the regiment commanded by his late Royal Highness the Duke of Kent, and was, I believe, favourably known to some of his illustrious relatives. The candidates were both men of ability. It is very probable that the former was supported by the Whig, the latter by the Tory influence of Edinburgh, and probably of another place. Be that as it may, Sir George Ballingall was the successful competitor. During his incumbency the class became one of importance. Sir George Ballingall's lectures have been numerously attended, and amongst his auditors are frequently to be seen medical officers of standing in the service, some of whom—it is consistent with my knowledge—have a high opinion of Sir George Ballingall's talents as a teacher and a military surgeon. His lectures evince ample acquaintance with the literature of his peculiar department, whilst his style of lecturing is adapted to convey practical information, and it is well known that many of his pupils have distinguished themselves as medical officers in the British and Indian army. As a writer the Edinburgh professor of military surgery is favourably known by his Practical Observations on Fevers, Dysentery, and Liver Complaints, and by his work on Military Surgery, one which it is imperative on all young medical officers to study.

Dr. Traill is next in seniority as a medical professor in the university of Edinburgh. He was appointed to the chair of medical jurisprudence (also one in the gift of the crown) in 1832. In the appointment of Dr. Traill we have an example of the inaccuracy of the writer's insinuation conveyed by the query, "Whether it was or was not a fact, that family arrangements, aided by local influence, had not acted so as to exclude all talent, however elevated?"—*Medical Times*, July 19.

When nominated to his professorship, Dr. Traill was a physician in Liverpool, without local influence in Edinburgh, whilst the other candidates, Dr. Maclagan, the late Drs. Mackintosh, Fletcher, and James Gregory,* were possessed, collectively at least, of local influence, which, if local influence produced the effect insinuated by the author of the paper which has occasioned these remarks, would have been overwhelming. And it is a fact, I believe, that Dr. Maclagan was backed by the Whig Solicitor-General of the day, if not by the Lord Advocate, with a degree of party zeal somewhat indecent; nevertheless the *stranger* candidate was preferred. Political interest was, no doubt, in active operation (and a person of no less importance than Lord Brougham was said to interest himself in Dr. Traill's behalf), as it always will be on such occasions. But, contrary to the conjecture of the writer, whose sentiments on the condition of the university of Edinburgh in 1845 I hope to refute, local influence *was not* effectually exercised in favour of the Edinburgh men who were candidates for the chair of medical jurisprudence when last vacant.

London, July 30, 1845.

(To be continued.)

* Drs. Mackintosh, Fletcher, and Gregory were men of superior talents and great professional industry; by their premature death, Science lost three ardent votaries. As the intimate friend of the two former, on me devolved, alas! within the space of one short year, the painful duty of recording the merits of both. (See biographical notice of Dr. Mackintosh in the "British and Foreign Medical Review," 1838, and Dr. Fletcher's posthumous work on "Physiology, edited by Robert Lewins, M.D.," &c.) Dr. Mackintosh fell a victim to the practice of his profession, having caught typhus fever, in the discharge of its duties, of which he died. Too intense application to study sent the amiable and accomplished Fletcher to an early grave. Dr. James Gregory, a young physician of great promise, died of typhus contracted in the wards of the Royal Infirmary. It is truly heart-rending to reflect on the number of excellent members of our profession who have been cut off in the bloom of youth and in the prime of manhood by this direful disease.

GREAT MUSEUM AND LIBRARY OF PATHOLOGY, AND PATHOLOGICAL ANATOMY, FORMED OF MODELS IN RELIEF.

By DR. FELIX THIBERT.

The arrival in London of this extremely beautiful museum is to pathological collectors an event of considerable importance, and to which we beg leave to call the particular attention of the readers of the *Medical Times*. It has arrived opportunely at a moment when a question of great difficulty has arisen, namely—what is to be done with the present pathological museums? The profession generally, and especially those best acquainted with the subject, are now quite convinced that the present pathological collections have ceased to be of benefit to the student, to the practitioner, and to the lecturer; that the method of preserving morbid specimens in alcohol or other preserving liquors has been a failure, or very nearly so; that besides being all but useless in itself, the scheme is seriously expensive to those who require the use of such preparations; that as regards mere pathology, or the representation of the external appearance of disease, alcohol, &c. is wholly inapplicable; that models in wax, besides their great cost, are open to numerous objections—but too well known to those accustomed to their preservation—we shall in a future notice advert to; and that representations by coloured engravings or drawings, however beautifully executed, leave but vague impressions on the mind, soon obliterated, and wholly useless to the student.

The arrival of Dr. Thibert's museum in this country will go far to propose a remedy for, at least, some of the difficulties just stated, and promises to benefit humanity to an extent which those who have not seen the collection could scarcely credit. In this view, therefore, even without any reference to the benefits it will confer on science, the museum of this distinguished foreigner is worthy of the attention, not merely of medical men, but of heads of colleges, directors of public boards, infirmaries, dispensaries, &c.; and of the general Government itself, which in founding educational institutions in Ireland and elsewhere, ought, and will, no doubt, attend to the means for instruction with which such buildings should be furnished.

But before saying another word in respect to Dr. Thibert's museum, we strongly and earnestly recommend to the medical men of the metropolis and its vicinity, and to all interested in medical education, to visit the collection, which they will find open for inspection at 29, Bridge House-place, Newington Causeway, on Mondays, Wednesdays, and Fridays, from 11, a.m. till 4, p.m.

Our readers desirous to try further the value of our recommendation, may consult the official report of the Institute of France, of the Royal Academy of Medicine, and other official bodies, in favour of M. Thibert's discovery, as given in our advertising columns.

SWALLOWING FOREIGN BODIES.—Dr. Brookes describes two cases, in one of which a black pin, and in the other a halfpenny, was swallowed, and remained sticking in the œsophagus. In each instance the foreign body could readily be distinguished in the tube, where its presence was productive of great distress; the doctor's practice, however, was at first restricted to the exhibition of an emetic, and he did not have recourse to the probang until the emetic had proved useless. Immediate relief followed the dislodgement of the foreign bodies, which were afterwards found in the stools. We trust the experience thus gained by Dr. Brookes will induce him in future not to trust to emetics, when the foreign body is within reach of a probang.

GOSSIP.

APOTHECARIES' HALL.—Gentlemen admitted Licentiates on Thursday, August 1, 1845:—Henry Bencraft, Emanuel Peter Downs, Alexander Henry, George William Bagg, Giles Andrews, George McHenry.

THE NEW ISINGLASS PLASTERS.—The instances that have come under our notice where Mr. Macord's transparent plasters have been used, authorise us to say with Mr. Aston Key, that their qualities of adhesion and resistance to the solvent power of embrocations, give them strong claims to preference above the ordinary plasters. We may add, that their property of not irritating the edges of wounds, and their extreme cleanliness, particularly attracted our attention.

THE NATIONAL ASSOCIATION AND THE SOCIETY OF APOTHECARIES.—On Wednesday, the 23rd of July, the annual dinner of the Apothecaries' Society took place at the West India Dock Tavern, Blackwall. We observed present the principal members of the Worshipful Society, and of the Committee of the National Association. The Worshipful Master, K. Wallace, Esq., presided. After the usual loyal toasts, "The College of Physicians" was given, and Dr. Turner returned thanks. The Chairman then, in an eloquent and effective address, proposed the "National Association of General Practitioners," coupling it with the name of its venerable president, and eulogising strongly the efforts made by the Committee for the improvement of the medical profession. Mr. Bird briefly responded. After the expression of his acknowledgments, he insisted strongly that the policy pursued by the Association was directed to the general good of the *whole* profession, to whose learning and high standing, as a whole, all the labours of the Association, to his own knowledge, tended. Without detracting from the merits of older institutions, the new body sought to work in the same vineyard for the common good, not in opposition, but in concurrence with the other labourers. Mr. Ancell was then called upon, and in a lucid address described the advantages which would inevitably result from the great mass of the profession being admitted to participate more extensively in their own corporate government, and eloquently dilated on the advantages to medical science that would arise from the more fervid competition created by the stimulus of a new incorporation. The evening was spent in great hilarity, and the meeting dispersed highly gratified at the hospitality of the Worshipful Society, and the interest evinced in favour of the National Association.

GIESSEN DIPLOMAS.—Dr. Balser, the Dean of the Faculty of the University of Giessen, has written in bad French to the editor of the "Annales de Thérapeutique Medicale et Chirurgicale" of Paris, in reference to an article reprinted in that journal from the *Medical Times*. Dr. Balser talks sneeringly of "un homme Bond," and says that the "connexion" of that individual, and his "disgraceful advertisements" with the University, is an incorrect supposition: the University have taken steps, he adds, to provide against the further *machinations* of "un homme Bond." The only circumstance we have to add to this disgraceful affair is, that Mr. White, the respectable chemist in Cornhill, has written to us to say, that after the *eclaircissement* published in our journal, he has declined to allow his house to be further used as the receiving-house for the letters of Mr. Bond, alias Dr. Rowland Mackenzie.

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LECTURES ON DISEASES OF THE HEART.

By D. J. CORRIGAN, M.D., Physician to the Whitworth, Hardwick, and Richmond Hospital, Lecturer in the Dublin School of Medicine, &c.

I have next to direct your attention to another functional disorder of the heart, arising in persons who have led dissolute, intemperate lives. In such persons the complaint commences with palpitations, which are excessively troublesome, and annoy the patient to such an extent as to induce a fear that organic disease of the heart may be present, and which may prove quickly fatal. The action of the heart is violently strong and tumultuous, and is often accompanied with pain shooting down the left arm as far as the elbow: these palpitations are much increased when he walks or takes exercise, if at all of a violent nature. In this state he is miserable, dreading nothing so much as instantaneous death at some period (of course) unforeseen by him; yet, with all these complaints, when you examine the heart you find its sounds natural. The tongue, in this disease, presents an appearance which you could not, *à priori*, conjecture; on examination, its sides, tip, and dorsum present a red and glazed appearance, indicative, in some degree, of subacute gastric inflammation. In this disease the stomach acquires the power of secreting air, which often takes place to an enormous extent; and if we press upon it towards its great arch, we shall find it somewhat elastic, and if we apply the stethoscope in this situation, we shall find the stomach tympanitic, and the sounds of the heart in this region become preternaturally clear and distinct. The reason of this is obvious. The stomach, being enormously distended with its gaseous secretion, irritates the heart, and throws it into irregular action, while the sounds of the organ are transmitted with preternatural distinctness through a medium so well adapted for their conveyance as the air, which is secreted by the stomach in its present disordered state. I have seen this form of functional heart disease, as I have remarked already, in persons who have led dissolute intemperate lives, addicted to excesses of every kind. I have seen more of it, however, in those persons who have returned from the civil wars in Spain than among any other class. I think that their mode of living while in Spain accounts satisfactorily for its very great prevalence among them. They were persons who, for the most part, were deprived, in a great measure, of a due supply of wholesome food; but who, in order to make up for this deficiency, addicted themselves to the intemperate use of stimulants of every class, such as green tea, tobacco, and, last not least, to the use of those which the country itself supplies with such lavish profusion—wine and brandy. Here we have all the causes necessary to produce gastric inflammation, and it is this which is the root of the disease.

We shall find the appearance of the tongue of material benefit to us in pointing out the treatment to be adopted, which is nothing more than the removal of the gastric inflammation which exists in a sub-acute form. In our treatment of this affection, our first step should be the application of counter-irritation over the epigastrium, and this continued, too, for a considerable time. For this purpose, I generally prescribe the croton oil liniment, made with a drachm of the oil to an ounce of spirit of turpentine, or compound camphor liniment. This is to be rubbed in every morning and night until pustulation is produced. Along with this topical treatment, I am in the habit of prescribing oxide of bismuth, in conjunction with bicarbonate of soda, or, better still, a combination of these two with the saccharine carbonate of iron in the following proportions:—

℞. Sodæ bicarbon. gr. x, Bismuth trisnitrat., Ferri c. saccharo āā gr. viij, pro pulvere, ter. in die sumendo.

This must be persevered in for some time, until the tongue becomes improved in appearance, the stomach loses its power of gaseous secretion, and the patient no longer complains of palpitation or any other irregularity of the heart. It will be needless for me to mention that, in addition to these means of cure, you must prohibit your patient most strictly from the use of tea and all other stimulants. Let his diet be one of a nutritious, non-stimulating character, containing animal food in quantity and quality suited to his enfeebled digestive powers.

I have next to call your attention to another functional affection of the heart, which, in some papers published in the *Dublin Journal*, I have called Epileptic Palpitation, and which, strange as it may appear, is always caused by diseases of the brain. It seems strange that an affection of the brain could cause palpitation of the heart, but, though strange, it is nevertheless true. You will be consulted by a young man, or by one probably in the prime of life, who will tell you that he has been attacked by palpitations for some time past, which render him uneasy, anxious, and uncomfortable, and that they come on him when he takes exercise or is at all agitated. These palpitations frighten him very much, but when you examine the heart you find its sound perfectly normal. On questioning him as to the first occurrence of this irregular action of the heart, he will tell you, perhaps, that some short time ago he was attacked with a fainting fit, which he says has recurred since, and that, after the first attack of syncope, the palpitations began to annoy him. This is what the older writers termed epilepsia silens—silent epilepsy. About the fainting fits themselves, the patient has not the least concern; he fears only for the palpitation, and to this he directs your attention exclusively. These fainting fits, if allowed to proceed unchecked, will terminate, perhaps in a very short time, in well marked and regular epilepsy. However, they may run on for a period of two years before the disease perfectly shows itself. Your attention will be awakened here by finding these fainting fits coming on at a period of life when they should be naturally absent, from the vigour which the constitution enjoys. You will, therefore, proceed to inquire from what cause it is that they arise. The heart, as I have said before, is perfectly normal in its sound; no disease there; no symptoms of irritation along the vertebral column. Where, then, does the mischief spring from? The head, as I have remarked, is the cause of these alarming palpitations, and of these fits of syncope which have preceded the palpitations.

We have now to consider the means best adapted to relieve both the cause and its effects. The medicine which I have found to possess properties the most serviceable and advantageous in arresting this disease is the digitalis purpurea, or foxglove. I have witnessed more benefit in cases of this kind from the use of the digitalis (bleeding from the arm having been in every instance premised) than from any other remedy or class of remedies which I have seen tried. To produce its beneficial effects here, you must not content yourself with administering it in the small doses of the pharmacologists. The form of the drug which I have found most beneficial is the powder; it must be given in doses of *two or three grains at bedtime every night*, and, in some cases, *in five grain doses*, until it exerts its peculiar effects on the constitution. You will, therefore, consider this affection of the heart only as it really is, one of secondary importance; and, in the selection of your remedial measures, you will proceed at once to strike at the root of the evil where it really exists—in the brain; and not until every trace of mischief has vanished from thence, *can* your patient be *free* from these palpitations, which are to him a source of such needless alarm. Without my having told you, your own common sense would at once have made you acquainted with the propriety of keeping your patient as free as possible from every source of mental irritation, as this has been known to prolong the disease to an extremely protracted period of time.

You will often meet, in persons of sedentary habits, an affection of the heart, consisting of violent palpitation, which, as in all these cases of functional derangement of the heart, give the patient a great deal of unnecessary alarm. There is no abnormal sound here, though the heart may be felt acting with great vigour. If we examine these cases minutely, we shall find, in every one of them, evidences of venous congestion; the pulse is full and quick, the eyes are suffused, the patient feels more or less drowsy; there are sometimes a turgescence and lividity of the face, and swelling of the legs, and, occasionally, an inclination to syncope. These signs, if neglected for any period of time, will terminate in an attack of apoplexy, in all probability fatal. It is easy to conceive why, in these cases, the heart should become affected with palpitations, in consequence of the extraordinary quantity of blood thrown upon it by the sedentary habits of the patient; these palpitations being nothing more than the struggles of the overloaded ventricle to discharge completely the quantity of fluid contained within it

The treatment here is obvious and simple. Take blood from your patient to the extent of eight or ten ounces, so as partially to unload the ventricle; after that give a purgative, so as to unload the alimentary canal; and, in my opinion, you will have done every thing requisite for your patient; in fact, you can do no more.

In concluding the subject of diseases of the heart, there may be others which I have not touched upon,

but, unless my memory fails me, I have given you every thing necessary for you to know on the subject. You may have thought me tedious, from the great length at which I have entered upon them, but particularly from the stress which I have laid upon functional disorders of the organ, which, probably, you may be inclined to set but little value upon; but I would beg of you most earnestly to consider the paramount necessity which exists that you should be able to distinguish accurately between these latter and structural diseases of the same organ, clearly resembling each other as some forms both do. Recollect the serious responsibility which attaches itself to you to be able to distinguish each variety of the diseases of such an important organ as the heart from the others; and that the effect of making a false diagnosis may be ruinous to your patient, and that while you are ordering a system of depletion, one of a totally different character may be necessary.

In every disease it will be incumbent upon you to know what other affections of the same organ may resemble the one which you are about to treat, in order that your patient may not be made a victim to a claim of pretended knowledge on your part, which you really do not possess.

COURSE OF LECTURES ON THE THEORY AND PRACTICE OF MEDICINE.

Delivered by C. J. B. WILLIAMS, M.D., F.R.S., Professor of the Practice of Medicine, and of Clinical Medicine, at University College.

The next disease to be noticed is small-pox. This, like other exanthematous diseases, seems to have been unknown to the ancients. It was first discovered in the fifth century, and it is a mystery where it came from. It seems that this terrible and destructive disease, soon after the discovery of America, was imported into that country as a sort of exchange for an infection communicated to us, which destroyed three millions and a-half of people within a very short period. This was the small-pox of Mexico. This is still a very fatal disease.

The natural disease is distinguished by two names, the *variola discreta* and *variola confluens*, according to the amount of the eruption. The latent state, and the state of incubation, vary from seven to twenty-one days. There may be that period before the fever begins. With the fever there is weakness, pain at the back, loins, and epigastrium, nausea, vomiting, giddiness, and headache. After the third or fourth day, the eruption may show itself; first on the face, the neck, and breast, and afterwards the joints, and then it extends to the limbs. It is often preceded and accompanied by a sort of rash, a diffused spotty patchy redness. This is one reason why the disease is mistaken in its early stage for measles, and sometimes for scarlatina; but there is this distinction: besides this diffused or patchy redness certain hard points may be felt—hard pimples under the skin, rendered rather painful on pressure. They are quite separate and distinct from each other at first. About the sixth or seventh day of the fever, and the third or fourth of the eruption, the pimples begin to show little vesicles upon them, especially on the face and about the cheeks, the forehead and joints, where the eruption first appears. These vesicles are irregular in their appearance. As early as the third or fourth day the interstitial redness disappears, and the redness becomes concentrated in these pimples. About the ninth or tenth day of the fever, and the sixth or seventh of the eruption, there is manifest a central depression, with an opaque double circle around it. On the eleventh day of the fever, and the eighth of the eruption, that which was before vesicular becomes opaque, more pustular; the matter contained in it becomes purulent, and now the central depression becomes more distinct. About the twelfth or thirteenth days of the fever, and the ninth or tenth of the eruption, the central depressions disappear, and the pustule swells out. About the fourteenth or fifteenth days of the fever, and the eleventh or thirteenth of the eruption, the pustules exude puriform matter, which forms scabs, and after this the scabs fall off, leaving pits in the skin, extending even to the cellular tissue; inflammation and redness may remain some time after. The course of this eruption is most distinct on the face, and it is quickest in its progress, and most complete in cases of the distinct small-pox, in which it begins sometimes earlier than the confluent variety. As to the general symptoms, about the fourth day the eruption is accompanied by great swelling, but the general redness may have subsided somewhat. The whole surface of the body, particularly the face, is very much swollen, and the fever, which is generally proportioned to the quantity of the eruption, diminishes when the eruption is fairly out. When the pock is fully formed, a secondary fever is apt to occur; the skin is hot, the pulse quick, and other general symptoms of fever, which increase. During this period new complications and dangers are apt to arise.

The difference between the confluent and the distinct small-pox appears to be ascribable to the different strength of the dose of the poison in the system. Where the dose is weak, and the power of reaction is strong, the eruption is small, and the health is less affected; when it is strong, there is great general depression.

In the distinct form there is generally less disturbance and less interruption, and there is commonly less reaction in the system; each pustule is more defined, and runs through its course more perfectly.

In the confluent variety there is more general disturbance of the whole system, and the pustules of the eruption are less distinctly separate—less characterised by circumscribed projections. The pustules, under these circumstances, spread and run into each other; the inflammation, also, which intervenes, is more of the erysipelatous kind, less phlegmonous and circumscribed in its character, and consequently there is more general swelling accompanying it, and great tenderness in the intervals. With this there are also proofs of the poison in the system—globular swellings, forming sometimes buboes—and the fever is more of the typhoid kind; the pustules do not swell out—they remain flat, and in many instances they do not suppurate; instead of going on to opaque suppuration in the advanced stage, before the eighth or tenth day, they remain filled with a serous fluid of a dark colour. These pustules, more like vesicles, extend to the mouth, the nose, the tongue, the pharynx, and the œsophagus, and occasionally the trachea, causing many uncomfortable symptoms. The salivation which is often present in small-pox is here very bad. There is difficulty in swallowing, hoarseness, cough, dyspnœa, with great accumulation in the trachea; much constitutional irritation and depression. Many sink under this state, from small-pox in the early period of the eruption; at least, before the secondary fever occurs. Sometimes the eruption presents a more thin and watery matter in the vesicles; and these are very bad forms of the disease, and are accompanied by the adynamic form of fever, and if the patients recover, their recovery is extremely tedious.

Sometimes the disease may excite the different varieties of fever, the ataxic, the nervous, and the congestive forms. Petechiæ sometimes occur in different parts, and the spaces between them are of a livid colour, with ecchymoses or effusions of blood. This is the hemorrhagic or petechial form of small-pox, and is a very fatal disease. It may take place as early as the fifth or seventh day. Sometimes you find effusions taking place in the brain, and other internal organs.

The greatest number of deaths takes place at the decline of the small-pox, which is very dangerous. These occur in connection with the secondary fever, various inflammations of the surface, and all sorts of complications. Erysipelatous inflammations of the surface and various parts, sometimes affecting the skin and cellular tissue; afterwards the inflammation, often becomes more circumscribed, forming boils, or even carbuncles; and sometimes abscesses, or infiltration of pus in the cellular tissue, sloughing and extensive sores. There is often, too, ulceration of the parts; all this proves there is irritation from the poisonous matter. The secondary fever is doubtless connected with an increased production of this matter. There are other inflammations besides this of a serious nature—ophthalmia, involving the structure of the eye, and sometimes sloughing and gangrenous inflammations of the genitals and the scrotum; various internal inflammations, pleurisy, pneumonia, laryngitis, and circumscribed inflammation of the lungs, and suppurative infiltration, or abscesses of the lungs. The membranes of the brain are sometimes inflamed in connection with secondary fever. These inflammations are very frequently latent, and are not obvious by permanent symptoms, and are chiefly to be found out by closely watching the functions and the physical signs. These inflammations especially show a suppurative tendency, and appear to be like purulent deposits. All these facts are proofs of mischief done to the system, analogous to that arising in connection with extensive burns. The pulse is often very frequent, and there is vomiting, delirium, tremor, syncope, and a dry, brown tongue, ending in death.

There are results of a more chronic character—various cachectic and scrofulous diseases; scrofula in its various forms is sometimes exhibited; the skin is generally left in an unhealthy state, and various other skin diseases sometimes result, such as ecthyma, impetigo, and ulcers of parts, particularly of the eyelids and about the joints; globular swellings, too, tending to slow suppuration of the scrofulous kind. Sometimes the patients, during the convalescence from small-pox, are attacked with a low fever of the typhoid kind, or erysipelatous inflammation; and it would appear that the weakness which has been produced by the small-pox peculiarly predisposes the body to these things. This has been proved in the Small-pox Hospital.

The sources of danger may arise, first, from the malignancy of the poison, which may manifest itself in the form of fever, becoming typhoid or petechial even before the actual eruption is very much declared externally; secondly, the malignancy may show itself in the confluence and quantity of the eruption, and it is quite certain that this is promoted sometimes very much by stimulants and heat. The cases that show any of these symptoms are the worst. The confluence alone, although it renders the disease more serious, does not necessarily render it fatal; for although the confluence is a proof of the strength of the poison, yet if the vital powers be strong, the system may bear up against the disease. We judge whether the bodily powers are strong by the pulse continuing of considerable strength, and not being very frequent—by the spots going through all the proper stages.

Then the danger may arise from another cause, that is, the complications; these may be in connection with, first, the fever, or with the eruption, as in the case of inflammation of the mouth and fauces; and secondly, they may occur in connection with the secondary fever. Patients in the secondary fever may die from the complications, or else from the exhaustion connected with them, from the fourteenth to the twenty-fourth day. This is one of the chief sources of danger, both because of the depressing or poisonous effect of the matter in the system, during the occurrence of the secondary fever, and because when the inflammatory complications occur, they are not here benefited by depression, and are not to be cured by depletion.

The cause of small-pox I need not dwell upon, whether it is by infection, or by contact, or by application to an abraded surface. Inoculation exhibits all the different modes of the infection; the infectious matter appears to exist from the first period of the fever, during the whole progress of the disease, until the disappearance of the last scab from the body. As long as there is a scab on the body it may be a constant source of infection. It seems certain that the infectious matter possesses a very volatile and strong smell, and persons have been affected by the effluvia from the dead body without any contact taking place; and thus small-pox has proved a source of pestilence. It is a remarkable fact that in some circumstances it spreads in some localities, and not in others. There is less predisposition required to receive this poison than that of other fevers, yet predisposition is necessary, for there are some persons who resist the influence of the small-pox, who never have even a modification of it during their whole lifetime. Others, again, take it very readily, and suffer more. It is more of this character in plethoric persons, of irregular habits of living, and in weakly persons. The fœtus-in-utero may take it, without the mother having any affection; the mother having had the disease before, and being exposed to the infection. When the mother

takes the disease, it is fatal to the fœtus, and it is very apt to be so to the mother too. Vaccination of the mother does not protect the fœtus, although the mother may take the disease, and communicate it to the fœtus; and although the fœtus may take the poison without the mother taking it, in regard to the natural small-pox, the same cannot be said with regard to the cow-pox, as that disease occurring but once in the course of the life, protects the system against its after occurrence, but not completely so here as in any other case.

Inoculated small-pox is another variety to be noticed. It is milder in its character, and there is actually much less amount of eruption, and the fever and all the symptoms are slight; the whole disease is of shorter duration, and there is, therefore, no wonder that it should be generally practised. Inoculation had long been done in the East, and it was from the East the practice was introduced into this country by Lady Mary Wortley Montague, in 1781. It was first practised on criminals, but the Royal Family set a good example by inoculating two daughters of the Prince of Wales. There was at first great caution used in practising it, and in the first eight years after its introduction into this country only 897 were inoculated, and out of these only 17 died. This was a very low mortality compared with the disease previously. As the inoculation was better practised it became more successful, and was in high vogue until the close of the last century, when its place was supplied by vaccination. The inoculation renders the disease milder, and partially accelerates and renders it shorter; the eruption appears about the seventh day instead of the twelfth, after the infection, and thus there is less time for the poison to be generated in the system, and the bodily powers are so much the stronger: where the disease is commenced in this way, it may supersede the natural disease. The natural small-pox is accelerated two or three days by the inoculated small-pox, and becomes milder. The chief precaution is, that the matter inoculated should be very small in quantity, and hence it was practised by needles and lancet-points slightly touched; the fifth and sixth day of the eruption was selected. It mattered not whether the disease was natural or inoculated, and it answered when taken from malignant cases. The eruption of inoculated small-pox was often very distinct and very scanty, and preceded, as in the other cases, by a rose-coloured efflorescence, but even where it was confluent it rarely extended to the throat. The general character was milder. It is stated that no malignancy was ever exhibited by any form of inoculated small-pox, and the secondary fever was comparatively slight. As a result of the inoculation, we find that the mortality of the inoculated small-pox was much reduced—to 3 in 1,000; whereas in the natural small-pox the mortality had been 3 in 10 cases.

Morbid small-pox is another variety to be noticed, as in some few cases it occurs a second time, the system not being perfectly protected from its recurrence. In this way, too, we have vaccinia, which also constitutes a morbid form of small-pox, and its chief difference is, that it is altogether milder than the others. The eruption is distinct and hard, the circumscribing inflammation is considerable, and instead of running on to vesiculation and pustulation, there are dry scabs, many of which die away without suppurating at all; the scabbing takes place a day or so before the complete suppression of the eruptive fever. The eruption is very limited; there are few pustules in most instances, and the inflammation does not go deep. The general health is affected for the first four or five days by the fever, but it is generally restored. The disease may discolour the skin very much; the eruption is very copious, and scarcely ever confluent; it may disfigure the appearance very much, but it neither tends to prolong suppuration and the secondary fever, nor does it cause any deep-seated inflammation, as in the other cases. If there are any pustules developed, they may generally be observed to have the characteristic depression in the centre.

The treatment of small-pox, first of all, in its natural kind, is to be founded on the character of the fever and the complications. In the early stage of the fever, a calomel purgative and an emetic are often of use to promote reaction, followed by antimonial salines and antiphlogistic treatment, observing coolness of the habitation, with free ventilation, quietude and rest. It is recommended by some to exclude light; they suppose that light increases the disease, and that it spreads very much under the influence of light, and this is the great reason why the hands and face are the most affected. It is certain that stimulants and heat make the disease more severe, and make it come out more in the confluent form. If there are signs of inflammation at the first outset of the fever, it may be necessary to bleed, according to the situation of the local inflammation, on the temples, the epigastrium, or the chest. In many instances there is a good deal of irritation where these complications are present, and with some amount of delirium, beating of the carotids, and contraction of the pupil. If the rash is retarded, hot pediluvium or mustard poultices to the feet and cold to the head should be used. When the rash is out and advances, it is of great importance to keep the body cool, but not cold, nor exposed to drafts, nor anything of that kind. If the inflammation passes to the extremities, it may be relieved by leeches. Where the disease is of the more depressed kind, stimulants, combined with salines, may be given. Stimulants ought to be given in considerable quantities, and this is particularly indicated if the surface is cold and the pulse frequent and weak.

Means have been tried to diminish the amount of the eruption; if this could be done it would be of great importance, not only on account of the disfigurement of the skin, but likewise to diminish the amount of secondary fever. The methods for this purpose have been greasing and rubbing the face with mercurial ointment and nitrate of silver, letting the matter out by puncture, and excluding the light.

In the secondary fever, the various local inflammations may be such as to require antiphlogistic treatment, but where there is great depression these measures are not well borne. Stimulants and tonics are often necessary in connection with the secondary fever, more particularly when it exhibits the adynamic type. With the stimulants and tonics antiseptics appear to be of considerable use applied externally; sponging the surface with a little vinegar and water, or *aqua sodæ chlorinata*, and as the surface is sometimes very sore and smarting, and great complaint is made on exposure to the air, it is necessary to apply a powder to the surface, or else cold cream. It is of great consequence to prevent the parts being unduly pressed upon in this disease. The more painful parts may be relieved by warm-water dressing; the hair cut short in order to keep the head cool, and because the exudation is likely to cause matting; the bed-clothes and patient's apartment should be sprinkled with a chlorinated solution or vinegar frequently, and kept cool and well-ventilated. For the same reason, the rules with regard to continued fever apply to this; take care that the secretions are kept free by mild aperients, and all excrementitious matter should be removed immediately.

If any of the parts show a tendency to slough, they require special treatment.

In convalescence, after the secondary fever has passed away, and even during part of its duration, if the patient is in the adynamic state, he may be benefited by warm sea-bathing, generally giving an aperient medicine to carry off the dregs from the system—iodide of potassium and sarsaparilla.

AN ESSAY ON THE VARIOUS FORMS OF ASPHYXIA, OR SUSPENSION OF SOME OF THE PRINCIPAL POWERS OF ANIMAL LIFE, WITH GENERAL RULES FOR RESUSCITATION.

By Dr. Chas. Clay, Piccadilly, Manchester.

(Continued from page 267.)

GENERAL CAUSE OF DEATH IN ASPHYXIA.

How the vital action becomes suspended, so as to cause death, is still an undecided question, about which authors differ very considerably. The impediment to the circulation through the lungs, by the cessation of the respiratory powers, does not appear to arise from the suspension of the mechanical motions of the chest, or from the venous blood destroying the contractility of the heart and large blood-vessels, but (as Dr. J. Reid expresses it) from the difficulty of transmitting the venous blood through the capillaries of the lungs; when the chemical changes have been arrested, the failure of sensibility, he says, arises from the accumulation of venous or unoxygenised blood in the vessels of the brain, &c. The object, then, should be to re-establish those chemical changes which have been arrested, and thus to prevent new changes more destructive to life from occurring.

On this subject Mr. Erichsen observes, "That one of the chief causes of the arrest of the circulation, is the obstacle offered to the passage of the blood through the lungs consequent upon the cessation of its arterialisation and the arrest of the respiratory movements, and that the contractions of the heart cease, and the functions of the brain and nervous centres become suspended, in consequence of the circulation of unoxygenised blood, deficient in stimulating and nutritious properties, through their tissues. Our first object should, therefore, be to arterialise the blood, and the second to restore or maintain the action of the heart, and thus cause the freshly aerated blood to circulate through the nervous centres, on which it acts as the most powerful stimulant, re-exciting the functions of the *medulla oblongata*, and the nerves of respiration, and thus enabling the respiratory movements to be properly maintained, and, consequently, the oxygenisation of the blood to be naturally performed." Much interesting matter on this subject will be found in Dr. Kay's work on Asphyxia, and in the article "Asphyxia," in the *Library of Practical Medicine*.

GENERAL REMARKS ON THE MEANS OF ARTIFICIAL RESPIRATION.

It will be necessary to introduce a few general observations on the manner of effecting artificial respiration, before speaking of its application in particular cases. In urgent cases (and all cases of suspended vital powers must be urgent) the simplest means, and those which can be commanded under almost every circumstance, and are applicable to every situation, are decidedly the best and most to be relied on. A pair of common bellows is, perhaps, the best and most available instrument, after all, if properly applied. The point of the tube must be inserted into one of the nostrils, whilst the other nostril, as well as the mouth, is effectually closed; the lungs are then inflated by the bellows, and now the operator must adopt means to expel the air he has just sent into the lungs; for this purpose the bellows must be removed, and pressure with the hands spread over the surface of the chest is generally resorted to; but by far the most effectual plan is to take a piece of calico, about half a yard broad and two yards long, the ends of which are to be torn up into shreds to the number of six or seven, keeping it whole in the middle, which part is applied to the back of the chest, and the torn ends cross each other over the top of the chest. Two assistants, one on each side, having the ends of the calico in their hands, can by extension produce a very equal pressure on the chest, closely imitating the natural action of breathing, and thus easily expel the air sent in by the bellows. The bellows, with the bandage, should work alternately, which may easily be done by a little activity. From time to time the operator should endeavour to ascertain if any natural action be set up, for which purpose, if the stethoscope is not at hand, the ear is equally good, when applied over the region of the heart, &c. Many plans have been proposed by various persons as improvements in artificial respiration, some of them entitled to great praise for their ingenuity; but it must be confessed, however effective they may be in restoring the powers of life, which cannot be questioned, yet it happens unfortunately that cases to which such means are most applicable, are many of them so situated that they are in a great measure *inapplicable*. The question is really, *not* so much what is the best, but what is to be preferred of those means which are at hand. It is, however, only justice to their ingenuity to give them a place here, in order that, if an opportunity should present itself where they can be put in requisition, they may not be neglected. One of the means proposed is warm air, in lieu of cold, as the object is unquestionably to promote warmth, as well as restore mechanical

movements to the chest. It is very desirable to substitute warm air when it can be done without sacrifice of time. An additional supply of oxygen gas to the air used for inflation has been proposed also by others, but I am afraid the objection just started against warm air is equally fatal against the latter proposition, namely, the consumption of valuable time, as well as the difficulty of obtaining it when wanted. Nevertheless, the suggestions are valuable for a suitable time, and, therefore, ought not to be lost sight of. If oxygen imparts warmth to the system, the principle of its application is legitimate; but if, as some have supposed, the action of the air on the lungs is purely mechanical, then it would be of little consequence to add oxygen to the air for inflation. Again, if purely mechanical, the expired air from one person's lungs might be used for inflating the lungs of others with impunity, and, on account of its warmth being always present, this would be preferable to any other; but that this is not the case common sense would dictate, that air rejected as unfit by one system is equally so for another, particularly when the one to which it is applied is so nearly defunct that any deleterious or injurious principle, however trifling, would have a very powerful effect in extinguishing the feeble remains of animal life. Electricity and galvanism are undoubtedly very powerful agents, and well calculated to restore animation, but, like the means just spoken of, an electric machine or galvanic trough is not always at command; indeed, but very seldom where resuscitation is most frequently required to be practised, for it must be remembered that suspended animation from design, or the character of the accident, frequently (indeed mostly) occurs in isolated and unfrequented spots, where philosophical means, and minds to apply them, are much rarer than the circumstances that call for their use. With these considerations, it is evident our best hope must rest on the judicious application of the simplest means, and such as can be understood and put in practice by the meanest capacity, and are at the same time immediately at command.

In asphyxia it is necessary to bear in mind the difference in the treatment required between those cases where the action of the heart is still continued (though feebly) and those where it has ceased altogether, otherwise syncope may be confounded with real asphyxia. In syncope the impression is upon the nervous system, the heart continuing its action, and depending on the small remains of oxygen in the lungs—animal life suspended, but organic existence continued. In real asphyxia the impression is first on the respiratory and circulatory systems; the nervous system being only secondarily affected, the blood rapidly becomes venous, and no longer stimulates the heart. Thus a very different treatment is called for. In asphyxia the blood must be re-oxgenised. In syncope the nervous system must be roused. In syncope the action of the heart is carried on very feebly for an indefinite period. In asphyxia it ceases altogether very rapidly. To the questions, "Can artificial respiration re-establish the circulation through the lungs after it has entirely ceased—or excite the heart to contract when once it has given up doing so?—Mr. Erichsen and Professor Sharpey reply, that after the action of these organs has entirely ceased, and they become congested with asphyxiated blood, they can be restored. Mr. E. adds, that four minutes is the longest period of cessation of action from which restoration can take place.

ASPHYXIA OF NEW-BORN INFANTS.

At first sight it may appear unnecessary to treat of infant asphyxia in an essay designed for general use, but when it is considered that thousands of infants are born without any person being present capable of rendering efficient assistance, and the number still greater born with only the assistance of females, also that a large portion of asphyxiated births occur where little or no assistance of an efficient nature is rendered, a short space devoted to this particular subject will not be deemed irrelevant, and may possibly lead to extensive preservation of human life.

CAUSES OF INFANT ASPHYXIA.

Asphyxia of new-born infants may arise from different causes, separately or combined; pressure on the cord or navel string, during the efforts of child-bearing preventing a due circulation of blood to the child; pressure on the brain of the child, by coming too powerfully in contact with the bony parts of the mother; plugging up of the respiratory passages with mucus; dividing the navel string too early, before the respiratory process is properly established in the child; general constitutional debility; and lastly, the effects of deleterious substances given to the mother during child-birth, some of which are often given for the purpose of facilitating birth, such as ardent spirits, &c. I may also add, that the ergot of rye, *when given in substance*, has a tendency to produce asphyxia in the child—a circumstance that does not appear to attend its exhibition when given in watery infusion (for particulars respecting which I refer the reader to the sixth volume of the *Medical Times*, pages 356 and 371.) Any one of the causes above mentioned is sufficient to account for the asphyxiated condition. As it is a circumstance of very frequent occurrence, it is the more necessary to point out the treatment, particularly as a large proportion of these cases happen when professional aid is absent.

TREATMENT.—There has been, and still exists, a variety of opinions on the treatment of infant asphyxia. Dr. Scholer, of Berlin, is persuaded that immersing the child in cold water will often be successful. Popular feeling would run against such a practice in this country; but its merits (if it has any), should not be disallowed on that account. For my own part, I should think it a very hazardous experiment, and not very likely to be attended by successful results. Dr. Marshall Hall, whilst he advocates the sudden application of cold to the face and chest, by blowing and dashing cold water upon them, yet advises the rest of the body to be kept warm; also inflating the child's lungs, by expiring the operator's breath, through the pores of a cloth, into the mouth or nostrils of the infant.[1] I can easily conceive how the sudden application of cold would, by causing contraction of the muscles of the chest, facilitate the motions required for respiration (it being well known that a sudden effort of inspiration occurs, whenever water is dashed on the face or chest of an adult in health), and reasoning from analogy, the same will undoubtedly take place in the infant. Thus, to a certain extent, the sudden application of cold air or water is not only desirable, but necessary. But I cannot so fully accord with the practice of inflation of the child's lungs by the expired air from the lungs of the operator, until it be clearly proved that the action of the air upon the lungs be merely mechanical, even although the plan of inflation include the precautions of Dr. Marshall Hall, which are as follow:—"The practitioner's lips are to be applied to those of the infant, interposing a fold of linen, and he is to propel the air from his own chest, slowly and gradually, into that of the infant, closing its nostrils, and gently pressing the trachea on the œsophagus. The chest is then to be pressed, so as to induce a full expiration, and allowed to expand, so as, if possible, to effect a degree of inspiration. But it is important, in doing this, that the practitioner himself should previously make several deep and rapid respirations, and finally a full inspiration. In this manner the air expelled from his lungs into those of the infant, will contain more oxygen, and less carbonic acid, and consequently be more capable of exciting the dying embers of life."

This celebrated physiologist then admits the oxygenising power of respiration. Now, on such a supposition, the effects of carbonic acid are considered injurious, to which the lungs of a new-born babe must be exquisitely sensible, though the portion of carbonic acid may be very trifling. Having made these observations, let the following be understood as what appears best to be done with children born in the asphyxiated state.

1st. The navel cord should never be separated until the pulsation from the mother has ceased. The neglect of this precaution I am confident from long experience is the cause of a great portion of these cases.[2] 2nd. The mouth and nostrils should be cleared from every particle of mucus, which in many cases is so great, as entirely to stop the respiratory efforts. 3rd. The tongue is found turned upwards and backwards, so as to act like a closed valve to the entrance of the air passages to the lungs; it is therefore necessary to open the infant's mouth, and press the tongue down with the tip of the finger, and at the same time draw it a little forward; the atmospheric air then finds free access to the entrance of the trachea or windpipe. By this simple means, I have restored many cases of infant asphyxia. 4th. Inflation of the lungs, on the principle proposed by Dr. M. Hall already alluded to, or in the following manner, which I believe to be more effectual, and which avoids the possible deleterious tendency of inspiring air that has been once expired. I take the common clyster India rubber bag and pipe, which holds about as much air as the lungs of an infant; I insert the pipe into the mouth, or, if small enough, into the nostrils, which is better; the rest of the passages being closed, the clyster bag is pressed, so as to expel the air contained in it into the lungs of the infant; the pipe is then to be withdrawn, when the atmosphere again fills the bag, which can be repeated as often as required. When the pipe is withdrawn, the expiratory process must be assisted by pressing the surface of the chest, &c. Where the India rubber bag is not at hand, the small pair of bellows used for dusting will be found an admirable subsitute; when bellows are used, they must always be removed from the nostrils while filling with fresh air; and where neither are to be obtained, then the operator may substitute his own expired air, but which, I believe is to a certain amount objectionable, and only to be used when better means are not at hand. 5th. Friction, particularly over the chest, with the warm hand is often of service. 6th. Dipping a cloth in cold water, and suddenly dashing it on the chest,[3] is frequently the means of exciting a sudden inspiration; and in consequence the respiratory organs commence their natural operations. 7th. The rest of the body should be wrapped up warmly, but not be put in the warm bath, as is a common custom. Dr. Edwards has shown by numerous experiments the bad effects of the warm bath. He maintains that the oxygen is consumed, and the necessity for respiration keeps a direct ratio with the development of animal heat; and likewise, that the application of heat to the body increases its power of developing caloric, whilst the abstraction of heat by means of any cold medium, has a contrary effect. Every one may observe, that when the body is heated by exercise, or by any other cause, the necessity for respiration becomes much increased, and that breathing cannot be stopped for more than a few seconds, without inconvenience, and even danger. Now, it is the stoppage of respiration that is the cause of mischief in drowning, as in every case of asphyxia; and withdrawing a person from the water would be of no avail unless respiration were re-established; for otherwise the process of asphyxia would be going on; and therefore the warm bath, by putting the system in a state which requires more oxygen, would hurry on the process of death, *if it did not at once cause the act of respiration* to commence. Thus the common, *nay*, almost universal practice of immersing the infant in warm water, is in all probability attended with greater mischief than good; yet, I am aware of the difficulty of convincing the world to that effect, in the face of a generally received custom, and supported by a large proportion of the medical faculty. It is certainly a matter worthy of serious

[1] It is probable a similar practice was enforced by the ancients. We read in Scripture of Elijah's acts of resuscitation, 1 Kings chap. xvii. ver. 21; but still more pointedly in 2 Kings chap. iv. ver. 34.

[2] In waiting for the pulsation of the cord to cease, care must be taken not to confound the independent circulation of the child with the joint circulation of the mother and child; for the impulse of the true circulation of the child will extend some inches along the cord, and it is therefore necessary to test the cord *at a considerable distance from the umbilicus*, to ascertain if the natural connection has ceased. If it has, the division may take place, although pulsation may be strong in the cord near the umbilicus of the child.

[3] Or moistening the surface of the chest, and blowing suddenly on it with a pair of bellows.

consideration.[4] 8th. Pungent stimulants to the nostrils should be applied. 9th. Irritating or tickling the fauces and nose with a feather or bristle. 10th. If the child be plethoric, a tea-spoonful of blood taken from the navel string will probably restore it. 11th. Electric sparkling, as well as galvanism, may be applied with advantage, if the apparatus be at hand. Their application with judgment, also requiring professional information, can only be used efficiently by medical men; still they are remedies that must not be lost sight of, as they are valuable in cases where a long time has elapsed, and no progress been made. The state of the atmosphere may render electric operations very uncertain. Those latter remedies may be practised a full hour or more after birth, and with a probability of success.

Then, as to what must not be done. The cord must not be divided till the pulsation has ceased; expired breath of the operator must not be used, except when other means are not at hand, as bellows, clyster bag, &c. We must not omit to press the tongue downward, and forward with the finger, to admit the air into the trachea; otherwise, you may be inflating the stomach instead of the lungs. Never bleed from the cord if the child be a weakly one. The use of the warm bath is questionable. In the absence of clyster bag, bellows, &c., do not forget to apply the mouth to the child, or, if this be objected to, a female catheter, the barrel of a quill, or stiff paper rolled up as a pipe, are all good substitutes in an emergency.

To conclude these observations, this chapter may be esteemed a little out of the path of the humane societies, but can those bodies so conclude when informed, that one child out of every twenty dies from asphyxia at birth? that a vast proportion of births are attended by illiterate females? that many are born with only the presence of relatives or friends? and lastly, it is surely as legitimate an object of humanity to save the life of an infant in the commencement of its existence, as it is to restore the adult from the asphyxiated state, particularly when the fate of that infant may involve the fate of an anxious and suffering mother at the time, who at all events must be esteemed a valuable member of the community, and worth a struggle to save.

THE CURATIVE POWER OF MESMERIC INFLUENCE PROVED BY ITS SUCCESSFUL APPLICATION IN A VARIETY OF EXTREME CASES.

By WILLIAM WARENNE, Lecturer on the Physiology of Health and Disease, Hull.

[We forbear in any way to identify ourselves with either the theories or alleged facts of this extraordinary paper. The statements appearing with the name of the writer, a medical Teacher, are published with a serious responsibility, and being very specific, cannot, we hope, escape a searching scrutiny. Whatever the result, we shall have no hesitation in promulgating it.—Ed.]

Mesmerism having now become a scientific as well as a public consideration, more worthy by its proved utility than by its hitherto unaccounted-for phenomena, I consider it my duty to lay before you a few cases, selected from a great number, in which successful results have been attained, through the exciting or sedative nature of mesmeric influence, or, as it has been termed by some, animal electricity. In common, I believe, with all persons who have practised and reflected upon the phenomena and utility of mesmerism, or, as it is termed by Mr. Braid, of Manchester, hypnotism, I admire that gentleman's labours, and his bold and straightforward avowal of his opinions, and consider him entitled to the thanks of the members of the faculty for the extensive range of information which he has in various ways placed before them and the public; and though I feel obliged to differ from him in some of his conclusions, arising probably from a difference in our mesmeric state, or in that of our patients, yet I feel happy in being enabled, by a most extensive course of experiments, to bear out his testimony to the wonderful utility of mesmerism as a curative agent. I may here be permitted to say, that in all the wonders I have witnessed in connexion with mesmerism on the continent, before and since its introduction into this country, I never detected or had any reason to suspect frauds; though in all I have seen, and in all I have since practised, I have felt myself (as every body else has) entirely unable to account for the phenomena, and the more so, as I found them so differently exhibited in different persons, and in the same persons at different times; but with regard to the facts of its curative agency, where no fraud would be suspected, I have had and have produced so many proofs, that my refusing to acknowledge them would be refusing the evidence of those faculties of sense and reason which elevate us above the lower grades of creation.

I may here also remark that I have frequently tried, but never succeeded, in producing mesmeric phenomena by the means recommended by Mr. Braid; whilst by the usual method, that is, by contact, I have never failed. This suggests to me that there may be a difference in mesmeric influences residing in the mesmerisers, consequently, my want of success in adopting Mr. Braid's method, does not lead me to question his statements, and experience has taught me that, to send the patient into that state of unconsciousness termed mesmeric trance, is not in all cases necessary when mesmerism is applied as a curative agent. I differ from Mr. Braid in his opinion that the influence resides entirely in the patient. I have, as the following cases will best explain, been led to think that the electrical power passes from the mesmeriser to the patient, and I think it will be found upon more mature consideration, even in the cases which Mr. Braid has observed and reported, that the mere will of the mesmeriser most directly influences the actions, and I think also the words and thoughts of the mesmerised.

Before detailing the cases in which curative means have been so successfully employed, I will lay before you a few instances which I think will bear out my allegations, that mesmeric influence must pass from the operator. I have frequently affected persons through a wall, with various states of somnambulism; they being quite unaware of my intention. In one instance, when my assistant was engaged in another room in operating on a patient, by my unintentionally stretching forth my hand in the direction of the above, both the operator and patient were instantly mesmerised; my assistant came into the room to me, in what is termed by Mr. Braid the "exalted state," a state which I had never before produced in the same person, even by powerfully mesmerising him with contact and an hour's manipulation of the cerebral organs. On the same evening I mesmerised through the wall a young person whom I had cured of paralysis: she had her hands clasped; I called my housekeeper to view the case, and as she entered the door, I stretched out my hand, in order to caution her against making much noise, when she became instantly mesmerised, with her hands clasped in the same position. What could imagination have to do in these cases?

A young Quaker gentleman, whom I placed under the care of my housekeeper to be mesmerised for epilepsy, though at first very difficult to be affected, yet became so susceptible, that, if upon entering a room I pointed my finger at his forehead, he was instantly mesmerised: from a room above him I could, by pointing my hand downward, raise him off his chair to his feet; and by raising my hand oblige him to spring upward higher than he could at any other time; he being quite awake, and not aware of my presence in the apartment above him. When placed in a Bath carriage, I pointed my hand towards him (being behind him at the time), to ascertain whether I could move the carriage with him, when immediately he flew a great height from it, falling to the ground unhurt. What could imagination have to do with this? At another time, when I placed myself behind a brick column, three feet thick, and about twelve persons between him and the column, on pointing my hand (quite unseen by him) he was so attracted as to force these people before him into a heap. Here imagination cannot be supposed to have any influence! If the fingers were pointed at his forehead, he was instantly mesmerised; if at his body, irresistibly attracted, but not rendered unconscious.

I experimented with two patients at various distances, and found that the greater the distance the more rapid and powerful were the effects of mesmerism. I had one patient conducted nearly one quarter of a mile, and the other placed about half that distance; the farthest off was kept in conversation by a person on each side, yet none of the parties were aware for what reason they were sent to a distance. When I could barely distinguish the central person of the foremost party, I stretched out my hand in the direction of the three, when immediately the farthest off fell, and the other directly afterwards; both were rendered cataleptic, and felt, they stated, as if slightly tripped, as the effect came from the feet.

At a party of about thirty Quaker friends, who were desirous of investigating the phenomena, I presented two patients, who, being placed at opposite sides of the room, with a chain of connection formed by the Friends, stretching from the left hand of the one to the right of the other, were both thrown down and rendered cataleptic by my stretching my hand in the supposed line of the patients, whilst in a distant room. They dragged with them several of their friends, some of whom declared they felt a shock pass through their arms. This sensation in the Quakers may have been imagination; but the two patients, by some means, before I got into the room, had their heads so fixed to each other by the crown, that I was some time before I could relieve them from a situation apparently, though not really, painful. What in this case is most worthy of notice is, that one patient fell from the other towards the position of the operator.

I have frequently performed similar experiments while the patients were in an unconscious mesmeric state, where it must appear very evident that imagination could have no effect. The same patients, being mesmerised, conversed fluently, assisted themselves and others whilst at supper, and one of them, yet under the influence of mesmerism, mesmerised a young gentleman, proving that mesmeric influence must pass from the operator, independently of the staring of the eyes.

One of the same patients, when the organ of order was touched, took from my hand a handkerchief, went to a corner of the room, there dusted the several articles very carefully, and returned each to its respective place; it being remarked by the servants, at the time, that this was the only part of the room that had not been dusted. On different coloured papers being presented to him, he immediately named the colour of each without the aid of any light, calling white no colour. The same two patients were taken home, still in a mesmerised state, when, without turning their heads, they read with perfect ease across a broad street the signs and placards which those who accompanied them could not see, though they were aware of their situation and existence.

It may be remarked, that one of the patients was an entire stranger to that part of the town, therefore memory could not be an agent. I may also state that, whilst the patients were (not being mesmerised) kept in conversation at the extreme end of the room *by the volition of thought*, as requested in writing, I could render the leg or arm cataleptic. Imagination could not here be the agent; yet, whilst I could do all this, and much more, I could no more account for the power I exercised than could those who obeyed so unconsciously and irresistibly my agency. In placing before your readers the following cases, as illustrative of mesmerism, I cannot be suspected of wishing to deceive, or of having any interest in supporting a deception. What I present is to the profession, and I offer to furnish references (to the patients) to all who wish more fully to investigate the facts I present. I have, like, I believe, all the medical mesmerists who have experimented and written on the subject, made the experiments a my own expense, with a desire first to learn, an secondly to make known, their useful results hoping to extend the "practitioner's power over

[4] If the skin act as a respiratory organ (and to a certain amount it does), it may be considered as an assistant to the respiratory function. A warm water bath therefore is highly objectionable; but a warm air bath would in all probability be attended with good results.

conditions of disease hitherto considered beyond the reach of medicine. Upwards of thirty-three years of extensive and onerous labours for the diffusion of medical knowledge, with an undeviated attention to the state of society, and an ardent desire to improve the condition of the poor by explaining the causes of disease and the means of securing health, holding official situations which, whilst travelling, enabled me to observe the endemic, and, when resident, to trace the causes of epidemic diseases in one of the largest cities in the empire, will, I think, be considered as entitling me to judge of results by a competent investigation of their causes, and, therefore, to be a person not likely to embrace theory not formed on a chain of illustrative facts: having in relation to mesmerism, both in its phenomena and its utility, made this investigating principle my rule of procedure, I feel therefore a proportionable degree of confidence in submitting to the judgment of your readers the following cases, in which the cure depended more on mesmeric and magnetic influence than others in which constitutional treatment being combined to some extent might be considered as partially effecting the cure.

Case 1.—A young lady now residing in Hull, but at the time when the cure was performed in Pocklington, lost gradually, but entirely, the use of her lower extremities from the effects of a fall; she was incapable of turning on her side in bed, and, to have the bed made, was obliged to *be* turned over; not being able to sit up, she was fed on her pillow, continually lying on her back. When I saw her she had been in this condition two years and a half; her lower extremities having withered to skin and bone. When delivering a course of lectures at Pocklington, I was requested to visit her. Upon inquiring of some of the resident medical gentlemen the nature of the case, I was told they had not been consulted, as persons of higher pretensions in spinal cases had been employed from different parts of the country; but from what they could understand, the case was pronounced to be hopeless, as the mother would not allow of issues, setons, &c., all other means having been tried and proved useless. Upon examination, I conceived the case might give a trial to mesmeric treatment, as all other means had failed, and the patient had been left to her fate.

After spending a few days making experiments, which were encouraging, I instructed the mother and sister how to carry forward the operations; their readiness to learn, and their persevering dispositions, gave me such confidence that I promised as a reward for their exertions, if continued, that in three months the patient should walk with me through the town.

In six weeks afterwards I returned, and found my patient so improved, that I ordered her out of bed, and walked with her several times across the room. I need not describe the wonder of all, mixed with pleasure, which cannot be rendered into words. She, after this, rose daily; the means were continued with more visible effects, and in six weeks afterwards, completing the three months in fulfilment of my promise, I walked with the patient through the town, affording to none of the inhabitants more surprise than to myself. The means used had been simple, yet effective. This lady is now enjoying the most perfect health. In this case, pain in various parts of the spinal column was the only sense of feeling connected with the disease, and the only remedies previously applied went to the seat of the pain, which shifted from the lumbar to the dorsal regions alternately as the means were applied; the catamenia, which had been suppressed for upwards of two years, returned shortly after the young lady's recovery. I may here remark that, in catamenial suppressions, I have witnessed the success of mesmerism, where the most powerful emenagogues had failed.

Case 2.—A young girl, aged between nine and ten, was nineteen weeks afflicted with St. Vitus's dance; she had been visited by most of the medical men, and viewed as a curiosity. The disease having resisted the common range of antispasmodics, and therefore, as a case deserted, been left to nature, I considered it as a suitable one to put mesmerism to the test. I found the child bound hand and foot, to prevent violent and uncontrollable actions, which would have endangered her life. Loosing her bonds, I took her on my knees, and, after only manipulating her nerves for about three quarters of an hour, I put her down cured, and so she has remained ever since.

I have lately had a similar case, a girl, aged fifteen, but suffering under a second attack, she first having been treated by the usual means. In this case the brain was affected, so that the patient was idiotic. I pursued the same means as in the former case, but the girl, having to be brought from a distance, I instructed the mother, and after a little time, to our great surprise, we succeeded in producing a splendid cure, such as could not have been expected by any who had witnessed her idiotic and excited state, which yielded to the means chiefly applied by the confident hand of the parent. Thirty years ago I saw the nuns of some convent cure children of various kinds of fits, by manipulation and prayers. Having paid more than ordinary attention to the nervous system, I attempted the manipulating process without the prayers, and succeeded, so this is not a new discovery: and by the same means I have enabled mothers to prevent, and often cure, decided cases of hydrocephalus in infants. Mesmeric influence, if it can do any good, is surely worthy the attention of medical practitioners.

Case 3.—A boy, aged eight years, was brought to me, his limbs supported by irons, his spine laterally curved at its base, his shin bones forming an arch, his thigh bones of course distorted, and his belly nearly touching the ground; he was the only son of a lady, whose husband was lost at sea; all had been done that medical advice had been able to afford; and the iron assistants were the last. As an extreme case I tried mesmeric means, instructed the mother how to proceed, and, aided by some constitutional treatment, our joint efforts succeeded. The boy is now not only straight in his back and limbs, but is remarkably healthy, strong, and active.

* [Our correspondent narrates several other cases of a parallel kind, and concludes with an emphatic appeal for the further investigation of Mesmerism. For ourselves we have only to repeat, that these statements *demand* the particular scrutiny of the medical men resident in Hull. We need not say that our columns are at their service.—Ed.]

IMPORTANT MEDICO-LEGAL CASE.

To the Editor of the Medical Times.

Sir,—The anomalous nature of a medico-legal case which lately occurred to me, induces me to request a place in your columns for the following brief outline thereof.

Yours, obediently,
Butler Lane, M.R.C.S.
Ewell, Surrey, August 3, 1845.

I was summoned early in the morning of the 20th of June to a house in the immediate neighbourhood, in consequence of the discovery of a new-born child, which it was supposed had been given birth to by one of the servants, an unmarried female ætat about 21. On attending, a fœtus was shown to me wrapped up in some under clothing, and I then judged it to be of about seven months' gestation. The woman, who seemed of rather weak intellect, had, I understood, denied in the first place that she had "*given birth to a child,*" though, when it was shown to her, she appeared tacitly to acknowledge the fact to her mistress. She did so likewise to me, and also informed me that she had not expected to have been confined so soon. She did not think that she became in the family way until after Michaelmas, but could not fix the exact date, and she considered that she should have returned home in time for the event. (She was to have left her place some days previously, but had agreed to remain another week for the accommodation of her mistress.) She assured me that she had not been in the family way before.

An inquest, of course, was required, and in pursuance with the coroner's order, I examined the body of the child. It was that of a female. The placenta was unsevered; it was of moderate size, but loaded with fat, especially on the fœtal surface; the entire of the membranes were connected therewith, and appeared dense and thickened. The funis was between five and six inches in length, and seemed to have undergone no laceration or stretching. There was not much appearance of hemorrhage. The child was singularly emaciated, measuring sixteen and a half inches in length, but weighing scarcely three and a half pounds avoirdupois. The head was of small size, but tolerably firm. The cutaneous surface was fresh and healthy, presenting no mark of injury or discolouration whatever. The central point of the body was within half an inch of the umbilicus. The membrana pupillaris had disappeared. There was some slight growth of hair. The nails were fully developed. These circumstances convinced me that my original supposition of its being but a seven months' fœtus was incorrect, and that in accordance with the woman's own statement it was at a period of at least eight months. The thorax was contracted. On examining the lungs, not the slightest symptom of respiration having occurred was discoverable. They were closely adherent to the posterior mediastinum, and their substance was of uniform hepatic texture, without the slightest appearance of cellular development. Submitted to the hydrostatic test, both entire and in small portions, they sunk instantaneously in the water. The still birth of the child was then beyond doubt, and solely to that effect was my evidence at the inquest, with merely a few additional remarks as to the birth being premature, which supported the woman's statement of expecting to have returned home before the birth took place, and would account for no preparation having been made; also as to the small bulk the child occupied, and the consequent facility of parturition. Three other witnesses were examined: one (a fellow servant) deposed to having suspected pregnancy, and seeing stains of blood, she communicated her fear that something was wrong to her mistress, by whose order she made search, and *found the child* concealed in a box under the woman's bed. The mistress, on the other hand, deposed to *receiving the child*. It appeared that the birth took place within from half an hour to an hour after the woman had retired to her room at night, she having been somewhat poorly all day. The following morning she was up and about, when the discovery was made. In accordance with the evidence, a verdict was of course given that the child had been still born, with the additional finding, that the woman was guilty of concealing the birth. She was, in consequence, to be held in custody by the police until such time as she should be fit to appear before the magistrates.

A remark having been casually made in the course of conversation respecting "*some skin*" which covered the child when first found, by the mistress of the girl, I was induced to make further inquiry, and to my surprise I learnt, that on the first discovery the child was completely enveloped by the membranes in a state of integrity, and that it was only subsequently to the discovery that the ovum was torn open, laying bare the child as when shown to me. The lady also informed me, in answer to my questions, that she could not see the child in the first instance, nor any portion of it, neither could she discover the shape thereof, but from her matronly experience she supposed the substance to contain a child, and therefore opened it. On questioning the second witness, the fellow-servant of the accused, she also acknowledged to having been unable to see the child previously to the membranes being opened, though she thought that she could distinguish the outline of the form. She had, in fact, made up her mind beforehand that it was a child, and having had no experience in such matters before, she probably thought it the usual manner in which children were born—from eggs, like chickens. A very few minutes certainly elapsed between the discovery of the substance and its being opened; so short, therefore, was the period of ignorance or doubt, and, in the confusion and excitement of the moment, that period was so slightly defined that its recollection might readily have been swallowed up and obliterated by the after certainty of the matter. Therefore the knowledge of the true state of the case would seem to the parties existent throughout, the ascertainment of the fact connecting itself with the anticipation thereof. Thus the original incorrectness of the evidence could be accounted for, at the same time that it became questionable how far the second witness was actually cognisant at the time of the true state of the case. The expulsion of

the ovum entire after the eighth month is decidedly rare, but at an earlier period it is not uncommon, and not even a professional man can always predicate with absolute certainty as to the nature of the fleshy membranous mass which is presented to his inspection. I remember on one occasion being suffered to carry off a seven months' ovum, the impression on the minds of the nurse and female attendants being that it was merely a mole, or false conception. These circumstances at once made it doubtful in my mind whether the woman was aware at the time that she had given birth to *a child;* if she were *then* ignorant of the fact, she could not be guilty of any *wilful concealment.* I considered that if the possibility and probability of ignorance in the matter could be established, the woman should of course be entitled to the benefit of the doubt, and be relieved from the minor penalty for concealment of birth. I have already mentioned, that when first accused of having given birth to a child, her reply was that it was "*not a child.*" I now questioned her further, without letting her know the object of my inquiries. Her statement was, that she had felt poorly all day, as she had always been accustomed to do on the approach of the menstrual period; that she suffered but little pain when the substance came away, and thought it merely congealed blood, having no idea of the presence of a child (which, under the circumstances, would readily go "in very little compass, round or square"), until it was shown to her by her mistress the following morning.

In a few days the woman was taken before the bench of magistrates. In consequence of my statement the matter was fully investigated, and the facts I have detailed were elicited. It was then decided that the concealment of birth was not proved, and the woman was consequently discharged.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, August 1, 1845.

On the Treatment of Internal Hemorrhoids.—When we consider the numerous accidents which follow the operations performed for the cure of internal hemorrhoids, and reflect that excision, on account of the danger of fatal hemorrhage, is universally dreaded, any method by which a radical cure of this painful disorder can be obtained deserves attention. Dr. Amussat, whose laborious researches are so well known, and whose zeal for the advancement of science knows no bounds, thought it possible to obtain a cure by means of the ligature, without exposing the patient to the dangers attendant on the operations previously had recourse to. For several years he employed it exclusively in a great number of cases of internal hemorrhoids with perfect success; but as it offered some slight disadvantages, on the discovery of the solidified Vienna caustic by M. Filhos, he substituted cauterisation for the ligature, in order to avoid the nervous disorders which sometimes occur, owing to the constriction produced by the latter, and to simplify as much as possible an operation which is so often required. A great number of patients have already been operated on with this caustic, which consists of a cylinder composed of solidified potass and lime, and the effects were far less serious than when the ligature was had recourse to. At first, Dr. Amussat seized the hemorrhoidal tumour with a pair of dissecting forceps, so as to enable him to cauterise it more easily; but in April, 1844, his son, M. Alphonse Amussat, thought that the circular cauterisation of the pedicle, by means of forceps, might replace advantageously the cauterisation of the whole of the tumour, and consequently requested M. Charriere to make several forceps *porte-caustique.* That to which Dr. Amussat gives the preference is similar to the forceps used in dressing wounds, whose rounded blades form two little cylinders of about an inch and a-half in length, and from one to two lines in diameter, which increase in width as they become deeper, and are made to receive solidified caustic, or a paste made with the powdered caustic and a little alcohol. One of the extremities, longer than the other, is bent like a hook, so as to prevent the hemorrhoid from slipping when seized, and at the same time, as the furrow exists on its internal surface, to cauterise the tumour. This instrument may easily be made with an ordinary dissecting forceps, by cutting off the extremity of one blade, bending the other at right angles, and making a furrow on its inner surface.

Having been present about a fortnight ago at an operation performed by Dr. Amussat, I noted down the details of the case, in the conviction that the description of the operation, and the enumeration of the means employed to prevent the development of consecutive accidents, would prove useful and interesting.

Case.—M. D., ætat. 60; strong constitution; was never ill previous to 1840, at which period he experienced, for the first time, an unpleasant sensation in the rectum, accompanied by slight hemorrhage. Since then the same symptoms have occurred very frequently, especially when, from stress of business, he fatigued himself more than usual. The tumour was so large that M. D. thought he was affected with prolapsus ani, and, to keep it reduced, he wore a species of bandage of his own invention, which rendered progression extremely difficult. At length his sufferings became so acute that he resolved to consult a surgeon, and at the recommendation of his medical attendant, Dr. Pouget, Dr. Amussat was called in, who recognised the existence of two internal hemorrhoidal tumours, as the cause of the pain experienced by M. D., and of the prolapsus ani, which inconvenienced him so much. The operation appearing indispensable, it was fixed for the 16th July, and the day before a gentle purgative and total abstinence from food was prescribed.

July 16.—Accompanied by the Messrs. Amussat, I called on M. D., whom we found very favourably disposed. An enema having been administered, in order to empty the rectum should it contain any fœcal matter, and the patient having strained, as if at stool, the two hemorrhoids became very apparent. They were about the size of a large nut, but somewhat flatter, and were placed on each side of the gut, not very far from the anal orifice, and presented two corresponding external tumours. The patient was then placed on the right side, and Dr. Amussat seized with the forceps *porte-caustique,* the left hemorrhoid, which was the largest and the most painful: after a minute and a half, without letting it go, he opened it throughout its whole extent; evacuated the blood contained in its interior, and cauterised it with the solidified caustic: the latter part of the operation lasted only half a minute. Two injections were next made, in order to remove any particle of the caustic which might have remained, and which might cauterise the surrounding parts; and the patient was placed in a hip-bath previously prepared, in which he remained several hours, without experiencing any violent pain. The night was passed favourably; no fever; and the next morning the pain was not very intense; the cauterised hemorrhoid was flattened, blackish, similar to an eschar, and the two edges of the incision were visible. Very little food, and an astringent tisanne, were prescribed, in order to prevent any stools taking place, as they might cause the hemorrhoid to separate prematurely, and be followed by hemorrhage. For six days, this treatment—frequent hip-baths, injections, cataplasms on the anus, and a little broth only—was strictly adhered to; when, on the seventh day, the hemorrhoid separated without producing the least pain, after a very small stool.

On the 24th, I called again on M. D.; he was then quite well, and, instead of the hemorrhoid, there was a small linear cicatrix, about a line and a half or two lines in length, surrounded by a reddish areola and slight suppuration. The right tumour appeared to have decreased, and to be shrivelled. During the week which preceded the separation of the hemorrhoid, M. D. had several small and nearly liquid stools, produced by the enemas, but without disturbing in the least the process of cicatrisation. A few days after the operation, the patient complained of a severe pain in the left external hemorrhoid, and a small opening was made with a lancet, and a red granular substance escaped, with instantaneous relief. Dr. Amussat intends at a future time to cauterise the right hemorrhoid.

Fissure of the Anus.—The two following cases, which occurred in the wards of Professor Trousseau, indicate the mode of treatment adopted by this distinguished practitioner, and prove that this painful affection may be cured without having recourse to an operation.

Case 1.—P. G., ætat. 21, sempstress, was received at Necker Hospital on the 22nd of January, 1845. Immediately after her accouchement, which took place about nine months before, she was affected with acute pain on going to stool, which has continued to the present time; the pain is intense during the evacuation, and increases gradually, so as to attain its maximum in a quarter of an hour after, continuing thus half an hour, when it decreases, and, finally, in about an hour, disappears; the patient shudders at the very idea of going to stool, and remains sometimes three or four days without an evacuation; this, as may be supposed, renders the pain more acute, and each motion is followed by hemorrhage. On examination, a fissure was discovered, posteriorly, extending inwards from six to nine lines; introduction of the finger was excessively painful.

R. Extr. Ratanhæ ℨivss, Aq. puræ ℔j; ft. Enema, bis in die injiciend.

24.—The pain lasted after the injection only a quarter of an hour; and decreased daily, so that, on the 27th, it ceased after five minutes.

29.—Pain still slight, lasting only five minutes; a little blood was passed with the feces. Enema cum extr. ratanh. statim.

31.—Pain and quantity of blood on going to stool more considerable than on the preceding days. Repet. enem. bis in die.

Feb. 1.—A very painful stool, with considerable hemorrhage; pain continued for an hour, caused by a copious and abundant evacuation. Repet. enem.

2.—Pain not so long, though still as intense, and accompanied by profuse hemorrhage.

R. Gum. tragacanth ℨss, Aq. puræ ℥iv, Enema bis in die, ante enema cum ratanh. ut end.

3.—The mucilaginous injections caused somewhat less pain than the astringent; the pain, however, though not so long, is still intense. Perstet.

4.—No pain after the mucilaginous enemas; suffered twenty minutes after the first, and fifteen after the second, astringent injection; the pain, notwithstanding, was less acute; no blood. Perstet.

5.—Enemas produced the same effect as yesterday. Continue enema cum tragacanth, omit enema cum extr. ratanh.

7.—Pain and hemorrhage recommenced, owing to the canula having touched the fissure. Enema cum tragacanth et extr. ratanh. ut antea.

8.—Pain less. Perstet.

9.—No blood; pain considerably diminished; constipation.

R. Ol. ricin. ℥j, statim sumend. Contin. enem. cum tragacanth.

R. Extr. ratanh. ℨivss, Alcohol. rect. ℈j, Aq. pura, ℔j. Enema bis in die ut antea.

10.—Oil produced ten stools, without any pain; none after the injections. The patient, before entering the hospital, had been affected twice with diarrhœa, and then the pains were more intense. Perstet. Pilul. Anderson, No. 1, h. s. sumend.

11.—No pain after the stools. Perstet.

12.—An examination took place, without an injection, and without causing pain; fœces not so firm. Perstet. Under this treatment the amelioration continued, and the patient left the hospital quite well on the 27th of February.

Academy of Medicine; Sitting of the 22nd July. (concluded)—*Discussion on Typhoid Fever.*—Dr. Renauldin: Dr. Gaultier de Claubry stated that typhus never relapsed. Dr. Gaultier de Claubry (interrupting): I did not say that typhus never relapsed, as I myself had it twice, and I have seen other instances; but this is not common, nor does it invalidate the general rule I indicated; as to typhoid fever, Professor Chomel, Dr. Louis, and other practitioners, have never met with a relapse. Dr. Renauldin: The general rule, as far as regards typhus during epidemics, meets with numerous exceptions. I had this disease twice, and I lost two friends, who, after recovering from a first attack, fell victims to a second. I have likewise seen upwards of fifteen relapses during epidemics. Dr. Collineau stated that he had, in order to endeavour to conciliate the different opinions as to the identity

or non-identity of typhoid fever and typhus, examined the numerous documents sent to the Academy, but it would appear without any benefit, since the learned academician still remained in doubt. Dr. Castel read a long discourse, of which the following is a *resumé*:—Contagion is subordinate to the nature of the emanations produced by the sick body. The species of fever being the same, the emanations vary according to the country, the climate, the seasons, and also according to the stage of the fever. The influence of these emanations is more or less active, according to the age, the idiosyncrasy, and the proneness of the individual to receive them. Whence it results—1. That a fever which is not contagious to-day, may become so to-morrow; 2. That while the fever lasts, the contagious principle may arise and develop itself spontaneously; 3. That it may be communicated to part only of the surrounding persons. Contagion cannot exist without infection, whereas the latter may take place independently of the former. Dr. Rochoux: As to typhoid fever, I have said all I have to say; I will, therefore, briefly reply to some remarks that have been made. Professor Gerdy spoke of infection and contagion, but this will find its place in the discussion on the plague. Dr. Dubois d'Amiens accused me of having treated too harshly the works published on the Pathology of Fevers previous to 1804, but I defy him to note a single work on the subject previous to that of Prost, and he will not succeed better than Drs. Ferrus and Merat in his assertions. Our colleague, forgetful of the precept of Aristotle's logic, that of two contradictory opinions one is necessarily true, the other necessarily false; condemns equally Dr. Gaultier de Claubry's and my own opinions. It may, therefore, be concluded the learned secretary has condemned an opinion founded on truth, whether it be that expressed by Dr. Gaultier de Claubry or that by me. What Dr. Louis accuses me of having said of Dr. Bretonneau is not in the *Comptes Rendus*, and, therefore, his critical remarks may be considered as if they had not been made. Dr. Castel says that I see nought but absolute things, but this is not my fault, but the fault of common sense and sound philosophy. This Epicurean philosophy is founded on a principle as evident as a principle can be—that the atom is endowed with activity. Dr. Merat remarked that it was the first time Dr. Rochoux had spoken of works anterior to 1804, but it was not on this that an answer was made, but on what passed in the wards of the various clinical professors. Dr. Gaultier de Claubry stated that in reality Dr. Rochoux was his sole opponent, and therefore it was only requisite to answer him. The objections made by our honourable colleague were founded—*on the delirium*, but on consulting the different works published on typhoid fever, especially those of Professor Chomel and Dr. Louis, it is evident there is no species of delirium peculiar to this affection, and consequently it is impossible to establish a distinction between it and that observed in typhus. *On the eruption*: from clinical facts observed by me and stated in various works, I am convinced that the eruption in typhoid fever does not differ in the least from that of typhus. *On the pathology*: it is true, that previous to 1811 it was but little attended to; since then, however, the researches that have been made are as complete as possible, and Professor Cruveilhier, who performed numerous autopsies of persons who had died from typhus from 1810 to 1814, affirms that he discovered lesions identical to those attributed to typhoid fever; therefore, as the lesions, the symptoms, and the mode of development are the same, I do not see how the identity of the two affections can be doubted. *On contagion*, I have nothing more to add here than that my convictions are precisely the same now as those I have already expressed. Dr. Honoré will never admit that typhoid fever is contagious until a case is shown to him, in which it can be said *this is where the disease was contracted*. Contagion is, therefore, an exception, and cannot be given as a general rule. Dr. Desportes: What I have to say is very plain; it is only relative to the contagion of typhoid fever. Facts have been quoted as instances of contagion in this disease, but I do not think them admissible; for in medicine they can only be valued according to the commentary which accompanies them, and which is always in proportion to the advancement of science. Let us, therefore, examine what our medical knowledge will furnish in interpreting the facts cited by Dr. Gaultier de Claubry, by a physician practising on the banks of the Loire, on whose memoir Dr. Bricheteau lately presented a report, and by various other practitioners. The expression, *nothing is so brutal as fact*, so often employed, ought to be abandoned, for a fact is not so, even when at first sight it appears most unexpected and exceptional; it presents itself as a fact, because it is described with all the details which our medical knowledge permits, and consequently raises doubts and reflections, even with all the circumspection and care which the most circumspect, the exactest, and the best governed science possesses. But to return: the facts given as proofs of contagion may be classed under three heads—1. An individual is attacked with typhoid fever, and the persons who live with or approach him are also soon after affected. Now, let me ask, why must this be considered as a case of contagion? Is not a mother nursing her sick child—is not a child who approaches her nurse while suffering from this affection, exposed to the same hygienic influences as the sick person? And are we justified in attributing the propagation of the disease to contagion? Assuredly not. Again, when anyone attends a patient for whom he is deeply interested, numerous changes take place in his economy; the long watching, the fatigue wear him out; he is sad and anxious, and all the usual precautions in diet are omitted or forgotten. Are these causes not sufficient to produce a disease of a typhoid character? 2. One or more individuals come from a distance to a house in which typhoid fever reigns, and are themselves attacked by the disease. This is supposed to be a case of contagion. But what has happened? They have come to a house in which the actual hygienic conditions are adapted to produce a peculiar disease—*typhoid fever*—where they are sad, sit up late, and are therefore fatigued by attendance on the patient; where they do not follow a proper diet—causes of themselves sufficient to give rise to a typhoid affection. 3. Finally, there are some persons who, after visiting a patient sick of typhoid fever, on their return home (often at some distance) are attacked with the disease, and communicate it to those who attend them. The preceding remarks are in a great measure applicable here, and explain the production of the disease, without there being any necessity to have recourse to contagion. Some practitioners admit the existence of diseases which, after having been transmitted once or twice, lose their contagious principle; this may be accorded: but in return, it must be admitted that in certain places, very limited it is true, almost epidemic, morbific conditions may exist, and attack only a few individuals. What other interpretation can be given to facts of daily observation, such as the following:—Towards the close of the year 1841 a lady was attacked with *gastric fever*, complicated with pulmonary catarrh; a fortnight after her maid was affected with a dangerous lobular pneumonia, with *gastric disturbance*, which was cured with difficulty. While still sick, the son of her mistress was seized with cynanche and fever, complicated by *gastric disturbance*, and a roseate eruption on the neck and chest, which soon disappeared; finally, the man servant was attacked in his turn by intense *gastric fever*, abundant sweatings, and, towards its close, slight intermittents. Would any one see here an instance of contagion? Certainly not. Yet all the diseases presented a common character—an affection of the stomach and the mucous membranes. You refuse to admit contagion in these cases, in every respect similar to those quoted in its favour. You deny it, because you call it typhoid fever. No more contagion exists in this instance than in those you have recorded; otherwise, all would be contagious, for every disease, under similar circumstances, might thus be propagated. But it is stated that the body of the patient affected with typhoid fever exhales contagious miasmata—a sort of seed reproducing the disease. A reply is here necessary. In the first place, it is not indispensable that an individual should be sick to give rise to serious diseases. When at any public rejoicings a large crowd assembles on any of the public places, it constantly happens that many of the persons who were present, hustled and oppressed by the heat and disagreeable smells around them, who were fatigued, sleepy, &c., fall sick—some of typhoid fever. What practitioner has not had opportunities of witnessing similar cases? Here what occurs is quite analogous, though not so strongly manifested, to what is observed in a closed room, where a great number of healthy individuals, or in a hospital, where too many patients affected with typhoid fever or other diseases are collected. Those who enter these places suffer; yet typhoid affections are not the only ones produced, admitting such to be possible, by the miasmata, and at all events it cannot be denied that they have but a feeble influence over the diseases propagated. It is notwithstanding positively affirmed that miasmata are exhaled by typhoid fever, and that these emanations are determining causes; but those who maintain this opinion show us the mask only—why not the object itself? This is impossible, consequently they are obliged to be content with mere words. Now this is what I consider cannot be granted. Be this as it may, I do not intend explaining why I consider the diseases are produced by infection rather than imaginary miasmata. The opinion that the bodies of typhoid patients incessantly generate specific miasmata by which the disease is propagated has already been answered, but will be refuted still better by what follows. What if the bodies possess such power, how comes it that it is not communicated when a person whose finger, cut or scratched, is wet with the purulent, bloody, or other fluids, while dressing a typhoid patient affected with an abscess or ulceration, or while performing an autopsy? The result here is a more or less intense phlegmasia of the venous, lymphatic, or nervous systems. The disease, though so contagious, has not a specific miasma to introduce into the system, by a highly absorbent surface, a wound. Again, this generating focus of specific contagious miasmata—the body of a typhoid patient—becomes suddenly without action on surrounding individuals if washed with a little water. This fact cannot be denied. But how is it that the production of the miasma is weakened, or put a stop to, by simple ablution of the skin? Would it not be far more reasonable to abandon the idea of a contagious miasma, and to admit the morbific influence exercised by a number of healthy or sick persons in an open or covered space on those exposed to it? This opinion seems to me to be confirmed on considering that in diseases really contagious, such as variola, rubeola, plague, &c., the bodies may be washed as much as possible, and yet they remain contagious; indeed, it may happen, as I think I have remarked, that the manifestation of the contagious principle is more powerful according as the skin is better cleansed from the foreign bodies on its surface. I therefore consider lotions with water, or soap and water, as a good means of ascertaining if a disease really is or is not contagious, as I do not know any contagious affection which has not been propagated notwithstanding frequent washing; typhoid fever cannot therefore be placed in this category. Finally, if really dothinenteritis be contagious, the facts quoted cannot, when attentively examined, be considered as undeniable instances.

GARLAND DE BEAUMONT, D.M.P., B.L., & S., &c.,
Honorary Physician to the Spanish Embassy.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

Two cases of softening of the Skull.—The first was that of the child of scrofulous parents, in which, immediately after birth, the bones of the skull were quite natural. Three weeks afterwards, the author was called to attend the child in an attack of suffocation. The child sometimes ceased breathing entirely when lying on its back. The occiput was elongated, and its whole extent seemed soft and quite thin. If the occipital protuberance was pressed, breathing immediately stopped, and continued short and difficult for a time. The margins of the parietal bones seemed also softened, and were at least 9''' from each other. From the middle of the frontal bone as far as the glabella, an equally wide furrow was visible. The fontanelles were elastic and soft, and the parietal bones movable and loose. The author ordered for the mother—℞. Phosphat. sod., Conch. præpar., Sacchar. āā ʒj,

a teaspoonful four times a day, and a small quantity of the same to be given the child three times a day. The child afterwards took an equal quantity of phosphate of lime and sugar. The second child was perfectly healthy, and only occasionally seen by the author. The treatment was nearly the same. (*Dr. Boecker in Raderhein und Westph. Corresp. Blatt.*)

On the entire Treatment of Gonorrhœa by Injections of Nitrate of Silver.—Demulcents, with nitre, camphor, cubebs, copaiva, astringents, and iron, still play the principal part in the treatment of gonorrhœa, and allow the disease to proceed unchecked for weeks and months. Since Girtanner, who used injections of copper, lead, and zinc in chronic cases, maintained that gonorrhœa could be cured by local means alone, several attempts have been made to dispense with all internal treatment. Girtanner himself often injected opium and a solution of lead, occasionally, also, a weak solution of caustic potash; but the occurrence of chordee, epididymitis, and neuralgia of the testicles, excited a dread of local treatment. The irritating injections were left off, and milder liquids resorted to, such as aqua chlorinata, &c. In addition to this, the belief that early injections caused stricture, discouraged the attempts at local treatment. Internal remedies were then recommended, and large doses of cubebs and copaiba used. Local astringent baths were also tried, but soon abandoned from fear of metastasis. During the last ten years, many surgeons have tried to treat recent gonorrhœa locally. Ricord cauterised the whole urethra with lunar caustic, by means of Lallemand's instrument; and Carmichael injected, twice a day, a solution of ten grains of nitrate of silver in one ounce of water. Retention of urine, &c., which often ensued, deterred many from attempting this treatment. Acton tried a milder and more careful plan. He maintained that a recent gonorrhœa may be cut short by making twelve injections (of one grain of nitrate of silver to an ounce of water) during the first forty-eight hours, and then discontinuing the injections, and administering large doses of cubebs and copaiva. Acton never observed stricture or orchitis follow this mode of treatment. According to the author, acute as well as chronic gonorrhœa may be safely cured within three or four days, without any other remedy than injections of nitrate of silver. The following are the author's conclusions:—1. Injections are most proper for those persons who have before suffered from gonorrhœa. 2. Recent inflammatory gonorrhœas, with a tendency to chordee, &c., contra-indicate the injections, till the inflammatory symptoms are removed. 3. Already existing chordee, epididymitis, &c., also contra-indicate the injections. 4. Whether the gonorrhœa proceeds from infection, masturbation, or other causes, makes no alteration in the treatment; hemorrhage caused by inflammation of the prostate or Cowper's glands, prevents this mode of treatment. 5. The strength of the injections must depend on the individual; in general, a quarter of a grain to an ounce of water is sufficiently strong for the first injection, but it should be gradually increased in strength till strong reaction appears, known by a reddish discharge and the appearance of blood from the urethra; two or three injections more will then be sufficient to effect the cure. 6. In general, an injection is to be made every three hours, but less often if the reaction should be very strong; they ought always to be made after discharging the urine. 7. It is useless to employ internal remedies after the injections. 8. It is also useless for the patient to alter his diet during the cure; he can eat as usual, and has only to avoid spirituous liquors and too active exercise. 9. The author never observed chordee, prostatitis, &c., follow this treatment, though he often employed it by way of experiment in class with active inflammatory symptoms. 10. An inflammatory state of the prostate or of Cowper's glands must always be supposed, if the patient feels pain or particular sensibility in that portion of the urethra which takes its course in the perinæum. The author also mentions a sort of abdominal gonorrhœa, which he observed in a young man of thirty-two years, which resisted all treatment for years, and at last disappeared spontaneously, when the patient changed his former sedentary mode of living. The author believes that, in case the above injections are either contra-indicated or found useless, no other internal remedies should be employed except copaiva, cubebs, and, perhaps, linseed tea; and he believes that nitre, camphor, astringents, tonics, iron, &c., ought to be laid aside. Inflammatory symptoms are to be treated by the usual antiphlogistic means. The liquid ought to be retained in the urethra from one to two minutes. The author concludes by detailing six obstinate cases of gonorrhœa, each of which was cured within four days by the above treatment. (*Dr. Von Gutteeit of Ord, in Schmidt's Tahrbücher.*)

Acute Rheumatism rapidly ending in Apoplexy.—A clergyman, ætat. 59, usually healthy, was taken ill, after having suffered from chills for a few weeks, on the 27th February, 1842, with symptoms of rheumatic fever, and painful swelling of several joints. He did not seek medical aid till the 1st of March; he was then ordered a decoction of taraxacum, with Glauber's salts, nitre, tartar emetic, and syrup of manna, without relieving the pain or swelling. The bowels at first were only opened once, but became relaxed after a repetition of the medicine. The pains now diminished, and on the 4th the patient felt still more relieved, and was merry, but during the following night delirium supervened, and the next morning he could not speak distinctly. He only became conscious for a short time, and was able to stammer a few words. The pulse was very rapid and peculiarly tremulous, the skin hot and dry. Notwithstanding leeches to the head, mustard poultices to legs and arms, and arnica given internally, he died at 7 p.m. Rheumatic metastasis is rarer, and more rapidly fatal, when it attacks the head, than when the heart or pericardium is affected. —(*Dr. Camerer, of Langenau, in Würtemb. Correspond. bl.*)

Amaurotic Amblyopia following the use of Morrison's Pills.—A lieutenant of artillery noticed one morning considerable decrease of visual power, and within two days he could not read the largest print, nor recognise any face. No cause could be given for this affection, except cold. There was no fever, nor loss of appetite, but some heaviness in the head was complained of. The pupils were a little dilated, and the iris acted slowly. A diaphoretic treatment was commenced, but without success, and the disorder seemed to increase. On the third day, when the patient was desired to take a purgative, he asked whether he might not take Morrison's pills, which he had begun using three days before his illness in consequence of frequent costiveness. He mentioned at the same time that the pills had not yet operated, though he had taken large quantities. This statement immediately gave rise to the idea, that the drastics and narcotics, particularly the stramonium, contained in these pills might have caused the affection. An emetic was, therefore, immediately administered, and afterwards camphor, with morphia, and strong coffee, without milk, was frequently taken. A blister was applied behind both ears, and infus. senn. compos. given to remove the obstruction. By this treatment the affection was completely removed within three days.—(*Dr. Stumpf, in Preuss. Vereins. Zeit.* No. 23, 1844.)

Amaurosis following Syphilis, cured by Pollini's Decoction.—K., ætat. 30, of plethoric constitution, none of whose family ever suffered from complaints of the eye, perceived in February, 1842, for the first time, a black point before the right eye, whenever he directed it towards a bright object. The eye appearing also very sensitive, ten leeches were applied behind the right ear, and great care in diet recommended. The complaint, however, became worse, and after some days was attended with congestion of the brain. Cooling and opening medicines were administered, and leeches applied to the anus (hemorrhoids being suspected), with venesection to the extent of sixteen ounces. No benefit followed, and another physician who was called in directed the extract of hyoscyamus niger, with acetate of morphia, to be rubbed into the eyelids, to counteract the great sensibility of the organ. This treatment produced no effect, and the patient used no remedies for several months. The black point increased, and dark lines extending from it became very numerous, and united into a small net. In January, 1843, the patient came under the author's care, who observed the following symptoms:—Constant flow of tears, increased brilliancy of the bulb, a little photophobia, and at the same time an increased activity of the pupil, which was somewhat oval. No other changes could be perceived. After a derivative treatment of several weeks had produced no effect, he observed an eruption on the inner surface of the right wrist. The author then discovered that the patient had suffered from chancres on the glans penis four years ago, which was soon healed by a red ointment. He had observed the eruption periodically for about two years, particularly in autumn and spring. It consisted in small reddish-brown crusts, which dried and left copper-coloured spots behind. Similar crusts were found at the inside of the elbow and knee-joint of the right side. The author ordered the decoction of nut-shells, sarsaparilla, bark, and antimony, as recommended by Rust, a pound of which the patient drank daily for twenty-one days. At the same time he took exercise in his room, and then went to bed for two hours to promote perspiration. The eye, to which cold lotions were applied, improved considerably; and when the patient, after having omitted it for a week, had drank the decoction again for twelve days the black point had disappeared, and only the lines remained, which disappeared spontaneously in about five months. The patient now writes and reads a great deal, without any sign of relapse.—(*Dr. Cruzizat, Oberreissenberg in Oesterr. Wochenschrift.*)

Strange Suicide.—N., ætat. 71, loaded a pistol with an open penknife, and shot it into his mouth. He died in four hours. The post-mortem examination showed that the knife had not penetrated the skull, but had made a rent of an inch long in the tongue, and of half an inch in the soft palate. Death was apparently caused by concussion of the brain, with extravasation of blood under the pia mater.—(*Dr. Fritz of Vienna, ibidem.*)

On the Frequency of Alkaline Urine in Healthy Persons.—It was formerly assumed that recent urine displays an acid reaction, unless it has lost its acidity by the previous internal use of alkalies. On this account alkaline urine was unhealthy. But Wohler showed, that not only after the use of neutral salts with vegetable acids, but even after (vegetable) acid salts, the urine was frequently alkalinescent. He assumes that these latter salts are transformed into carbonates within the body, and are brought into the urine as such, rendering it alkaline, and causing also the precipitation of the phosphates, which are only soluble in an excess of acid. Besides, he observed, that after taking abundance of fruit, particularly sweet fruits, such as cherries, or strawberries, the urine became often alkaline. Wohler concluded from the above, that salts with vegetable acids and fruit are particularly to be recommended in the uric acid diathesis. Practice has confirmed the truth of this recommendation. The author found that, even after taking from one to two tablespoonfuls of apple juice, the urine became alkaline within half an hour to an hour and a half. The effervescence of alkaline urine, observed by Wohler, after taking great quantities of fruit, has been remarked by the author after the above small quantity of apple-juice, but more decidedly after about twelve baked plums. As precautions for the experiments, the bladder ought to be emptied before eating the fruit, and only little water should be taken in order that the alkaline reaction may appear prominently. Fruit exerts, of course, the same influence on the urine during illness as in a natural state, so that turbid urine must sometimes be rather ascribed to diet than to abnormal causes. The above facts must influence considerably the diagnosis of several diseases, as—1. *Simple chronic nephritis*, its chief and sometimes only symptom is maintained to be: less acid, or alkaline urine, with a sediment of phosphates (particularly phosphate of lime and triple phosphate) 2. In *spinal diseases* the alkaline urine might also be occasioned by fruit, at least the author found no alkalinity in caries of the vertebræ, and whenever alkaline urine is met with in spinal diseases, it may be occasioned by a secondary disorder of the urinary mucous membrane, or by decomposition of the urine during the period it remains in the paralysed bladder. If vesical disease combines with the spinal, the urine is found alkaline. 3. *Morbus Brightii.*—The property of alkaline urine to become turbid when heated may easily give it the appearance of containing albumen, particularly since the precipitate of the phosphates floats at first in the form of little clouds in the

vessel, like coagula of albumen. They can easily be distinguished from albumen by their solubility in acids (particularly nitric acid), by their being deposited long before boiling takes place, and by their much more rapid precipitation than coagulated albumen, consequent on their greater density.—(*Dr. Krukenberg of Braunschweig in Henle's u. Pfeufer's Zeitschr.*)

Large Doses of Tartar Emetic in Intermittent Fever.—A tertian intermittent fever was suppressed by quinquina, quassia, quinine with rad. bellad. and mag. bismuth. with clysters of quinquina; but it soon reappeared in the form of febris intermittens octava, when large doses of quinquina were given without any effect. The patient was a drunkard; the fever appeared with symptoms of peculiar cerebral and nervous irritation, and the mephitic vapours had exerted a paralytic effect on the body. These circumstances induced the author to order daily six grains of tartar emetic, and to increase the doses by two grains every day, so that at last four drachms were given daily, till the fever disappeared. These enormous doses produced no unpleasant effects.—(*Dr. Teittelez, of Prag., in Oestrr. Wochenschrift.*)

A Scrofulous (?) Disease treated by Bichloride of Mercury.—A girl, of fourteen, was affected with a disease which the author calls scrofula, but which was very peculiar. The mesenteric glands could be felt through the abdominal walls; the glands of the throat were also enlarged. The skin was covered with prurigo. For two years the head had inclined towards the right side. The region between the second and fourth cervical vertebræ was very painful on pressure. The vertebræ seemed swollen, and touching them caused not only local pain, but violent headache; the headache was lancinating, particularly at the parietal eminences and in the frontal region. At the latter spot such an exuberance and matting of the hair appeared, that it was not unlike a plica polonica, and quantities of hair were necessarily removed. The pain was most excruciating in these spots, and near them large, movable, painless tumours were perceived; digestion was irregular; the perspiration fetid. The parents were perfectly healthy, and the patient was thought to have been infected by the nurse. All the usual remedies in scrofula were tried without benefit, but a cure was effected by the bichloride of mercury, which the author ordered in doses of one-twentieth of a grain per diem for the first eight days, the quantity being afterwards doubled.—(*Dr. Teittelles, ibid.*)

Poisoning by Carbonate of Lead.—A strong servant, ætat. 20, was recommended to take chalk on account of acidity and heartburn. He took by mistake a piece of Kremitz colour, and ate about five or six drachms of it. After a few hours he complained of violent burning pains in the stomach, with vomiting. Twenty-four hours after, when the author first saw him, he suffered from violent pain, particularly in the pit of the stomach and the umbilical region. His face was red and swollen, his eyes shining and prominent; his tongue and mouth dry and very red; abdomen distended and extremely sensitive to superficial pressure, whilst stronger pressure alleviated the pain; great thirst; bowels constipated. The author ordered six drachms of sulphate of magnesia dissolved in water, with one scruple of tinct. opii simpl. to be taken at once, and larger doses of the same salt to be repeated with an oily emulsion, by which means the patient soon recovered.—(*Dr. Scubert, of Dramsburg, in Casper's Wochenschrift.*)

Astonishing Effect of Arsenic.—The disease which led the author to the choice of the above remedy was scirrhus (?) uteri passing into carcinoma. After common remedies had been tried without benefit, the author administered one-twentieth of a grain of Fowler's solution, and augmented the dose after a few days, since it was followed by no ill effects. He afterwards prescribed the following:—℞. Arsen. superjodat., gr. ij; Aq. destill., ℥vj; to take fifteen drops morning and evening, and to increase three drops every other day. This treatment was continued for several months. The flying pains soon ceased, the pressure below the ossa pubis disappeared; the os uteri lost its cauliflower appearance, the stinking discharge ceased, and when the patient had taken twenty-two grains of arsenic, she was perfectly healthy, and has been so for the last three years.—(*Dr. Teittelez, of Prag., in Osterr. in Wochenschrift.*)

Melancholia Intermittens Tertiana cured by Fowler's Arsenical Solution.—This complaint was first treated by laxative medicines, and afterwards by large doses of quinine, combined with belladonna, trisnitrate of bismuth, acetate of morphia, and bark in different forms. The general health seemed to improve, but the melancholic state remained still of the tertian type. The author administered ten drops of Fowler's solution twice a-day, and increased the dose two drops from time to time. The remedy produced an amendment, and was continued, though a pause seemed to occur in the cure. Five months after the patient was perfectly well, blooming, and cheerful. The author concludes from the above, that in its first effect arsenic alters the nervous functions, that subsequently, if continued for some time, it affects nutrition, and at last alters the whole system. In obstinate chronic nervous disorders, its peculiar effect is only perceived after a long time.—(*Ibid, ibidem.*)

Cochineal a Specific in Hooping-Cough.—During an epidemic in the winter of 1844, the author saw the violence of hooping-cough checked, the paroxysms diminished, and its duration shortened, by the use of cochineal. In the catarrhal stage he administered an emetic, and then prescribed the following mixture, which was to be taken within two days:—℞. Cochineal, gr. iv; Sal. tartar, gr. viij; Aq. fervid., ℥ iss; Syrup. spl., ℥ j. It had no effect in the cough accompanying measles.—(*Dr. Bennewitz, in Casper's Wochenschrift.*)

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the principal articles of interest to our readers in three numbers of the *Lancet.*]

The Remedial Efficacy of Ox-gall.—Dr. Allnatt confirms the testimony rendered by Dr. Clay, as to the efficacy of ox-gall in cases of constipation; he has given it both in the form of pill and of enema. When given in combination with opium, it neutralises its constipating, without influencing its sedative action. Five or eight grains of the inspissated ox-gall are sufficient to neutralise one grain of opium.

Poisoning by Arsenic.—Mr. Woodcock mentions a case of poisoning by arsenic, in which life was apparently saved by the use of the hydrated tritoxide of iron, and by inducing and keeping up early and free vomiting.

Disease of the Femur.—Mr. Cumming narrates an interesting case which occurred in the practice of Mr. Luke, in the London Hospital. The patient was a female, twenty years of age, a barmaid. On admission there was an uniform swelling around the left knee, with considerable thickening and some effusion. The patient's health was bad, and she laboured under anemia. The swelling was of about four months' duration. As it continued to increase in size, a grooved needle was introduced, and about two or three ounces of a clear orange-coloured fluid escaped. In the course of a week the tumour was again tapped with a small trocar, and five ounces of fluid were withdrawn, no more escaping readily, although there was evidently a much larger quantity. The fluid coagulated spontaneously, and on being left at rest, it formed a soft, semi-transparent clot, coloured by blood globules, the remaining part separated as serum. As the swelling was rapidly increasing in size, and the patient's health becoming worse, amputation was proposed, but her consent could not be obtained. A bread-and-water poultice giving relief, it was applied over the swelling. The increase in size was very great; it seemed to have burst the bounds of the bursa, and extended half-way up the thigh. A number of dilated veins were first noticed on the outer side, and then a red-streaked appearance, in patches resembling somewhat the appearance so often observed in medullary disease; the vessels were, however, in this case, much larger. The parietes were evidently shining all over the surface under the distension; the limb was laid rather upon the outer side of the knee, with the foot and leg somewhat everted, very œdematous, and feeling numb. The puncture was repeated once or twice, but as the fluid would not run out, little relief was afforded. A few days afterwards, the integuments gave way, and a very large quantity of fluid escaped, the tumour collapsing in consequence. The patient died the same night. The body was examined two days afterwards. Nearly the whole thigh, up to the junction of the upper and middle thirds, was hollowed into a large cavity or cyst, having the triceps situated anteriorly, extremely flattened and attenuated; it extended round and behind the femur, pushing back the muscles at the posterior part. Over the inner surface of the cavity thus formed of the muscles and surrounding parts, there was an effusion of soft lymph; one pint of fluid still remained in the cyst. The lower end of the femur presented the following appearance:—The inner condyle, with the lower part of the bone attached to it, was destroyed for three or four inches up from the cartilage covering the inner condyle, the destruction passing also slightly outside the median line, and anteriorly more externally, where it was partially destroyed from the cartilage of the outer condyle. It presented a complete excavation, no bony matter being left. The inner cartilage was entire, although it had lost the whole of its osseous attachment, being still connected to the synovial membrane. The outer cartilage was also entire. The attachment of one crucial ligament was destroyed, a small healthy scale of bone being separated with it; the synovial membrane was perfectly healthy. In the situation of the inner condyle, and attached to the posterior part of the inner cartilage and surrounding parts, but lying loose for the most part, and unconnected, and passing over the anterior part of the femur, was a mass which would have about filled a pint measure. Its structure was fibrinous, mixed with coagula; the fibrinous part was tolerably consistent, and of the usual buff colour; in the interior of the mass were some irregularly formed cells, or small cysts, containing fluid. The mass appeared to have laid over, and in the hollow of the bone, but had no attachment at all to it. In the hollow was a small quantity of unattached flaky caseous matter, soft, and resembling medulla. The section of the mass presented no appearance of medullary deposit, nor of the usual septa, but that of a fibrinous mass of a cellular character, with a few irregular cysts and coagula. The bone being sawn longitudinally, was found quite healthy down to the very margin of the excavated portion, with no appearance of medullary deposit. The periosteum had deposited some osseous matter, apparently from the irritation it had been exposed to from the fluid passing over it. The glands in the groin were not enlarged, and all the thoracic and abdominal organs were sound, though anemic in appearance. Mr. Cumming does not consider the disease in this case to be of a malignant nature, but looks upon it as a mass of fibrinous structure, having, from some unknown cause, the power of forming cysts communicated to it, or one cyst with the power of developing others, which increased to a large size, and caused great irritation. He thinks it probable that it originated in the cartilage and its vicinity. The abnormal growth and vicinal structures should have been examined microscopically.

Anemia and Hysteria.—Mr. Pearce narrates a case of long-standing anemia, which was suddenly complicated with violent hysteria, and terminated fatally. The case appears to be involved in great obscurity.

Case of Malformation.—Mr. Robinson describes a case of malformatian which presented itself at the clinique of Sir John Fife. The abnormal growth consisted of a short vascular tube, projecting from the umbilicus, about three-quarters of an inch in length, and the same in circumference. From the orifice at its apex an exudation of thin fluid took place, and occasionally fœcal matter also escaped. Sir John Fife applied a ligature tightly around it, and afterwards removed the constricted portion by excision. An arterial branch required the application of a ligature. The child soon recovered.

Tracheotomy.—Mr. Chapman narrates a case of acute laryngitis, in which tracheotomy was successfully performed. The relief afforded by the operation was most marked.

Hepatic Abscess bursting into the Pericardium.—Mr. Allan gives the particulars of the post-mortem examination of a native of Bombay, who died within five hours after complaining of pain at the pit of the stomach. There were about two pints of reddish pus and serum within the pericardium, the entire of which membrane was slightly inflamed. On laying the pericardium freely open, thick yellowish-green pus was seen oozing from an aperture large enough to admit the finger, which led through the diaphragm into an abscess in the smaller lobe of the liver, capable of containing a pint of fluid. Mr. Allan thinks that the pus had been oozing into the pericardium for some hours; had there excited inflammation, and had caused death by annihilating the heart's action by pressure.

Placenta Presentation.—Mr. French was called to a lady, between the eighth and ninth month of pregnancy, in consequence of slight pains and hemorrhage. The os uteri was dilated to the size of a crown piece, with a portion of the placenta projecting over about one-third of it, and adhering to the left side. The foot and umbilical cord presented. Mr. French ruptured the membranes, when the pain and hemorrhage ceased. Strong pains and hemorrhage afterwards came on, and the child was expelled dead. The mother did well.

Poisoning by Savin.—Dr. Letheby narrates the case of a young woman, who, while between the seventh and eighth months of pregnancy, after supping over-night with her lover, was seized, about three in the morning, with violent pains in the stomach, followed by severe sickness, after which she became insensible. She was first seen by the assistant of the parish-surgeon, and afterwards by another surgeon, who found her lying upon her back, breathing laboriously and stertorously; she was foaming at the mouth; the countenance was turgid; the eyes shut, with the pupils much contracted; the limbs were also convulsed. The case was treated as puerperal convulsions: labour commenced, and was nearly completed when the patient died, twelve hours after the attack. The examination of the body showed the vessels of the surface of the brain, and the substance of that organ, much gorged with black fluid blood; this was especially noticed in the anterior part of the corpus striatum. The choroid plexus was also gorged; the ventricles were empty. The lungs were generally congested, and there were one or two red spots in the stomach, as if blood had been effused into the mucous tissue. By the chemical analysis of the contents of the stomach, an oily liquid was obtained, which presented the physical characters of oil of savin; and, from some experiments afterwards instituted by Dr. Letheby on the lower animals, it appears that savin produces symptoms and post-mortem appearances nearly identical with those presented by this unfortunate girl. The verdict returned by the coroner's inquest was, "Death from puerperal convulsions."

Pericarditis.—Dr. Taylor gives, at great length, the case of a boy, fifteen years of age, who was admitted under his care into the University College Hospital, about four days after he had been attacked with acute rheumatism. The boy had then a systolic murmur at the apex of the heart; slight pain and increased dulness on percussion. On the sixth day, a friction-sound, and systolic murmur at the base, appeared; on the seventh, there was œgophony on the left side; which was followed, on the tenth, by pleuritic friction-sound, and death on the eleventh. The examination of the body after death showed recent adhesions of the pericardium; redness and effusion of lymph on the aortic and mitral valves, and in the left auricle; slight enlargement of the heart; redness of the left pleura, with trifling exudation of recent lymph; destruction of the mucous membrane of the œsophagus; and enlargement of the solitary and agminated glands of the ileum, and also of the mesenteric glands. The next case which is narrated by Dr. Taylor is that of a medical student, who had an attack of acute rheumatism, on which pericarditis supervened on the eighth day: it was treated by venesection, cupping, leeches, and mercury, and successfully, except that there remained slight valvular disease, and some degree of hypertrophy. The patient died seven years afterwards of delirium tremens, having experienced a lightning stroke the year before his decease. The body was not examined after death. Another case described by Dr. Taylor is that of a young man, in whom the rheumatism and pericarditis were complicated with pleuro-pneumonia. The patient recovered to a certain extent under the treatment pursued, but there remained hypertrophy of the left ventricle, and disease of the mitral valve, with enlargement of the liver and spleen. This is followed by the details of a case of subacute rheumatism, attended with pericarditis, without metastasis, and followed subsequently by pleurisy and pneumonia of both sides, and by endocarditis. The patient, a female, was treated by copious bleeding, general and local, mercury, tartarised antimony, and by the application of blisters. She was discharged apparently cured. Another case of subacute rheumatism succeeds, in which recent and partial pericarditis supervened on old disease of the aortic valves. There was also nearly constant diarrhœa, to which the man was much subject, and which was kept up by the use of colchicum; the exhaustion thus produced, Dr. Taylor thinks, was mainly the cause of the fatal termination which ensued thirteen days after his admission into the hospital. The post mortem appearances were—effusion of lymph on a portion of the pericardium; old disease of the endocardium and of several valves; hypostatic pneumonia; old adhesions of the pleura; and copious serous effusion into the arachnoid cavity, with increased vascularity of the pia mater. The case of a potboy, eighteen years old, labouring under acute rheumatism for the second time, is also given. The boy had hypertrophy of the left ventricle, and disease of the mitral and aortic valves, as the remanet of the previous attack. The pericarditis which ensued in the second illness—that for which he was treated by Dr. Taylor—was speedily cured by means of bleeding and mercury; and the rapidly successful result was attributed by Dr. Taylor to the presence of adhesions from the previous inflammation.

Mr. Seton's Case.—The particulars of this unfortunate case are described by Dr. Potter, Mr. Liston's assistant. Mr. Seton was a very stout man, about twenty-eight years of age; had lived very freely, and taken little exercise for several years; his constitution was delicate and impressible, and he was easily lowered by treatment when indisposed. On the evening of the 20th of May, he received a gun-shot wound across the lower part of the abdomen, the ball entering at the upper part of the right thigh, a little above and in front of the great trochanter of the femur, and passing out about the middle of the fold of the left groin. The attendant hemorrhage was very severe, and was described as occurring per saltum; it ceased only on the occurrence of syncope, produced by great loss of blood. The patient, by appropriate treatment, recovered from the shock of the injury, and for some days his chief complaint was great pain in the right groin and lower limb, with numbness of the front of the thigh. On the seventh day after his wound, the swelling in the right groin was more marked, and was observed to pulsate synchronously with the heart's action. The swelling continuing to increase, and the pulsation becoming more evident, Mr. Seton came under Mr. Liston's hands. He then presented the appearance of a person who had lost much blood, but, although at times he suffered severe pain in the limb, there was no marked expression of anxiety in the countenance; his manner was calm and composed, and he was hopeful as to the final result. The gun-shot wounds, and the whole track of the injury, except where the aneurismal tumour existed, were going on favourably. In the right groin was found a large, oval, visibly pulsating tumour, its long diameter extending transversely from about an inch and an half on the inner side of the anterior superior spinous process of the ilium to about opposite the linea alba, and its lower margin projecting slightly over Poupart's ligament into the upper and inner part of the thigh. On handling this tumour, it appeared elastic but firm, very slightly tender, and not capable of any perceptible diminution in bulk by gradual and continued pressure. The pulsation was distinct at all parts of the swelling, and was equally evident whether the fingers were pressed directly backwards, or whether they were placed at its upper and lower margins, and pressed towards the base of the tumour, in a direction transversely to its long axis, the parts being for the time relaxed. The femoral artery was slightly covered by the swelling, and the pulsations of that vessel were with some difficulty distinguished in the upper part of the thigh, below the margin of the tumour. This appeared to depend partly on the natural obesity of the patient, and partly on a considerable degree of general swelling of this thigh. No pressure on the femoral artery or over the abdominal aorta arrested pulsation in the tumour, and pressure in the former situation was attended with severe pain. In the left groin, just above the opening of exit, was another smaller swelling, quite unconnected with and of a very different character from, the principal tumour. The skin over the smaller swelling was red, very tender, slightly pitting on pressure, hard round the margin, but yielding more in the centre, and even indistinctly fluctuating. The right testicle was enlarged to three or four times its natural size, extremely hard, and somewhat tender. The diagnosis was that the case was one of circumscribed false aneurism, the pulsation being caused by its communicating directly with a wounded artery, and not by motion transmitted from the femoral artery. It was supposed that the ball in its course had passed through the tensor vaginæ femoris, and behind the sartorius, perhaps wounding or bruising the anterior crural nerve, and dividing some branches of the external circumflex artery; that it had then passed in front of the common femoral artery (close to its commencement from the external iliac), either slightly wounding the main vessel, or dividing one of its branches near its origin; and, lastly, that it had wounded or bruised the right spermatic cord, and run over the pubes to its exit. With regard to the prognosis, it was thought that as the blood was fluid, and the pulsation continued to increase, when the sloughs separated, the hemorrhage would be renewed, and endanger the patient's life; or else that if external bleeding did not recur, that the blood would be effused upwards and laterally among the abdominal parietes, and thus, by another kind of hemorrhage, jeopardise the existence of the wounded man; and it was therefore determined to cut off the supply of blood to the tumour by an operation, as pressure was deemed to be altogether insufficient. The last question related to the kind of operation. Was it advisable to lay open the tumour, search for the wounded vessel, and tie it above and below the wounded point? In principle, this was admitted to be the first indication, and would have been clearly the proper practice, had the injury been inflicted an inch or two lower down; but practically, it was thought to be unwarrantable, under the peculiar circumstances of the case, and for the following reasons:—1. An operation of this kind, even supposing the operator able to command the circulation by pressure on the proximal side of the wounded vessel, must be attended with a loss of blood, dangerous to the patient in his present reduced state. 2. As the supply of blood to the tumour could not, in this instance, be effectually interrupted by pressure on any large arterial trunk, the hemorrhage, in searching for the wounded vessel, would probably be unusually great. 3. Supposing that the common femoral artery should be found wounded, or one of its branches divided close to the main trunk, so as to render it necessary to apply two ligatures to the common femoral itself, the chances of the recurrence of secondary hemorrhage on the separation of the ligatures would be very great, considering the frequency with which this occurs in cases where the common femoral is secured by a single ligature, and in the most favourable position that the operator can select. It was, therefore, decided that the external iliac should be secured by ligature, which was accordingly done, with the effect of arresting pulsation in the tumour. Mr. Seton, however, died a few days afterwards from peritonitis. The examination of the body after death showed that the hemorrhage proceeded from a superficial branch of the femoral.

*** Every particular of this case, as detailed by Dr. Potter, serves to convince us that Mr. Liston committed an error of judgment in ligaturing the external iliac, an operation of exceeding severity, and by no means called for, and which could not succeed ultimately, as the lower end of the injured vessel would, when the circulation was restored,

have given rise to secondary hemorrhage. The only operation that should have been performed, if, indeed, one had been indicated, and that point is extremely doubtful, was the cutting down upon, and ligaturing both ends of the wounded vessel. Common sense and the ordinary principles of surgery are in favour of this mode of proceeding, and equally against that adopted by Mr. Liston.

PUERPERAL CONVULSIONS.—Dr. Tyler Smith observes that bloodletting in plethoric states of the circulation is, in this disease, curative in its action on the spinal marrow, preventive in its action on the brain.

INFANTICIDE.—Mr. Ryan mentions several cases of labour occurring suddenly, before any assistance could be offered, so as to place the life of the child in danger. These cases are of importance in a medico-legal point of view, as regards the question of infanticide.

PUERPERAL CONVULSIONS.—Mr. Vines narrates a case in which puerperal convulsions continued after the birth of the child, but gradually subsided after the withdrawal of five pints and a half of turbid urine from the bladder.

ANEURISM OF THE FEMORAL ARTERY.—A case of aneurism of the femoral artery, in which the external iliac artery was tied, is reported from the Dreadnought hospital-ship. The patient was a man, thirty years of age, and the injury was of about seven months' duration. The operation was performed on the 18th of January last, and was followed, three days after, by an attack of acute bronchitis. The ligature came away on the nineteenth day after the operation, and the patient was discharged cured two months after.

HOMŒOPATHY.—A correspondent, in alluding to the absurdities of homœopathy, says—the usual dose of chalk and other *strong medicines* (according to the Homœopathic Pharmacopœia) is a decillionth of a grain. The way in which this minute division is arrived at, is by mixing one grain of medicine with 999 of sugar of milk; then taking one grain of the mixture, and mixing it with 999 grains more of sugar of milk, and so on for thirty times. The last thousand is *supposed* to contain a decillionth of medicine in each grain of the mixture! Or if the homœopathists wished to make a liquid, they would take a two-ounce phial, drop one drop of medicine into it, then fill it, and fill and empty it thirty times with distilled water, reserving the last *washing*, which will contain much more than a decillionth in each drop, for obvious reasons. Now, a decillion takes 61 figures for its enumeration; when brought into tons it requires 53 figures—viz., 58,000 octillions, and as the earth, at a specific gravity of three, weighs about 3,248 trillions of tons, you will find that, if you wish to mix it in bulk, it would require above 17-quintillion times the weight of our earth to mix with one grain of medicine. The following will give some idea of a quintillion:—A watch ticks five times in two seconds, or 150 times in a minute, which amounts to 78,840,000 times in a year. Yet it will take above 13,000 trillions of years to tick a quintillion-times; and this is more than *two trillion* times as long as the human race has existed; for a watch will only tick 473,040,000,000 in 6,000 years.

RETROVERSION OF THE BASE OF THE TONGUE.—Two cases of a peculiar malformation connected with the tongue are recorded by Dr. Fairbairn in *The Northern Journal of Medicine*, one of which terminated fatally. The child, which was born on the 6th of May, 1844, was large, and apparently healthy. The face presented a peculiar conformation; the superior part projected forwards, and gave a sharp appearance to the countenance; while the lower part was much depressed, the chin presenting a small flattened surface, instead of the rounded and projecting natural form; the expression of the countenance was similar to that observed in individuals who have had the body of the lower jaw excised. From a case somewhat similar, which occurred to him some years before, Dr. Fairbairn suspected that there was malformation about the throat; and, on looking into the mouth, he detected a fissure in the soft palate, which allowed the posterior nares and the vomer to be seen; the alveolar processes of the lower jaw were opposed to the back part of the hard palate above; and the tongue, which appeared short and thick at its root, lay posterior to the palate, the apex alone projecting. On dropping a little sugar and water into the mouth cautiously, it was readily swallowed; but whenever it was given in any quantity, it got into the nares and produced much irritation, with cough, and a sense of suffocation. The child died two days after, presenting, prior to death, symptoms of suffocation. An examination of the body was made after the child's decease. On opening the mouth, the posterior nares, the posterior border of the vomer, the upper wall of the pharynx, and the inferior apertures of the Eustachian tubes were readily seen; the anterior surface of the lower jaw lay posterior to the hard palate in the closed condition of the mouth; the soft palate was almost entirely deficient; the tongue was short and thick, retracted into the cavity of the pharynx, its convex dorsal surface resting upon the posterior wall of that cavity, and its base pressed upon the epiglottis and arytenoid cartilages, so as completely to obstruct the entrance of air into the larynx; the apex alone could be seen on looking into the mouth, while the jaw was forcibly depressed. Towards the apex the margins were rolled inwards and upwards, so that the anterior part presented a deep furrow superiorly. The frænum appeared to be wanting, or was so slightly developed as not to bind down the lower surface of the tongue to the usual amount. The lower jaw was nearly flattened, forming a small segment of a circle, with a greater diameter than that of which a naturally formed jaw is a segment. The following measurements were made of this jaw, and of a normally formed jaw of the same period:—Breadth between the angles, including the thickness of the bone on both sides in a natural jaw, two inches; breadth between the angles, including the thickness of the bone on both sides in the deformed jaw, two and three-eighth inches; depth of the arch, including thickness of bone in a natural jaw, one and a half inches; depth of the arch, bone not included, one and one-tenth inches; depth of the arch, including the bone in deformed jaw, three-quarters of an inch; depth of the arch, bone excluded, in deformed jaw, six-tenths of an inch. The rami were somewhat smaller and less oblique; there was no malformation of the heart or other viscus; but the thoracic viscera presented the appearances which usually occur in persons dying from asphyxia. The second case was somewhat similar, but, by great care in feeding it, the child was brought up by hand. He is now five years of age. In some judicious remarks on these cases, Dr. Fairbairn says, were a similar case ever to occur to him again, he would never hesitate to transfix the apex of the tongue, and to attach it by ligature to the gum of the lower jaw. M. Petit details a case where the frænum had been divided shortly after birth, and the child died five hours afterwards. He says, "I found it turned like a valve upon the fauces, and the point actually swallowed into the pharynx." Another case is mentioned by the same author, where the frænum had been incised two hours after birth, and where the apex of the tongue had been reversed, but not entirely swallowed. M. Petit introduced his finger and brought it back into the mouth. On the child attempting to suck, it was again swallowed. Several times he reduced it, and at last contrived a bandage to preserve it in its place; but from the carelessness of the nurse the accident recurred, and the child was suffocated during the night.

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Aug. 2.

MEATH HOSPITAL.

Death from Spasm of the Glottis; Mr. JOHN WALSH, Clinical Clerk. Thomas Reynolds, ætat. 30, a labourer, admitted into the Meath Hospital on the 4th of July, under the care of Mr. Smyly;—states that his health has always been good until eleven weeks ago, when he got a severe cold, which was followed soon after by cough and hoarseness of voice, unaccompanied by any soreness of the throat. The hoarseness gradually increased, his breathing became stridulous, and performed with difficulty, and fits of most distressing dyspnœa supervened on the slightest exertion; the feeling of suffocation he refers to the centre of the sternum. These symptoms are daily becoming worse. He never had syphilis, nor had taken mercury to his knowledge.

Present Condition.—Though a strong-looking man, his appearance is rather scrofulous; he has lost some flesh, but is not by any means emaciated. No hectic; sleeps well at night, and is not constrained to lie in any particular position; feels pain occasionally commencing at the fifth dorsal vertebra, and shooting round the side to the sternum; complains of no other pain; has a troublesome cough, with considerable glairy mucous expectoration; breathing stridulous; nearly complete aphonia; slight vascularity of the fauces, but no sign of ulceration; epiglottis seems unaffected; no dysphagia. On pressing the trachea some soreness is felt, but there is no dulness on percussion.

Physical Signs.—Right lung: percussion universally clear; vesicular murmur pure and full: no râle. Left lung—considerable flattening of the infra-clavicular region; some dulness in the same part; respiration extremely feeble in the entire upper part of the lung: tolerably full in the inferior portion. About an inch beneath the sterno-clavicular region, deep tracheal breathing is audible; no râle discovered. Heart-impulse and sounds normal: no murmur heard in the course of the aorta. Some blood was ordered to be taken from the arm, and the system to be brought slightly under the influence of mercury.

July 8.—Mild mercurial action has set in, but no mitigation of symptoms.

9.—A paroxysm of dyspnœa came on last night, which threatens immediate suffocation. Mr. Smyly was sent for to perform tracheotomy, but on his arrival the spasms had subsided, so that he did not think it necessary to operate.

12.—The paroxysms recur every night. The patient is obliged to sit up in bed, and fix his arms to enable him to breath.—R. Mist. camph. ℥viij, Ant. tart. gr. ij, Tr. hyosciam. ʒij, St. ℥j, om. hora.

20.—Stridor and aphonia are not at all relieved, but he has suffered very little from the dyspnœa, since last report.

21.—Had a dreadful paroxysm of dyspnœa last night, followed by the expectoration of a large quantity of muco-purulent matter. Ordered Decoct. polyg. senegæ with carb. am.

23.—Died this morning, at six o'clock, in a horrible fit of spasm of the glottis, which came on suddenly while asleep.

Autopsy fifteen hours after death.—On opening into the thoracic cavity, the right lung did not collapse, the left was borne down by strong adhesions, and masses of mixed lymph and coagulated blood were deposited on the pleural surface—the results evidently of hemorrhagic pleurisy. This lung, too, was very small, not more than half the size of the right; the upper portion was dark coloured and engorged; very friable, breaking down readily under the fingers. The lower part was also congested, but crepitated on pressure. The right lung was emphysematous, and studded with spots of lobular pneumonia. No tubercular deposition was discovered in any part. On slitting up the windpipe, the larynx and epiglottis were found in a perfectly healthy state: the commencement of the trachea was slightly vascular, but its inferior portion was of a deep red colour: the left bronchus was in a similar condition. On the left lateral wall of the trachea, just at its bifurcation, a small speck was observed as if an aperture were about to form there; an incision in this part laid open a small aneurismal sac, filled with a firm fibrinous coagulum. It sprung from the postero-inferior wall of the aorta, nearly opposite to where the left subclavian artery is given off; it was of an irregularly oval shape, and lying in contact with the superior part of the left bronchus. One extremity impinged on the side of the trachea, the other rested against the bronchial tube, that supplied the upper portion of the lung, diminishing its calibre considerably; while the bronchus going to the inferior portion of the lung, suffered little, if any, pressure. There was another thimble-like aneurism, besides the greater one. The internal surface of the aorta was rough and uneven, and a quantity of atheromatous matter

was deposited under the lining membrane. The heart was healthy.

For the foregoing extremely interesting case, I am indebted to the kindness of the gentlemen composing the Meath Hospital staff. It will readily be seen that, during the patient's life time, there was not a single symptom that could give rise to a supposition of the true nature of the case. The feebleness of respiration in the upper portion of the left lung, together with the atrophy of the subclavicular region and tracheal breathing, were so many evidences of incipient phthisis, rendering unadvisable the operation of tracheotomy, the propriety of which might under more favourable circumstances have been entertained. The restriction of the respiratory obstruction to the upper portion of the lung; the hitherto healthy state of the constitution, untainted by syphilis or the exhibition of mercury, were all facts unfavourable to a supposition of the existence of an aneurismal tumour, the possible presence of which, however, was suggested by Dr. Lees, but rejected by him, as well as by Mr. Smyly and Dr. Stokes, on the above grounds.

The case, as observed by Dr. Stokes at the post-mortem examination, furnishes a new fact of considerable importance, in the differential diagnosis of this class of diseases; this being an isolated instance of partial pulmonary obstruction as a consequence of aneurismal pressure.

On the Use of Narcotics and other Remedial Agents, calculated to procure Sleep in the Treatment of Insanity.—The following is an abstract of an essay under the above title, which appears in the medical press, coming from one of the candidates, for the Lord Chancellor's prize of ten guineas, lately awarded by the King and Queen's College of Physicians:—

The author selects opium as the usually received type of the class of narcotics, and after some preliminary observations on its mode of action, according to the proportions administered, observes that the theory of its double operation, producing in moderate doses first stimulating and then depressing effects, and in large doses producing at once depressing effects, has puzzled most physiologists and writers on materia medica; but it appears to him sufficiently simple and explicable, by the fact that though the action of the heart be primarily accelerated, transmitting an increased quantity of arterial blood to the brain, and giving to that organ an additional stimulus, yet the effects of narcotics upon the organs of respiration, being either *negative* or directly the *reverse*, a want of equilibrium between the respiratory movements and those of the heart is the consequence; by which it follows, that the venous blood ceases to undergo the necessary changes with sufficient rapidity. It fails to produce a sufficiently stimulating effect upon the left ventricle, whose action becomes gradually slower; and the nervous centres not only receive less blood, but the quantity received is imperfectly decarbonised, and the primary stage of excitement is succeeded by one of depression.

After poisonous doses the respiration at once becomes slower than natural, the blood being imperfectly decarbonised from the beginning, and the heart's action quickly becoming feeble, followed by the other signs of poisoning by opium. In addition, he observes that as opium checks the secretions, excepting only that of the skin, the formative materials of these secretions are retained in the blood, tending still further to vitiate it.

Insomnia, he remarks, is not necessarily a symptom of insanity, as this term is generally understood, many insane patients sleeping as well as if in their perfect senses; and when it is a symptom, its removal is not necessarily followed by amelioration of the disease. In certain stages or forms of insanity, insomnia is more frequently present than in others; for instance, in acute mania, and not uncommonly in the chronic form of the disease. In delirium tremens, which must be looked on as a variety of insanity (though differing in being more under the influence of medical treatment), insomnia constitutes one of the most prominent symptoms. It is often well marked, too, in puerperal mania.

As insomnia may be dependent upon very opposite conditions of the circulation, now accompanied with signs of inflammation, and again with an entirely opposite condition, the kind of treatment adopted to procure sleep must differ materially in different cases. The early stages of mania are often illustrative of the former condition in an eminent degree; the indication of treatment here should therefore be to tranquillise the circulation, to lessen the cerebral irritation, and diminish excitement by means of bloodletting, shaving the head, warm baths, &c.; while in delirium tremens, which presents an example of the converse state of the system, the efficacy of narcotics, particularly opium, either alone or in combination with camphor, subcarbonate of ammonia, or tartar emetic, is most marked.

In puerperal mania, also, he observes, which is usually accompanied by nervous excitement and debility, the value of sedatives is well illustrated.

The writer next enters into a detail of the various remedies calculated to procure sleep in the treatment of insanity, and the rules which should regulate their employment, and concludes with the following summary:—

1st. That insomnia is not an essential symptom of insanity, and its removal is not necessarily followed by amelioration of the disease.

2nd. Insomnia in insanity arises from very distinct causes, and the remedial agents calculated to procure sleep, differ materially in the different forms of the disease.

3rd. Narcotics are adapted to but few cases of insanity (as this term is commonly understood), and are decidedly contra-indicated in the early stage, or in the acute form of the disease.

4th. In puerperal mania and delirium tremens, opium, variously combined, constitutes the most effectual remedy.

5th. The chronic forms of insanity, to which narcotics are best adapted, are those which in their symptoms approach most closely to delirium tremens.

6th. In the remaining cases, insomnia will be more effectually relieved by exercises in the open air, or by employment, so as to fatigue the voluntary muscles, and by amusements of various kinds, so as to divert the mind, combined with a full and nutritious diet, than by the exhibition of narcotics.

The principal doctrines laid down in this essay, are not only those in general adoption by the profession, but are consistent with the improvements suggested by the most experienced and enlightened physicians who have made this branch of diseases the subject of study.

The suggestion of the Lord Chancellor is not only praiseworthy, but valuable as far as medical science is concerned, and the idea of awakening a more correct attention, and directing a more close and critical analysis of a disease so frequent and so formidable, bespeaks a degree of benevolence of a superior character. It is to be hoped this plan may be followed up on a more enlarged and liberal scale, if not by individuals holding a high position in society, at least by institutions which have ample funds at command.

In such an undertaking Trinity College would be bound to take the lead, and, I should think, the College of Physicians and of Surgeons in Ireland, as far as their funds permitted, would follow the example.

In the theoretical part of the essay, the author has given a very ingenious explanation of the double operation of opium. I cannot, however, think it quite conclusive, for, as far as my observation applies, I have noticed that where the circulation is excited by opium, there is a corresponding excitement of the respiratory functions, and that when the latter is lowered, it is secondary to, and apparently dependent on, the approach of narcotism. The old explanation, therefore, or adoption of the terms *vis medicatrix naturæ*, would probably throw us much light on the point in dispute; the nervous system lowered into inordinate action, as it were, and struggling against the narcotic effects of the medicine, until its energies become exhausted.

Even suppose the balance between the respiratory and circulating systems to be destroyed, as laid down by the writer, another question equally difficult of explanation presents itself, viz.: How should a medicine possessing the power of stimulating the nervous system depress the respiratory functions?

On the subject of delirium tremens, the essayist might perhaps be more explicit in reference to those cases which would call for the exhibition of tartar emetic, for the cases in which this medicine is efficacious are certainly not identical with those in which opium operates so successfully.

I should say that there are probably as good reasons for classifying delirium tremens, as there are for classifying mania, and that cases occasionally occur in which a hot skin, excited vascular action, and suppressed secretions, decidedly forbid the administration of opium; at least, in many fatal cases of delirium tremens, evidences of inflammation of the brain have been revealed, while in other cases no traces of any lesion could be found.

NOTICES TO CORRESPONDENTS.

☞ *Subscribers who are in arrear since Midsummer, are requested obligingly to forward their remittances. By paying in advance for the year, a saving is effected to them, and much trouble about accounts spared us. Our rule is to be paid in advance.*

An Old Subscriber.—*A duly qualified English practitioner would be allowed to practise among* his countrymen *in France.*

Socius *can of course produce proof of his first apprenticeship having been duly completed, with the witnesses to his indenture. This is all that is requisite to prove the fact. With regard to the second question, an apprenticeship of two years is not sufficient, but if our correspondent be transferred to some London practitioner, his term may be completed during the period of his attendance on hospitals.*

Communications from Dr. Rigby, Dr. Wright, Dr. Lewins, Dr. Costello, and Dr. Knox will appear in our next.

Numerous other communications have been received which we have not yet had sufficient time to notice. We should be obliged if our correspondents would favour us with their communications as early in the week as possible.

A Subscriber, Exeter, *should authenticate his statement in a private note to the Editor.*

A Clerk.—*We do not generally notice the questions of non-professional persons; however, as an answer to our correspondent's question is certainly not giving medical advice, we may state that the neighbourhood of Hampstead is, we believe, as salubrious as any in the suburbs of London.*

Mr. Atkinson's *request would have been attended to at first had his letter been duly dated. As, however, we have several subscribers of the same name, our publisher was uncertain to whom the order referred.*

A Subscriber, Macclesfield.—*A licentiate of the Apothecaries' Company will certainly be permitted to enrol his name as a member of the National Association, if he apply to the secretaries for that purpose. We believe all existing duly licensed practitioners will be allowed to register as Members of the new College.*

A Surgeon *has written us a severe critique on a case of peritonitis which has recently appeared in a medical journal. Our correspondent remarks that some observations on the conduct of a Newcastle lawyer coroner look strange when published in a London medical journal, and contrasted with "the well-known position of a Middlesex 'functionary,' with reference to that portion of the profession in his district, and the habit he has of shirking their services on all possible occasions." He concludes by giving his opinion "that a public functionary who disregards all the usual rules recognised in the discharge of his duties, becomes a great public nuisance."*

Syronicus.—*We never reply to such questions.*

Erratum.—*By an incomprehensible blunder of our printer, by which the heading of the continued paper on Phrenology was reprinted from memory, the titles of the celebrated Edinburgh professor of logic were misgiven. It is unnecessary to say that his connection is not with the University of Cambridge, but with that of Edinburgh.*

The letter of Medicus *on the new "humbug" of a proposed new measure is under consideration*

The complaint on the exclusion of medical evidence should have been authenticated.

Dr. Storer's paper has been received.

THE MEDICAL TIMES.

SATURDAY, AUGUST 16, 1845.

Quo teneam vultus mutantem Protea nodo?

THE "Physic and Surgery" Bill, as "amended by the Committee and on recommitment," has just been issued. It differs from the former draft, as published by us in May last, only in a few points, but those are mostly material. We shall briefly analyse the proposed changes.

In clause 1, the 14th and 15th of Hen. 8, cap. 5, is distinctly mentioned as a statute not repealed. In the former draft it was not noticed in any way, and certainly was not repealed. The present change was introduced, therefore, to satisfy any uneasiness in the heads of the College of Physicians. The statute thus exempted from repeal is the one by which the College hold all their principal privileges, and the repeal of the other acts, some of which more or less limited the operations of that corporation, will probably invest it with powers which should be jealously inquired into before the present Bill be allowed to pass.

In clause 2 we have the new formation of the Council of Health. We reprint it.

The Council of Health.

"And be it enacted, That a council shall be established, which shall be styled "the Council of Health," and that one of her Majesty's principal Secretaries of State shall be a member of the said council, in right of his office as Secretary of State; and that the other members of the said council shall be such persons, not more than twelve, whom her Majesty, with the advice of her Privy Council, shall deem fit to be members of the said council."

The tenure of office—the affairs of secretaries' expenses—president, vice-president—place and time of meeting—minutes of proceedings—occupy the next seven clauses, and remain as in former drafts. In clause 9, the register is provided for as before, *new* candidates paying £5 as Physicians and Surgeons, and £2 as General Practitioners, and in clause 10 we have the mode fixed of making and registering

General Practitioners.

"And be it enacted, That every person shall be entitled to be registered by the council as a general practitioner who, at the time of the passing of this act, shall be legally practising, or entitled to practise, as a physician, surgeon, or apothecary, in some part of her Majesty's dominions, and who shall be qualified to be enrolled, and shall enrol himself, as a member of the Royal College of General Practitioners of England, and also every person who shall have attained the age of twenty-two years, and shall have been examined by the colleges hereinafter named—that is to say, if in England, examined by the Royal Colleges of Physicians and Surgeons of England; or, if in Scotland, examined by the Royal Colleges of Physicians and Surgeons of Scotland; or, if in Ireland, examined by the Royal Colleges of Physicians and Surgeons of Ireland, after such proof as shall be satisfactory to the examining colleges, that he has applied himself to medical and surgical studies during at least five years, of which at least three years shall be in universities or hospitals, or public medical or surgical schools recognised by the Council of Health, and in every case shall have received letters testimonial from each of the bodies by which he shall have been examined of his being duly qualified to practise as such general practitioner, provided always that such examination by the Royal Colleges of Physicians and Surgeons of England shall be conducted before a joint board of examiners, to be appointed separately by each of the said colleges; and that no person shall be qualified to offer himself for such examination by the Royal Colleges of Physicians and Surgeons of England until he shall have been examined by the Royal College of General Practitioners of England, and shall be by that college admitted a member of the last-mentioned college, except persons holding any medical or surgical rank in her Majesty's army or navy, or in the service of the Honourable East India Company; but no person holding any such medical or surgical rank as last aforesaid, who shall have been examined by the Royal Colleges of Physicians and Surgeons of England, shall thereby acquire any right to be registered as a general practitioner until the end of five years after such examination, unless he shall have been previously examined by the said College of General Practitioners, or shall be afterwards so examined within the said period of five years."

Our readers will notice here the changes of which we had forewarned them. The General Practitioner is no longer to be a "*Fellow*," but a "*Member*," of his College; his College is no longer to be the College of General Practitioners in Medicine, Surgery, and Midwifery, but "the College of General Practitioners," and the preliminary examination wholly disappears to make way for a system of two complete medical examinations by two medical examiners, on the same subjects—one by the General Practitioners, the other by a joint Board of Surgeons and Physicians. The object of the latter examination is, of course, to offer some decent pretext for extracting from General Practitioners a large sum in support of the old institutions. The Report of the Deputation, published in another column, shews that in their negociations it was agreed, that the second examination should entitle the candidate to Membership in the College of Surgeons. The bill, however, very curiously omits to make any provision of this kind. This must, of course, be an oversight.

In clause 11, the Surgeons, by which are meant Fellows, are allowed to be examined at twenty-five, instead of twenty-six, and after five years' study instead of after six. This is a concession to the College Council, who thought that twenty-six was too high an age, and six years' study too long a course of preparation for their Fellowship. The depreciation of *qualification* was to them counterbalanced by the expected *elevation of fees*.

Clause 13 gives us the following provision:—

"And be it enacted, That no person shall be qualified to offer himself for examination by the Royal College of Physicians of England, Scotland, or Ireland, for the purpose of being registered as a physician, or by the Royal College of Surgeons of England, Scotland, or Ireland, for the purpose of being registered as a surgeon, who shall not have previously passed the like examination by the several Royal Colleges of Physicians and Surgeons of England, Scotland, and Ireland respectively, as is required to be passed before those colleges respectively by persons who have been examined by the said Royal College of General Practitioners, in order to entitle them to be registered as general practitioners."

By clause 14, the Council of Health is empowered to relax the provisions of the Bill in favour of the present body of medical and surgical students.

By the next two clauses, General Practitioners, Surgeons, and Physicians, are under a penalty to pay fees and belong to the Colleges of the country in which they may reside. Provision of an obscure kind is made for the connection of General Practitioners with the College of Surgeons of Scotland as Licentiates, and with some other College or Colleges not named, in some other parts of the country.

Qualifications and fees are to be made as uniform as is "practicable and convenient," by the Council of Health (clause 17), and we then come to the following arrangement:—

Licentiates in the Faculty of Medicine.

"And be it enacted, That it shall be lawful for any university of the said United Kingdom to grant the degree of Licentiate in the Faculty of Medicine to any student of the same university who shall have attained the age of twenty-two years, and shall have applied himself to medical and surgical studies during at least four years in universities, hospitals, or public medical or surgical schools, recognised by the Council of Health; and that every such Licentiate in the Faculty of Medicine, being also examined, and having received letters testimonial of his qualification in the manner hereinbefore prescribed in the case of general practitioners, shall be entitled to be registered by the said Council of Health as a Licentiate in the Faculty of Medicine, with all the rights, privileges, and liabilities of a general practitioner, subject to such general regulations as shall be made by the said council concerning the registry of general practitioners."

The restriction on bye-laws, registry of students, presence of members of the Council of Health, on examinations, exclusion of non-registered from public appointments, exception of registered Practitioners from serving on juries, &c., are then provided for. By clauses 24 and 25, registered Physicians and Surgeons are allowed unlimited practice (except as Apothecaries); and by 26, General Practitioners are specially entitled to recover for medical and surgical attendance. By clause 29 this privilege is restricted to them and persons now in practice. The Supplementary Register, giving present Practitioners all former rights, is thus spoken of (clause 27):—

Supplementary Register.

"Provided always, and be it enacted, That during twelve calendar months after the passing of this act, every person legally practising, or entitled to practise, on the day before the passing of this act as a physician, surgeon, or apothecary, in any part of the United Kingdom of Great Britain and Ireland, and during the period of two years after the passing of this act, every person legally practising, or entitled to practise, on the day before the passing of this act as a physician, surgeon, or apothecary, in any of her Majesty's colonies and foreign possessions, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this act had not been passed, and no further or otherwise, unless registered under this act; and the said council, on the application at any time of any person legally practising, or entitled, on the day before the passing of this act, to practise as a physician, surgeon, or apothecary, in any part of the said United Kingdom, shall cause the name of such person to be registered in a supplemental register as a physician, surgeon, or apothecary, as the case may be, specifying the nature of his qualification, and whence derived, on production to the said council of his diploma, license, or certificate, or such other proof as shall be satisfactory to the said council, that on the day before the passing of this act he was so practising, or legally entitled to practise, and on payment of a fee of five shillings, which fees shall be applied toward the expenses of this act; and every such person, upon being so registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as if this act had not been passed, and no further or otherwise."

The Register is to be published annually, is to be prima facie evidence of qualification, or the absence of it. A penalty is provided (clause 30) for unqualified persons practising in public offices. All unqualified persons acting as Apothecaries

(clauses 31 and 32) can be prosecuted by the College of General Practitioners, and punished by penalties of £20 for each offence:—

"And be it enacted, That every person who, after the passing of this act, shall act or practise as apothecary in any part of England, without having been registered by the said Council of Health as a general practitioner, shall for every such offence forfeit and pay the sum of twenty pounds, to be applied to the use of the Royal College of General Practitioners of England, and to be recovered by the said college by action of debt in any of her Majesty's courts of record at Westminster."

And by the next clause it is enacted, that pretenders to qualifications, no matter under what medical designation, may be prosecuted for a misdemeanour. Persons guilty of felony or fraud, may be struck off the Register as before, and the privileges of Oxford and Cambridge are saved.

The Bill ends with a provision that it may be amended or repealed during the session.

Quod petiit spernit; repetit quod nuper omisit;
Æstuat, et vitæ disconvenit ordine toto;
Diruit, ædificat, mutat quadrata rotundis!

THE summary of the *amended* Bill that we have given above, just shows how possible it is for the omnipotence of Parliament to perform the very paradoxical feat of *amending* a measure into *deformity*. Sir James Graham has surely been bewitched. The fascination exercised over him by Dr. Paris and Sir Benjamin Brodie, would suggest that they had cozened him to take a love-philter. In the name of wonder, how could a measure so well received by the profession, when presented to it so recently as May last (three times altered and amended, on each occasion after considerable deliberation), how could this measure have suddenly turned, like Oberon to Titania, so loathsome to the eyes of the Home Secretary, that this "Bottom" of a Bill before us should now be introduced to us as the sole object of his capricious affection? The last Bill showed certainly one great deformity in that preliminary examination, by which the future Practitioner was obliged to pass through a court of censors, formed by Colleges with which he was to have nothing to do, a Board established for no other purpose than to give the half superseded Colleges additional patronage and the command of some extra fees. This was an arrangement which could serve no purpose of utility, and conflicted with every other provision contained in an otherwise excellent measure. But the present Bill presents us with the deformity of a double examination, marked by even far more absurdity. The General Practitioner is to be thoroughly educated by his own College—to have his competency attested beyond all doubt—for the Minister's Council of Health has the power of enforcing the strictest examination that can be required;—yet he is subjected by the present Bill to a second examination, on the very same subjects, under members of *opposing* Colleges: and all this, for what? As a pretence for making the General Practitioners, who are, for the future, by this Bill, to be wholly unconnected with the two Colleges of Physicians and Surgeons, pay towards the support of both large sums of money. The General Practitioner is not to be a Surgeon—he is not to be a Physician—yet he is to contribute to keep up establishments for both. A more preposterous arrangement in reference to the public, or a more unjust one to the profession, it is impossible to conceive. It is disgraceful in the Colleges to seek unearned contributions from a portion of the Profession they have excluded, maligned, and affected to contemn; it is still more disgraceful, if they must have the tax, to extract it through the troublesome and oppressive medium of a hostile and utterly unneeded examination.

Under all circumstances, indeed, this second examination is an annoying corporate farce. True, the understanding come to by the deputation of the National Association, had stripped it of much of its vexatiousness. To them it was conceded, that if they would submit to what was indispensable for the support of the old corporations, their members should receive a consideration for their money in an extra diploma from the College of Surgeons, with the right of access to its library and museum. The arrangement answered two ends: it met the desires of that portion of the body of General Practitioners who still clung to a connection with the College of Surgeons, and tended to throw an extra *éclat* on the young member of the New College, well calculated to support his attainments as a member of his class, and to recommend him to the confidence of the public. The scheme, from its native absurdity, would evidently be but a temporary one, and, considered in that light, might not be unserviceable to the new incorporation itself during the interval required before it could develope its full capabilities, and prove to the public that its diplomas were an unerring indication of scientific competency.

The provision thus promised to the deputation, and which took away the sting of the second examination, *does not appear in the bill!*

It is right, under these circumstances, that Government should know that the General Practitioners' partial support of their Bill will require, as a *sine quâ non*, that, if there is to be a second examination, that second examination shall give a second collegiate diploma. As we understand matters, there was a clear promise that such should be the case, and we will suppose, till better informed, that the omission in the Bill originates entirely in an oversight. The Bill must be opposed, if that concession be not fully made. We are glad of a raised qualification—we are pleased at a board of general revision—we know the benefits of a good registration, but all these together, in their most unexceptionable form, would not tempt us into the weakness of submitting to have the General Practitioners made mere milch cows, by Act of Parliament, for the support of institutions perishing of the premature decay caused by very extravagant impolicies.

BOOKS RECEIVED.

On the Nature, Causes, Prevention, and Treatment of Acute Hydrocephalus, or Water-Brain-Fever. By THOMAS SMITH, M.D., &c. London, 1845. 8vo. pp. 168.

If Dr. Smith will take our advice he will not, for his own reputation, attempt again to write a book which endeavours to conciliate both the public and the profession; nor will he enter upon the consideration of such profound subjects in so off-handed a manner. We doubt very much whether a popular treatise upon any specific malady be desirable, although we willingly allow that the general principles of hygiene (such as relate to the diet, dress, &c., of infants and children), if ably and lucidly laid down by one of ourselves for the use of mothers and nurses, would be of service. Fortunately, a third part of Dr. Smith's treatise is taken up with this kind of matter, more especially in relation to the conduct of the mother during pregnancy and lactation; as to the style, however, and modes of expression adopted, we feel ourselves called upon to enter a caveat, in spite of Dr. Smith's own confession, that the former is neither elegant nor easy. What the word "cogging" (p. 76) implies we know not, and we are equally ignorant of the meaning of "cockering" (p. 78), and consider that there is some slight obscurity about the following paragraph. Speaking of the difficulty of accounting anatomically for the increase of hydrocephalus, Dr. Smith writes—"In the same sense it is difficult to account for the simplest facts in nature; as, for example, why a horse has four legs. When parents ask me for an explanation, I refer them to their flower-pots, and to the *languid circulation of the interior gardens* in large towns."—(pp. 90—91.)

The practice Dr. Smith recommends at page 136 of the parent seeing that her child's teeth are regularly cleaned night and morning by brushing them with *soap* and *water*, appears peculiar. With respect to other views promulgated in this popular Treatise on Hydrocephalus, the more prominent are that this disorder is—

1st. "An idiopathic nervous fever, strongly allied to the febris lenta nervosa of adults."—(p. 65.)

2nd. That "the latent causes I take to be a strumous or lymphatic constitution, engendered not unfrequently by a too highly excitable condition of the nervous system in the mother, which deprives the fœtus in utero of its due supply of nutrient aliment."—(p. 47.)

3rd. "That if scrofula be not an hereditary disease, hydrocephalus is not."—(p. 59.)

4th. "That three generations, under good management, would suffice to eradicate scrofula from any family."

5th. That "treat hydrocephalus as you would any other nervous fever, and such treatment will give you the best chance of success."—(p. 162.)

6th. That "free catharsis, free diuresis, or free diaphoresis, by whatever means these separate states of the system can be obtained, offer the most reasonable prospect of recovery."—(p. 166.)

7th. That the "disposition to vomiting may be prudently encouraged (except in the more inflammatory species impressed and enumerated by the moderns), and the common precaution, 'lest by vomiting we increase cephalic determination, or promote serous or sanguineous effusion,' is a mere verbal bugbear."—(p. 163.)

The terms *water-brain-fever* employed by our author, sounded strangely to our ears—not less did the "Narrative of the two dogs, Jowler and Keeper" (p. 86), until we recollected the work was not ostensibly for the profession, although we found the words "Conspectus Medicinæ Theoreticæ, J. Gregory, M.D., 1830," at the foot of one page, and *Liebig* and *Boerhaave* referred to at the bottom of others. Dr. Smith will excuse us, but if he had not courted the profession at the same time he was so intent upon angling for the public, we should have thought ourselves bound to look less sharply on his faults, which in truth are not grave, and more favourably at his merits, which, after all, are not unpromising.

Lives of Men of Letters in the Time of George III. Charles Knight and Co.

Lord Brougham is one of the most encouraging instances that can be cited in favour of the policy of those men who aim at celebrity in everything; and yet what, after all, is his position? Qualified, if he had concentrated his powers upon *one* object, to take the highest possible rank, by too much ambition he has defeated his desires; and, now, not far from the close of his history, he stands in the predicament of a man not *great* in anything. Perhaps, however, we are wrong in our conjecture of his capacity. Certainly it is the received opinion that where nature has implanted the germ of complete greatness, it will also give the single bent which is necessary to its development. True power is rigid in its devotion to *one* end, and in all its excursions into other fields brings back that only which will enrich its own. If this doctrine be correct, it follows that the desultory mind, uncertain in its action, is alike uncertain, and consequently weak, in execution. It is a small thing to say of Lord Brougham, that he is amongst the best of smatterers; but small as it is, it is the most that can be said of him. He has, in the course of his life, been lawyer, politician, orator, man of science, theologist, and historian. In which of these characters can we consider him an extraordinary man? An extraordinary lawyer, indeed, for his standing, because he knew comparatively nothing of law. Not an extraordinary politician, because he has "turned, and turned, and turned again." His science and theo

logy were repetitions of what other men had thought and written. On these subjects he belongs to that class of readers whom Coleridge has compared to a sponge, returning what they have received, only a little muddier. Lastly, to find his worth as an historian we need only peruse what he has written in the book before us. And what is its value? Superior, we confess, to the common run of compilations, but as a work pretending to sketch down in words the likeness of men's minds, as faithfully as the painter their portraits upon canvas, it is like his lordship's professed political consistency—a nullity.

Still, the volume will repay perusal; it is better, much better, than ordinary books upon men's lives. The style is inelegant, indeed; the order of propositions ill-placed, and their intention incompletely worked out; but, with all that, the book deserves to be read. It has something—undecided, but indicated—which, if it do nothing more, will be a caution to historians of what they should avoid, and to readers of what they should commend.

How to Humbug the Profession. By THOMAS WAKLEY, Surgeon, M.P., late surgeon and druggist of Argyle-street, (anti)-Medical Coroner; Member of the Council of the *late* British College of Medicine; Member of the Council of the *late* British Medical Association; Member of the Committee of the *late* Medical Protection Assembly; *non*-Member of the Council of the Provincial Medical Association; *non*-Member of the Committee of the National Association; *non*-Member of several learned Societies; author of several Medical Bills (not passed), &c. &c. &c.

This is so interesting a little brochure, that we shall publish it entire in another number.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE. FIRST EXAMINATION. PASS EXAMINATION.—1845.

Anatomy and Physiology; Examiners, Mr. Kiernan and Professor Sharpey.—Monday, August 4; Morning, 10 to 1.—1. The bones of the face and the ethmoid being removed, describe that portion of the basis of the cranium included between the superciliary ridges of the frontal bone in front, a line extending between the mastoid processes, and in front of the condyles of the occipital bone, behind, and laterally between lines drawn from the external orbital processes of the frontal to the mastoid processes. First mention the bones, and those portions of them which enter into the formation of the part to be described; then commence the description at the superciliary ridges, and describe the surfaces, sutures, processes, and foramina, in the order in which they are met with, mentioning the muscles when describing the parts to which they are attached. What is the mode of developement of the frontal and occipital bones, and in what condition are these bones at birth?

2. Commencing at the integuments, give an account of the parts successively exposed in the dissection required to display the structures entering into the formation of the inguinal and femoral canals: the answer to include a description of the appearances seen on the inside after removing the peritoneum, with an account of the spermatic cord, and of any varieties in the origin and course of the obturator artery which relate to the subject of the question.

3. Describe the steps of the dissection required to display.—1st, the course of the radial artery, from its origin to the point at which it disappears between the metacarpal bones of the thumb and fore-finger, and the branches given off in this part of its course; 2nd, the course of the posterior tibial artery from its origin to its division into the plantar arteries, and of its branches, as far as they can be seen on the back of the leg. The parts are to be described in the order in which they are met with, and all the relations of the vessels are to be mentioned.

4. Give an account of the diphragm and of its uses, mentioning the muscles which act in concert with it. Describe the origin, course, and distribution of its vessels and nerves.

5. Describe the cartilages of the larynx, and their mode of connexion with each other.

Afternoon, 3 to 6.

1. Give an account of the joints formed by the radius and ulna with other bones, and with each other; the answer to include a description of the articular surfaces of the several bones, and of the cartilages, synovial membranes, and ligaments. Describe the movements which take place in these joints, mentioning the muscles by which they are effected, and the classes of joints to which they belong. In what respects do the movements which take place in these joints differ from those which take place in the corresponding joints of the leg.

2. Describe the parts met with in dissecting a portion of the posterior region of the trunk, included within three lines corresponding to the borders of the latissimus dorsi muscle; the dissection to be carried down to the vertebræ and quadratus lumborum.

3. Give the dissection required to expose the subscapular artery and its branches, describing the parts met with in the dissection as far as they are necessarily brought into view.

4. Give the anatomy of the prostate gland, describing its form, size, situation, connexions, and structure, with the part of the urethra which passes through it.

5. Describe the position and structure of the heart and pericardium. Give a brief account of the passage of the blood through the cavities of the heart, and of its entrance into the aorta and pulmonary artery; and of the contractions, impulse, and sounds of the organ.

6. Give an account of the structure, physical properties, and chemical composition of cartilage and fibro-cartilage, distinguishing their several varieties.

Chemistry; Examiner, W. T. Brande, Esq.—Tuesday, August 5; morning, 10 to 1.

1. State the theory of latent heat, and illustrate it by the details of Black's experiments on the freezing of water and thawing of ice; and on the formation and condensation of steam. Explain the meaning of the term specific heat, and describe the modes of determining the "capacities of bodies for heat."

2. Describe the action of the common electrical machine, and the theory of the reception and retention of the charge by the respective conductors.

3.—Explain the formation of a simple and of a compound voltaic circuit—the theory of their action; and the phenomena of the electro-chemical decomposition of water, and of solutions of sulphate of soda and sulphate of copper.

4. What is meant by the terms "atomic weights," and "equivalents" of bodies? How are atomic weights determined? What are the arguments for and against the adoption of whole numbers as representing chemical equivalents; and what are the equivalents upon the hydrogen scale, and what the respective specific gravities (air = 1) of the following gases and vapours:—oxygen, nitrogen, chlorine, iodine, carbonic oxide, carbonic acid, sulphurous acid, cyanogen, ammonia?

5. What is ammonia? What relations does it bear to the theory of ammonium and of amidogen? What are the accepted proofs of the existence of the two last-mentioned compounds? What are the ultimate elements of sulphate of ammonia, and how may its proximate constitution be represented in reference to the different theories?

6. Represent in symbols the ultimate and the proximate composition of ferrocyanide of potassium, and of the precipitates which it occasions in solutions of the oxides of silver and lead, and of peroxide of iron.

7. What are the principal elements of organic bodies? How may they be qualitatively and quantitatively determined?

8. What are the ultimate constituents of the common varieties of coal? What are the principal products of their destructive distillation as carried on for the production of coal-gas? and how are those products separated?

9. What is protein? What are the principal organic products which afford it; and with what elementary substances is it usually associated?

10. Draw a comparison between the chemical physiology of vegetables and that of animals.

The bottles marked A, B, and C contain certain saline solutions—they are accompanied by appropriate tests, by which the nature of their respective bases and acids may be recognised—you are requested to name these, and to write their respective symbols and equivalents.

Materia Medica and Pharmacy; Examiner, Dr. Pereira.—Tuesday, August 5; afternoon, 3 to 6.

1. Enumerate the most important officinal diuretics, and explain their respective peculiarities of operation. State your opinion, and the reasons on which it is founded, of the propriety of administering diuretics in renal dropsy with albuminous urine. In the use of saline diuretics, what circumstance, appertaining to the density of their solutions, has Liebig suggested the practical importance of attending to?

2. Describe the process of the London Pharmacopœia for making pulvis antimonii compositus, and explain the chemical changes attending it. State what are the ordinary constituents of this substance, and how the presence of sesquioxide of antimony in it is to be detected.

3. Give a botanical description of valeriana officinalis, and mention the active principle of, and the mode of extracting it from, the root of this plant.

4. How can the presence of chloride of potassium in chlorate of potash be detected? State how you would proceed to determine the presence of subacetate of lead in the sugar of lead of the shops?

5. Describe the effects, uses, mode of exhibition, and dose of Senega root.

6. What are the effects of an overdose of opium, and what is the most appropriate method of treatment in poisoning by this substance?

Botany; Examiner, Rev. Professor Henslow.—Tuesday, August 5; afternoon, 3 to 6.

1. Define, and name examples (where the case admits), illustrating the following terms:—Capitulum—Tetradynamus—Petiolus—Lodicula—Stoma—Atropus—Serratus.

2. Mention the chief characteristics of the following orders:—Boragineæ, Leguminosæ, Aroideæ.

3. Give the more important characters in the following genera:—Valeriana, Samolus, Caucalis, Scirpus.

N.B.—In this question you are required to describe precisely the characters of the several floral whorls, those of the fruit and seed; and to state the peculiarities of Æstivation, Vernation, and Foliation.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—FIRST EXAMINATION.—1845.

First Division.—George Birkett, Charing Cross Hospital; William Brinton, King's College; John Climson Day, London Hospital; Henry Fred. Augustus Goodridge, University College; Daniel Hooper, Guy's Hospital; Thomas Henry Huxley, Charing Cross Hospital; Walter Johnson, Guy's Hospital; George Henry King, Guy's Hospital; Cornelius Winter Randell, University College; William Henry Ransom, University College; John Reid, King's College; Joshua Harrison Stallard, Queen's College. Birmingham; Samuel Hopkins Steel, King's College; Alfred Williams, University College; Ewing Whittle, Royal College of Surgeons in Ireland.

Second Division.—John Thomas Arlidge, King's College; James Cato De Castro, University College; Daniel Ithiel Edwards, University College; Henry Thomas Hartnoll, St. Thomas Hospital; William Henry Holman, London Hospital; James Johnston, Queen's College, Birmingham; Thomas Palmer, Apothecaries' Hall of Ireland; John James Rygate, London Hospital; Henry Stevens, King's College; Thomas James Sturt, King's College

OBITUARY.—We regret to announce the death of Mr. Thomas Everitt, the late professor of chemistry at the Middlesex Hospital, which took place at Lady Ellis' Asylum at Southall, in consequence of a severe scald received while in a hot bath. We propose to give a notice of this distinguished chemist next week.

A SECOND REPORT BY THE DEPUTATION OF GENERAL PRACTITIONERS.

The deputation who have been appointed with full authority on behalf of the National Association of General Practitioners to accept such a charter of incorporation for the general practitioners, as the crown might be advised to grant, and on behalf of the Society of Apothecaries, to relinquish their present privileges as soon as the terms of the proposed charter should be adjusted, under the sanction of her Majesty's advisers, to the satisfaction of the deputation, avail themselves of the earliest opportunity which has been afforded them, of reporting to their professional brethren the further progress of the negociations with the government, in connexion with the subject of medical legislation.

In communicating to the profession Sir James Graham's intention of recommending the grant of a charter of incorporation for the general practitioners, the deputation explained that it had been intimated to them, that the offer of a charter was to be regarded as part of a general arrangement; and that its acceptance, therefore, had to be considered in connexion with the other portions of the scheme.

The terms of that arrangement, as more immediately affecting the interests of the class of general practitioners, were detailed in the former report of the deputation; and the deputation stated that they had no hesitation in accepting, on behalf of the general practitioners, the proffered charter of incorporation, coupled with the conditions of the general scheme which was then contemplated.

It will be remembered that the particulars of the arangement were stated by Sir James Graham to the House of Commons, on the 7th of May; and the bill, as amended to give effect to that arrangement, was shortly afterwards printed by order of the House.

The arrangement contemplated by the amended bill has met with opposition from various quarters, and on various and widely differing grounds; and the College of Physicians, the College of Surgeons, the teachers of the London schools, and the Scotch and Irish colleges, have, each on their own grounds, urged the most decided objections to particular features of it.

The College of Physicians contended that, as that college was instituted for the promotion of medical science, it was proper that to it should be entrusted the duty of testing the qualifications of all those who were to have the sanction intended to be given by the bill, of being qualified to practise medicine, just as to the College of Surgeons was to be entrusted the duty of testing the qualification of persons to practise surgery.

The College of Physicians objected to the arrangement that persons, who had undergone a previous examination by physicians and surgeons, should be examined subsequently in medicine and surgery by general practitioners. The college further urged, as a great objection to such double examination, that it must operate as a discouragement to medical education in England, since, in Scotland and Ireland, a single examination would be sufficient to qualify for practice. With respect to the incorporation of the general practitioners, by the name of "The Royal College of General Practitioners in *Medicine*, Surgery, and Midwifery, of England," the College of Physicians pressed upon the attention of Sir James Graham, that, as the College of Physicians was specially founded for the promotion of medical science, and for the regulation of medical practice, there were strong objections to the assumption by the new institution of the title of "The Royal College of Practitioners in *Medicine*." The College of Physicians objected yet even more strongly to the latter part of the 32nd clause of the bill, which gave to the general practitioners the right to fill ALL *medical and surgical offices*, and thus, as the college insisted, confided the highest duties of the profession to the members of that class which was required to pass through the least extended education, and which was admitted to practise at the earliest age.

The College of Surgeons objected that the proposed amendments differed in principle from the bill, and from the original bill of which the heads had been submitted to the council of the college, and were inconsistent with the charter and bye-laws of the college, founded upon those "heads." The College of Surgeons found that one of the principal features of the amended bill was that of providing for the institution of a college of general practitioners in medicine, surgery, and midwifery, and expressed their surprise at the establishment of a new college, which was intended not only to embrace medicine, surgery, and midwifery, but to be co-ordinate in professional rank and importance with the existing Colleges of Physicians and Surgeons. The college stated their deliberate conviction, that, in the framing of the amended bill, the interests of the College of Surgeons, and its claims to legislative protection, had been unhappily overlooked. In particular, the College of Surgeons objected to the title of the New College—to the title of fellow being given to its members—to any power being given to the New College to examine in surgery; contending that by the amended bill the College of Surgeons would be subordinate to the College of General Practitioners, in those functions for which the College of Surgeons was specially instituted; and that the surgical examiners at the joint board might be placed in the degrading position of having a candidate, whom they had declared duly qualified, rejected at the subsequent examination by general practitioners. The college further objected that registered general practitioners were to be deemed, to all intents and purposes, qualified practitioners of surgery, and capable of filling any surgical appointment in any local or public institution; that the bill was calculated to discourage the attainment of the fellowship of the College of Surgeons, and that the College of Surgeons was in danger of being sacrificed to the views and wishes of those who hoped to annihilate it by the establishment of a rival College of Surgeons.

The power proposed to be given to the College of General Practitioners, by their charter, of appointing examiners who were not members of their own college, was understood to be strongly objected to, both by the College of Physicians and the College of Surgeons.

It was strongly urged by others, that the effect of the double examination in England would be to tempt students to pass their examination in Scotland and Ireland, where they would have to submit to a single examination only; and that the English schools of medicine would suffer in consequence. This objection was considered to apply with increased force to English candidates for medical appointments in the army and navy, and in the colonial service, inasmuch as they would have to pass, in addition to the two examinations contemplated by the bill, a third examination before the medical boards of their respective services.

The deputation refer to these objections, not for the purpose of exaggerating the points of difference which exist in the views entertained by the various branches of the profession on the subject of medical legislation, but for the purpose of impressing on the minds of their medical brethren the opposite views which are, in fact, entertained and advocated, and the consequent difficulties which embarrass the government and the legislature, in dealing with the complicated question of medical reform; and especially, of urging upon the great body of practitioners, whose interests are represented by the deputation, the absolute necessity of approaching the consideration of the subject in a spirit of conciliation and forbearance; and, prepared, in a matter in which so many apparently conflicting interests have to be reconciled, to concede their own opinion on points where concession does not imply any departure from the great principles, for the maintenance of which the general practitioners, as a class, are struggling.

It is in this spirit that the deputation have endeavoured to conduct the negociations on the part of the general practitioners of this country. The great object they have kept steadily and constantly in view, has been to uphold the character and qualification, and the status, professional and social, of the general practitioner; in one word, to render the medical attendant of the great masses of the population qualified, in every respect, for the fit discharge of his important functions; and, as a principal means to this end, to secure to the general practitioners the power of determining the course of study, and the nature of the examination to which the candidate for this branch of the profession shall be subjected, before he is permitted to enter on its practice; and it has been the constant aim of the deputation that this great principle of legislation should not be put in peril, either by undue concession to opposing views, on the one hand; or, on the other, by attaching an undue importance to the details of the machinery by which a general arrangement must be carried out.

Without referring to matters which, in the result, have become of comparatively minor importance, but which, nevertheless, demanded the anxious consideration of the deputation, the deputation were, at a late period of the discussion, called upon to decide with reference to the objections which had been urged:—

1. To the name of the New College.

2. To the power which had been claimed of appointing individuals to the examining board of the New College, who were not members of that college.

3. To the provision of the bill rendering it imperative on candidates for medical offices in the army and navy, and in the colonial service, to submit themselves to an examination by the colleges.

In communicating with the government on these points, the deputation reminded the Secretary of State that they had claimed for the general practitioners a charter of incorporation, which should recognise the individuals incorporated as practitioners in medicine, surgery, and midwifery, and should authorise them to subject the candidate for their letters testimonial, to an examination in each of those branches of medical science, and in such other branches of science as they might deem necessary, with the view of testing fully and efficiently the qualifications of the candidate to practise as a general practitioner in medicine, surgery, and midwifery, and that the government had acceded to the claim thus made by the deputation.

The deputation, after premising that they distinctly understood that they were not asked to relinquish such claim, or to modify it in any respect, stated, that if the functions of the general practitioners were clearly defined by the charter, and if authority was distinctly and unequivocally given to the New College on the face of their charter, to examine the candidates for their letters testimonial, in all such branches of knowledge, professional and general, as the council might think necessary, as a test of qualification for general practice, the object of the deputation would be attained.

The deputation assured the government of their anxiety to assist in removing every obstacle to the settlement of the question of medical reform in the present session, and that they were prepared to make any reasonable concession, for that purpose, which did not involve an abandonment or compromise of the principles on which the deputation had solicited, and the government had assented to, an incorporation of the general practitioners; that in the hope, therefore, of removing all reasonable grounds of objection, and of facilitating the passing of the bill in the present session, the deputation were prepared to assent to the following modifications, on the understanding that the power was reserved to them of withdrawing such assent, if the modifications were not agreed to, as a whole, by other parties.

The deputation stated that they would accept a charter of incorporation of the general practitioners, by the title of "The Royal College of General Practitioners of England," the general practitioners being identified in the charter with the individual at present combining the legal qualifications of a surgeon and an apothecary; and that they would assent to the New College being restricted in the choice of their examiners to the fellows of their own college.

That they would assent to candidates for medical appointments in the army and navy, and in the service of the East India Company, being qualified for such appointments by passing an examination before the respective medical boards of those services, preceded (if deemed necessary) by an examination before a joint board of physicians and surgeons.

That they would also assent to medical officers who had been actually employed in those services for a period of not less than five years, being entitled,

at the expiration of such period, to register as general practitioners without further examination, on enrolling themselves fellows of the New College.

The deputation, anxious to preserve for the future general practitioner the right of using the title of surgeon, and the privilege of admission to the Hunterian Museum and the library of the College of Surgeons, in making the foregoing concessions, expressly stipulated that individuals who should thereafter obtain letters testimonial as general practitioners, should be at liberty, on payment of a small enrolment fee, and without further examination, to enrol themselves as members of the Royal College of Surgeons, and, upon such enrolment should be entitled to use the title of surgeon, although registered as general practitioners.

The deputation desire to observe that, at the time when the foregoing communication was made to the government, they were not aware of the existence of the objections which were subsequently expressed by the Colleges of Physicians and Surgeons, to the examination by the College of General Practitioners succeeding the examination by the joint medical and surgical board.

The objections entertained to this part of the arrangement by the existing colleges, appear to be of so grave a character as to preclude all hope of carrying any measure of medical reform with the assent of those bodies which contemplated an examination by the College of General Practitioners following an examination before a joint board of physicians and surgeons; and Sir James Graham had already stated to the deputation that he was not prepared to advocate a measure of medical reform which met with the decided hostility of any of the parties with whom the government were then in communication on the subject.

At this stage of the negociations, it was intimated to the deputation that the objection might be overcome by reversing the order of the examinations, and providing that the examination by the College of General Practitioners should precede the examination of the joint medical and surgical board—an arrangement which, while it met the objection entertained by the Colleges of Physicians and Surgeons to any candidate who had passed the examination before the joint medical and surgical board, being exposed to the risk of rejection by the College of General Practitioners, would, at the same time, enable the College of General Practitioners to prevent any person presenting himself for examination before the joint medical and surgical board, who had not succeeded in satisfying them of his competency in every respect to practise as a general practitioner.

The great question for the consideration of the deputation was, whether this arrangement would effectually secure to the general practitioner the means of maintaining and elevating the standard of qualification of the members of his own class.

In the first place, the arrangement contemplates that the College of General Practitioners shall have the unrestricted power of determining the curriculum of study of the general practitioner, provision being expressly made that the power of the Council of Health to change the curriculum, shall be exercised for the purpose of extending, but not of limiting, the scheme of education determined by the New College. In the next place, the arrangement contemplates that the College of General Practitioners shall have the unrestricted power of examining in medicine, surgery, midwifery, pharmacy, and such other branches of science, professional or general, as the college in the unfettered exercise of their judgment shall think essential, with a view to a satisfactory test of the candidate's qualification to practise as a general practitioner; the controlling power of the Council of Health being exercisable for the purpose of elevating, but not for depressing, the character of the examination.

It appeared, therefore, to the deputation that this arrangement did secure to the general practitioners the efficient controul which they claim to possess over the education and examination of their own class.

The arrangement further contemplates that on passing the examination before the joint medical and surgical board, the candidate shall become a member of the College of Surgeons, and acquire in virtue of his membership the right of access to the library of that College, and to the Hunterian Museum; together with the right of using the title of surgeon, and of being appointed to surgical offices, in public institutions, as heretofore.

It appeared, therefore, to the deputation that the important object was attained, that every future general practitioner should possess both a medical and surgical qualification, while, at the same time, the connection of the general practitioners with the College of Surgeons was also provided for.

Believing that it is essential for the maintenance of a high standard of qualification for the general practitioners, that their controul over the education and examination of their own class should be exercised as independently as possible of any interference on the part of the other branches of the profession, the deputation are of opinion, after much reflection on the subject, that if, in addition to the examination of the general practitioner by his own college, an examination by a joint board of physicians and surgeons is insisted upon by the government, and if such examination is to be interposed, at some period, between the completion of his education and his acquiring the title to registration, it will be desirable that such examination should follow, rather than precede, the examination of his own college. If this order of examination be observed, the general practitioner will be educated under the direction of his own college; upon the completion of his education, he will present himself for examination before his own college, and will not be admissible to the examination by the joint medical and surgical board, until he has succeeded in satisfying his own college of his competency to practise every branch of his profession. The College of General Practitioners will thus be enabled to ascertain whether the standard of qualification, which it has itself fixed, has been attained, and will be left to exercise its functions as an examining body, freely and independently, and without the risk of having its judgment influenced, if not virtually anticipated, by the decision of a previous examining board.

On those grounds, therefore, the deputation were willing to assent to the proposed modification of the arrangement, as regards the order of the examinations, in the full hope that their assent to this modification would have enabled the Secretary of State to have perfected his measure during the present session of Parliament—a result which all, who are acquainted with the evils consequent upon the protracted discussion of a question like the present, would unite in desiring; and it is, therefore, not without regret that the deputation have seen the postponement of the measure to another session.

The interval, however, before the next meeting of Parliament will afford an opportunity of more maturely considering the question in all its bearings, and of profiting by any suggestions which may be made for rendering the arrangement, as a whole, as perfect as possible as regards the public, and as satisfactory to the great body of general practitioners, as with a due regard to the claims of the existing medical institutions of the country it can be made.

In concluding their report, the deputation beg to state that by the arrangement, as now modified, the station and attainments of the future general practitioner will, in the opinion of the deputation, be fully and effectually secured. He will go forth to the public with his professional competency attested by all classes of his profession, by physicians, surgeons, and general practitioners; and, thus accredited, he will possess the most complete and satisfactory evidence of qualification which could be required from him by others, and the strongest claims on the confidence of the public which he could desire for himself.

R. R. PENNINGTON.
JOHN BACOT.
JOHN RIDOUT.
JAMES BIRD.
HENRY ANCELL.

ROBERT B. UPTON, Solicitor to the Deputation.

Dated the 5th of August, 1845.

OBITUARY.—At Dublin, on the 30th of July, John Houston, M.D., in the 44th year of his age.

NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

A full meeting of the Committee was held on Wednesday, in which, we are glad to say, the very best spirit of cordial good feeling and unanimity reigned. A very voluminous address was read, which was unanimously agreed on, and which will be ready for any applicants, by post or otherwise, in the course of a day or two.

The report thus concludes:—

"If, on the other hand, opposing parties unite their efforts and employ the facilities of communicating with the government which they enjoy, and the influence they possess with the government, for the purpose of inducing it to curtail the powers and privileges of the new Royal College, and in the spirit of corporate jealousy, without regard to the true interests of the profession and of the public, to impair its utility, efficiency, and respectability, if they defeat every effort to amalgamate the profession except upon terms so degrading as to render them impossible to be acceded to, then will it become the duty of the National Association to extend the sphere of its operations—to compass anew the whole question of medical reform, and to stand boldly forward on the broad principle of the public good as the opponent of the existing institutions. The committee would regard the conflict which this must lead to as greatly to be deplored. They are aware that it might be of years' duration, and none know better than themselves the personal sacrifices which must be made. But they have such confidence, engendered by the events of the year last past, in the public spirit of the medical profession, as to feel the most perfect assurance that, so soon as the deep sense of imperative duty becomes the impelling agent, their professional brethren will act as one harmonious whole, and employ their united exertions with the most enduring perseverance to obtain a FACULTY OF MEDICINE, without regard to the interests of those colleges which, by the aid of corporate privileges, conferred upon them in the comparative infancy of man's civilisation, have opposed themselves to the changes and ameliorations, which become essentially necessary as time wears on; and have thus, by retarding the progress of the healing art, and preventing the diffusion of scientific knowledge among its professors, shown themselves totally regardless of the miseries and mortality of their fellow-creatures."

The following remarks are appended:—

"There can be no doubt that the organisation of the general practitioners has become a subject of alarm in various quarters. Their number, respectability, education, resources, and the hold they have upon the public, are sufficient to occasion this. The most strenuous efforts have been made to break them up as a collective body, and to destroy their conformity of opinion and unity of action. Their professed friends have been employed as engines to effect this purpose. Happily, so far they have not succeeded. It will be observed that several circumstances relating to medical reform are adverted to in this day's transactions perhaps for the first time, having, in the discussion of the question, been purposely withheld from the professional eye, by those who had an object in wilfully misleading the profession. The sole object of the committee is the public good, and they have no doubt that the most direct means of advancing it is the general diffusion of the TRUTH. It remains to be seen whether the profession will maintain and strengthen its present organisation—if so, the committee will use its best efforts to complete it during the recess, and will remain firm in the discharge of their duty as respects themselves, their professional brethren, and the public."

Our notice must conclude with the following report of the resolutions:—

"The other matter prepared by the secretary for the Transactions, in accordance with a resolution of the special meeting of the 6th of August, having been read,

"It was moved by W. Smith, Esq., seconded by E. Baker, Esq., and carried unanimously—'That

the next number of Transactions do also comprise the matter now presented by the secretaries, and that the sub-committee be authorised to publish it forthwith with such verbal corrections as they may deem necessary.'

"Edward Headland, Esq., stated that he wished, before the Transactions were published, to call the attention of the committee to the measure now before Parliament for promoting the "Health of Towns," so that the members of the association might be assured that the interests of the general practitioners, so far as that measure was concerned, would not be overlooked by the committee.

"Moved by J. Merriman, Esq., seconded by H. P. Fuller, Esq., and carried unanimously—'That the sub-committee be empowered to authorise the treasurers to draw on the funds of the association for such amounts from time to time as may be required to meet the necessary current expences.

"Moved by J. Probert, Esq., seconded by H. Richards, Esq., and carried unanimously—'That although there is much reason to be gratified with the voluntary character of the donations to the funds of the association which have been subscribed in the absence of all the ordinary methods for obtaining such aid, the committee feel it their duty to remind the members of the association that the claims on its resources are necessarily very large, and that, as the strenuous exertions of the association will be required during the ensuing session of Parliament, it is highly important that the committee should be furnished with adequate means for all the purposes of the association.

"Moved by J. Bird, Esq., Hon. Sec., seconded by H. Ancell, Esq., Hon. Sec., and carried unanimously—'That the committee desire at the close of the present session of Parliament, and previous to adjourning their own sittings for the recess, to express the obligation under which they feel to certain portions of the daily and medical press, for their most efficient advocacy of the cause of medical reform, and particularly their sense of the talent and zeal with which the interests of the general practitioners have been advocated in the pages of THE MEDICAL TIMES.'"

"Moved by T. Paget, Esq., of Leicester, seconded by J. Lavies, Esq., and carried unanimously—'That honorary local secretaries being required in several county towns and boroughs, the sub-committee be requested to take steps for the purpose of obtaining the appointment of such functionaries by the members of the association resident in the respective localities, and be authorised to confirm such appointments.'

"Moved by J. Lavies, Esq., seconded by J. Merriman, Esq., and carried unanimously—'That the thanks of this committee are justly due, and are hereby given, to the sub-committee for their zealous and most valuable labours up to the present time.'

"Moved by N. Clifton, Esq., seconded by G. J. Squibb, Esq., and carried unanimously—'That the committee desire to express their most grateful acknowledgments to the respected chairman for his constant attention to the business of the committee, and his uniform courtesy while presiding over their deliberations.'

"Adjourned to the last Wednesday in October, unless specially summoned."

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

At this the challenger with fierce defy
His trumpet sounds; the challenged makes reply;
With clangor rings the field, resounds the vaulted sky.

(To the Editor of the Medical Times.)

SIR,—It appears my classical friend, Mr. Deane, of Chatteris, is mistaken. The admission of a second letter from O. P. Q. into the *Medical Times* of this day proves that "Homer has not been caught nodding," but is wide awake, and occupies rather the position which was assumed by Prince John in a less worthy cause, when Waldemar Fitzurse exclaims, "Silence, Sirs, and let the Prince assume his seat. The knights and spectators are alike impatient, the time advances, and highly fit it is that the sports should commence." You take a perfectly legitimate position, Sir; you are disposed to give "a fair field and no favour," despite the gag which a certain pseudo-stickler for the "liberty of the press" would have placed upon you. In so doing you are following the course of an independent journalist, which you have ever done.

It is true, as Dr. Lewins observes, that "there is scarcely any subject can be discussed in a medical publication more vitally important to the public than that of the merits of medical schools, and there never was an epoch in the history of our profession when it could be more appropriately done than at the present moment." And now that the tournament is to be fought, your readers will look on, as deeply interested spectators. Success be to him who holds the right—only, as in former days, the knights of chivalry were bound by laws of honour to avoid all unfair weapons on the tilt, so let the combatants on the present occasion disuse all such words as "humbug," "fat-headed blockheads," "diploma-shops," "cowardly sycophants," "miscreant." Such terms sound harsh to "ears polite," and produce upon our intellectual sensation a feeling more unpleasant than that which a blow on the ulnar nerve conveys to our little finger. Many a cause has been injured by rough words: hence arises the pleasure with which we turn from the uncouthly and roughly expressed writings of a Luther or an Eck, to the elegantly and smoothly written, but not less powerful, productions of an Augustine or a Melancthon.

As to the system of patronage, whether in Scotland or at Guy's, St. Thomas's, St. Bartholomew's, or any other sainted or unsainted institution, the sooner it is uprooted the better. Rehoboam was the son of Solomon, yet he walked not in his father's steps. I often wonder—we are so willing to have our vocabularies supplied with French words, and our fashion books with French "cuts" for ourselves and our female friends—how it is we do not display the same love for the French concours. I like a good thing, whether it come from France or Lapland, from London, Edinburgh, or Heidelberg. Let the Parisian tailors keep their newest cuts at home if they choose; and give me a knowledge of the words of our Saxon progenitors; but let us have the concours, or something like it, in the election of medical officers to "high places." We should then have our physiologist Turner, of Manchester, wrestling with Todd and Bowman, and Hall, and others, of the metropolis; our ovariotomist, Clay, with Key and Phillips, and others; our oculist, Walker, with Guthrie, and Morgan, and Travers, and others; our lithotomist, Wilson, with Green and others; our Bardsley, Noble, Roberton, Hunt, and Heath, and Radford, each in his own sphere asserting his intellectual and scientific prowess; and there being none to favour or to frown, talent and intellect and industry would meet with their reward and their due meed of praise. Patronage, for aught I know, may be a blessing in the courts of princes, but it is a curse and a bane to science. Down with it! Then competent persons will be sure to exist within the walls of the colleges, and such discussions as that now pending on the "University of Edinburgh" will be rendered unnecessary.

I am, Sir,
Yours respectfully,
A. W. C.

Grosvenor-street, Manchester,
Aug. 2, 1845.

THE RECENT ADVERTISEMENT FOR A MEDICAL COMPANION.

[On the subject of our leading article of three weeks since, we have received from the advertiser the following explanation.]

(To the Editor of the Medical Times.)

SIR,—The simple facts of the case are these: a nervous invalid of whom I have the care, and who is residing at the house of a professional friend of mine, has for the last six months been attended by a man servant during his walks and rides, and in making his toilet—he also *shaved* him.

He has lately so much improved in health, that it was thought desirable he should have a companion instead of a servant, who would have been considered in all respects his equal, and as the advertisement stated, "be treated as a gentleman," with the exception unfortunately of being required to shave him.

For this he was offered his board and lodging, and £50 per annum, equal in fact to £100, for less than which nine-tenths of the curates of England (who must be admitted to be at least equal to himself) are obliged to subsist.

These very aristocratic gentlemen, our present assistants, for whom you have been pleased to take up the cudgels, can, it seems, be content to stand behind a counter from morning to night, can administer a clyster, or apply leeches when required, for little more than half the sum, but then they would not have to soil their fingers with a shaving-brush.

But, Sir, I beg to remind both you and them, that to them the advertisement was not addressed, inasmuch as, in the first place, it was addressed to men of middle age, and in the second, it was expressly stated that "Membership of the College or Hall was not required." Now, Sir, you know as well as I, that there are too many in the profession so situated, who are doomed to drag on a weary and ill-paid servitude, who would consider the offer I made a paradise comparatively speaking, and to such I addressed myself.

God forbid, Sir, that I should be thought capable of undervaluing the services of any professional brother, but in the present instance, I am not not only wholly guiltless of such an intention, but really in my simplicity considered I was doing them a service, as the situation might be equally well filled by any one else, as by a medical man.

We each of us have our own opinion as to what may be considered degrading; for my own part, I consider nothing such that is not dishonourable, and, were I wanting bread, and refused such a situation merely because I should have to shave a man, I should feel that I richly deserved to starve.

I am, Sir,
Your obedient servant,
ALPHA.

July 28, 1845.

BRITISH MEDICAL SCIENCE IN DAMASCUS.

To the Editor of the Medical Times.

DEAR SIR,—I am favoured with the file of the *Medical Times* through my friend Dr. Hodgkin, which he says you were kind enough to supply to us at this remote quarter of the world, and for which please accept my grateful thanks. You will be pleased to hear that my labours here have been very successful; the number relieved up to this date is over 7,000, of all sects, classes, and colours. I visit the *harems* of the most fanatical Turks and Moslems, and attend the Pasha and all the official personages; latterly, I am consulted a good deal on the diseases of females, which, considering their natural habits of seclusion, is a great privilege, and one of the best proofs of how soon and efficiently I have overcome the prejudices of the inhabitants of one of the most fanatical cities, and the stronghold of Moslem bigotry in the East. The cases of insanity are now discharged cured, and the cases operated upon have proved successful. Our summer is set in very early; thermometer at midday from 88° to 92° in the shade, falling 15° and 20° at night and morning. The sickly months are July and August; sometimes the end of June and early part of September are sickly. The country is destroyed by locusts, and the people always anticipate distress and disease when these make their appearance in such swarms.

With many thanks, I am yours, very truly,
JAMES B. THOMPSON, A.B., M.D.,
Chief Medical Officer.

British Hospital, Damascus, July 9, 1845.

A SELECT PRACTICAL FORMULARY.

Translated from the French of M. Foy, Principal Pharmacien to the Hospital Saint Louis, at Paris.

(Continued from page 232.)

SAMBUCUS NIGRA (flowers).—Infusion, half a drachm to two drachms to a quart of boiling water; distilled water, one to three ounces, as the vehicle of a potion or mixture; extract (formerly called ROB), one to three drachms in bolus or pill, or in solution in an appropriate menstruum; extract of

the inner bark, thirty to forty grains as a purgative. The juice of the same part of the elder is equally purgative, in the dose of from two to three spoonsful; it is given in milk. The elder, especially the flowers, is a stimulant diaphoretic in the treatment of rheumatism, gout, and all cutaneous affections. The juice of the elder-root has been given with some success as a purgative in dropsy, ascites, in the dose of from two to four, six, and eight ounces in the course of the day. Used externally in lotions, injections, discutient fomentations, in the dose of from one to three drachms to a pint of water.

SOLUTION OF CAMERON (English formula).—Eight ounces of nitrate of potash, fifty-two ounces of vinegar, sugar ad libitum, and a few drops of the essential oil of mint. Mode of exhibition, three to eight ounces daily. Used in cases of scurvy.

SOLUTION, ALCOHOLISED, OF THE CHLORURET OF LIME (Chevalier).—Three drachms of the dry powdered chloruret of lime, dissolved in two ounces of distilled water, the solution filtered, and two ounces of alcohol at 36°, and a few drops of the essential oil of cloves added. Mode of exhibition: A coffeespoonful in a glass of water, to wash the mouth and gums with the aid of a sponge-brush. *.* This solution is of service in removing the smell of tobacco-smoke, and also in the form of lotion in cases of ramollissement of the gums, with fetid ulcerations.

SOLUTION OF CITRATE OF MORPHIA (Magendie). —See ROSE DROPS.

SOLUTION, CONCENTRATED, OF CORROSIVE SUBLIMATE (Renaud).—Twenty grains of corrosive sublimate dissolved in one ounce of distilled water. Used to cauterise surfaces previously denuded by a blister, in the treatment of buboes, &c.

SOLUTION OF THE CHLORURET OF LIME.—Three ounces of the chloruret of lime, dissolved in a pint of distilled water. Used in lotions in the treatment of the itch.

SOLUTION, CUPRO-ARSENIOUS (Form. Hosp. Milit.).—See Lanfranc's Collyrium.

SOLUTION, CYANURETTED (Parent and Boutigny). —A solution containing from six to ten grains of the cyanuret of mercury to the pint of distilled water. Mode of exhibition: One to two drachms daily in an appropriate menstruum. Used in the treatment of syphilis.

SOLUTION OF THE CYANURET OF POTASSIUM (Lombard of Geneva).—A solution containing from one to four grains of cyanuret of potassium to the ounce of distilled water. Mode of exhibition: In lotions, in cases of facial neuralgia.

SOLUTION OF THE CYANURET OF POTASSIUM (Magendie).—See Medicinal Hydrocyanate of Potass.

SOLUTION, DIURETIC (Martin-Solon).—Twenty grains of recent digitalis, forty grains of white sugar, triturated together, and poured into a quart of pure water and two ounces of simple syrup. Mode of exhibition: By small cupsful in the course of the day, in affections of the heart.

SOLUTION, ETHEREAL, OF THE DEUTO-IODURET OF MERCURY (Magendie).—A solution containing twenty grains of the deuto-ioduret of mercury in the ounce and a half of sulphuric ether. Mode of exhibition: Ten to twenty drops and more progressively, in a glassful of *eau sucrée*.

SOLUTION, FOWLER'S.—See Fowler's Arsenical Liquor.

SOLUTION OF THE HYDRIODATE OF POTASH (Magendie).—A solution containing thirty-six grains of the hydriodate of potash in the ounce of distilled water. Mode of exhibition: Ten to twenty drops daily in an appropriate menstruum. Used in the treatment of bronchocele, scrofula, &c.

SOLUTION, IODURETTED, OF THE HYDRIODATE OF POTASH (Coindet).—The preceding solution, with ten grains of iodine in addition. Mode of exhibition: Five, ten, and fifteen drops three times a-day, in a little *eau sucrée*. Used in the same cases as the preceding solution.

SOLUTION OF HYDROCHLORATE OF MORPHIA (English hospital).—A solution containing one grain of the hydrochlorate of morphia in 100 drops of distilled water. Mode of exhibition: Ten to twenty-five drops in a mixture, potion, or julep, as a sedative.

SOLUTION, CAUSTIC, OF IODINE (Puche).—Rectified alcohol containing as much iodine as it can hold in solution. Used the same as the iodurctted solutions.

SOLUTION OF THE IODHYDRARGYRATE OF THE IODURET OF POTASSIUM (Puche).—Eight grains of the deuto-ioduret of mercury, eight grains of the ioduret of potassium, dissolved in eight ounces of distilled water. Mode of exhibition: Two to eight drachms in the same cases as the pills of the iohydrargyrate. Externally: First, in the form of gargle, in cases of ulcerations of the throat; secondly, in injections in chancres, affecting either the canal of the urethra, the vagina, or neck of the uterus; and thirdly, in lotions, to cleanse chancres of the penis, atrophy, flat tubercles, &c.

SOLUTIONS, IODURETTED (Lugol).—These solutions, which are intended for external use, are prepared thus: No. 1, with two grains of iodine, four grains of ioduret of potassium, and a pint of distilled water; No. 2, with three grains of iodine, six grains of ioduret of potassium, and a pint of distilled water; No. 3, with four grains of iodine, eight grains of ioduret of potassium, and the same quantity of distilled water. Mode of exhibition: In lotions, collyria, or fomentations, in scrofulous affections, and in injections into fistulous canals, into the nasal fossa, &c.

SOLUTIONS, CAUSTIC IODURETTED (Lugol).—Three drachms of iodine, three drachms of the ioduret of potassium, dissolved in six drachms of distilled water. Mode of exhibition: As the preceding, when the next preparation becomes inactive.

SOLUTION, RUBEFACIENT IODURETTED (Lugol). —One drachm of iodine, two drachms of ioduret of potassium, dissolved in an ounce and a half of pure water in a glass mortar. Mode of exhibition: Dip a small brush in this solution, and touch with it the parts affected with scrofulous ulcers. This solution keeps down the granulations, stimulates their surface, and consolidates the cicatrices.

SOLUTION OF LAUDANUM (Cullerier).—One to two ounces of liquid laudanum, one quart of pure water, mixed together. Used in the same manner as the opiate solutions.

SOLUTION, OPIATE MERCURIAL.—Eighteen to seventy-two grains of the deuto-chloruret of mercury, dissolved in a pint of distilled water, to which is added from half an ounce to an ounce of Sydenham's liquid laudanum. Mode of exhibition: As a topical application to indolent and stationary venereal ulcers, by means of pledgets of lint soaked in it; also in lotions, more or less frequently repeated, on obstinate pustules; as also on inveterate tetters, whether they be or be not connected with a syphilitic virus.

SOLUTION, MERCURIO-IODURETTED (Biett).—A solution containing one grain of the proto-ioduret of mercury in two drachms of honey of roses. Mode of exhibition: Applied on ulcerations of the mucous membrane of the throat by means of a small brush.

SOLUTION OF THE HYDROCHLORATE OF BARYTES.—A solution containing one drachm of the hydrochlorate of barytes in five drachms of pure water. Mode of exhibition: Internally; ten to twenty drops for children, twenty, thirty, to sixty drops for adults, in a mucilaginous drink, as an anti-scrofulous medicine. Externally, in lotions on ulcers and tetters, and to remove specks of the cornea.

SOLUTIONS OF THE NITRATE OF SILVER.—The weak solutions contain from half a grain to two grains of the nitrate of silver to the ounce of distilled water; the strong solutions, from four to six grains, and those called concentrated, from eight to ten grains for the same quantity of liquid.

The first are employed in the treatment of certain ophthalmiæ, whether acute or chronic, in blenorrhagia, fistulous canals, &c. In the first case, a few drops (two or three) are instilled evening and morning between the eyelids, either with a feather or in any other way; in the second and third, they are used in the form of injections.

The strong solutions are used in dressing fungous and callous ulcers, wounds, burns, &c., which it is desirable to stimulate in order to hasten cicatrisation. All that is requisite is to dress the parts with lint sprinkled with the solution, and to repeat the dressing every twenty-four hours.

The third, or concentrated solutions, are intended to be employed in certain cases of aphonia; a sponge wetted with the saturated solution is placed at the back of the throat, and on the upper part of the larynx.

SOLUTION OF NUX VOMICA (Schwartz).—Eight to sixteen grains of the alcoholic extract of nux vomica dissolved in one ounce of distilled water. Mode of exhibition: Five to six drops for very young children, twelve to fifteen for older children, and from twenty to fifty drops for adults. This solution may be taken in a little *eau sucrée*. Used in cases of prolapsus recti and incontinence of urine.

SOLUTION, OPHTHALMIC (Sichel).—Thirty-six grains of the hydrochlorate of barytes, one ounce of distilled water. Mode of exhibition: Six to forty drops four times a-day, in a glass of *eau sucrée*, in the treatment of scrofulous ophthalmia.

GOSSIP.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Monday, July 28, 1845:—J. Harris, J. Elliott, G. Pratt, S. C. Nelson, G. Turner, E. Jotham, W. Locke, H. Pitt. Admitted, August 1:—E. B. Batten, A. Hoskins, H. E. Nankivell, G. Bullen, R. Hopwood, B. Sykes, J. Whicker, O'C. D'Arcy, E. Lowdell, W. Docker, J. H. Osborne, J. C. Day. Admitted, Monday, August 4:—J. H. Worrall, J. W. Meeson, A. Jackson, G. Brown, F. A. Kingdon, F. Hatchard, S. Ross. Admitted, Friday, August 8:—W. Wadham, F. Whitborn, J. E. Snow, H. J. G. Young, R. T. Fletcher, J. M'Craith.

APOTHECARIES' HALL. — Gentlemen admitted Licentiates on the 7th of August, 1845:—George Allen, Hammatt Hailey, Joseph Clement, John Clay, William Lightfoot, Michael Anthony.

At the *close* of the session, after twenty years of tricky nonsense, the order-paper of the House of Commons contains a long notice of a bill on medical reform from that notorious Marplot of good medical legislation, Mr. Wakley. It is needless to say that the manœuvre is transparent, and that this attempt to hoax medical men and the public will be no more successful than the mock project of a College of Medicine, the hollow support of a British Medical Association, the grand bubble of a Medical Protection Assembly, and equally deceptive scheme of an Aggregate Meeting and Breakfast.

MORTALITY TABLE,

For the week ending August 2, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	827	904	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	166	198	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	92	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	159	158	159
Diseases of the Lungs, and of the other Organs of Respiration	202	229	292
Diseases of the Heart and Blood-vessels . . .	23	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	103	88	71
Diseases of the Kidneys, &c.	5	6	6
Childbirth, Diseases of the Uterus, &c.	4	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	6	6	6
Diseases of the Skin, Cellular Tissues, &c.	[illegible]	1	1
Old Age	50	55	70
Violence, Privation, Cold, and Intemperance . .	[illegible]	[illegible]	[illegible]

No. 309. SUMMARY. Aug. 23.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M. R. C. S. E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

Blenorrhagia —Venereal Affections — Syphilitic Blenorrhagia.—Cases.—All causes capable of irritating the urethral mucous membrane may occasion urethritis, the intensity of which is in relation to the activity of the morbific agent and the susceptibility of the mucous surfaces. Thus, long journeys in carriages, severe horse exercise, masturbation, venereal excesses, the abuse of certain liquors, &c., frequently determine an increased secretion of the urethral mucous membrane, and particularly of its follicles. In all these cases, the action of the determining cause is too clear to occasion any confusion in the diagnosis. When the discharge comes on after sexual intercourse, either during the catamenial period, or under a leucorrhœal influence, or a dartrous affection of the vagina, &c., the existence of a contagious virus may be suspected; but if the discharge is not communicable afterwards, there exists but an inflammation of the mucous follicles of the urethra and prostate, more or less severe, accompanied with an ulceration, and an ncrease of their secretion. Again, an idiosyncracy, the sudden disappearance of an exantheme, the length or narrowness of the prepuce, the accumulation of sebaceous matter between the prepuce and the glans, &c., may occasion urethritis in one person, whilst in another (cohabiting with the same woman, at the same period) nothing is felt. All these discharges ought to be designated under the name of "blenorrhœa," while the term "blenorrhagia" should be given to those which result from a direct impression of a special virus on the mucous membrane of the urethra—a virus which is contagious, and which acts always in the same manner on all mucous membranes where it may be placed. It is not necessary to say more about these two species of discharges, for they are at present generally understood.

It happens sometimes that blenorrhagia continues, notwithstanding every means employed to arrest it, and can only be cured by the administration of an antivenereal treatment; sometimes existing simultaneously with other venereal affections, when its character cannot be doubted. On the other hand, discharges which do not sensibly differ from ordinary blenorrhagias, are followed frequently, after a period more or less long, by various secondary symptoms, perfectly like those of constitutional syphilis, although there existed neither chancres nor buboes in the commencement. Again, in some cases, where the symptoms were those of constitutional syphilis—viz. exostoses, periostoses, and even buboes—when these have suddenly disappeared, they are replaced by copious discharges; and these require for their recovery a complete antivenereal treatment. In all these cases, we must admit another cause, besides that which produces an ordinary blenorrhagic discharge; we must admit the existence of a syphilitic virus. These two contagious principles differ one from the other; inasmuch as the blenorrhagic virus is not susceptible of being transmitted by inoculation, affects only mucous membranes, and produces discharges only. The syphilitic virus, on the contrary, admits of inoculation, can be transmitted by every means of absorption, and consecutively affects all the tissues of the economy, by producing various alterations, which are of a specific nature, and which require a special medication. It is because this distinction had not been established in a rigorous and conclusive manner, that the question was so long agitated, whether all blenorrhagic contagions were syphilitic or not. Hence the numerous imaginative theories to explain on one hypothesis two different things. The practitioners, whose attentions were occupied with the nature of blenorrhagia, were generally too exclusive. There are, I repeat, blenorrhagic discharges, which only produce blenorrhagia, and these constitute the majority of these affections; but there are, incontestably, syphilitic blenorrhagiæ, as we shall also point out. Formerly, all urethral discharges were attributed to ulcerations in the canal of the urethra, but, in later times, with post-mortem researches more in use, when attention was extended to the state of the urethra after an attack of blenorrhagia, the absence of these supposed ulcerations was occasionally proved, even in subjects who had died suffering under the severest forms of blenorrhagia; and it is demonstrated that, in this affection, there is never ulceration of the canal. Morgagni took up the question. In his numerous experiments, he recognised, in the interior of the urethra, as the consequence of *syphilitic* blenorrhagia, bands, valves, true cicatrices, which he attributed to the existence of ancient ulcerations, which became cicatrised from the centre towards the circumference. This great anatomist remarked the frequency of these disorders at the prostatic portion of the urethra, and observed a certain turning backwards of the ejaculatory canals, in cases where the cicatrix had formed between the orifices of these canals and the neck of the bladder. Other anatomists have since proved the same fact. We cannot doubt the existence of these ulcerations in certain cases of blenorrhagia (the syphilitic), if we bear in mind what happens during life. Who has not seen, at the orifice of the glans, or in separating the lips of the meatus urinarius, one or two isolated venereal ulcers, with everted edges, and of a grayish aspect? If the infection extends into the interior of the canal, or if it be confined to the meatus urinarius, it will determine in these points the same alterations, and, at the same time, it will induce a more or less abundant discharge. These ulcerations in the urethra are easily diagnosed, even when they are out of sight; they are characterised by a sharp, lancinating pain, at the time when the urine passes over a fixed point in the urethra; this feeling of heat is compared by the patient to the cutting of a knife. The urine contains small vermiform filaments, or it is streaked with blood, sometimes even with clots, which appear to be given off from the altered surface; even rather large hemorrhages have been seen under similar circumstances. Sometimes, when a patient wishes to empty the bladder, the penis swells, and becomes nearly erect, and the urinary canal is narrowed, so as suddenly to arrest micturition. If, after these accidents, it is supposed that there is an urethral stricture, and catheterism be tried, it produces an extremely sharp pain in a fixed point of the canal, and the prolonged contact of the catheter becomes insupportable. But it may be said, that these ulcerations are only simple excoriations of the mucous membrane of the urethra, since, in some cases, the discharge disappears by the sole use of antiphlogistics, or even spontaneously, if the affection has assumed a chronic form. The reply to this objection is, to take into consideration what takes place *exteriorly*. Every surgeon knows that many primitive venereal ulcers become cicatrised in the same way, under the influence of an antiphlogistic or emollient treatment, and with common attention to cleanliness; and it is facts of this kind that have served as an argument to some novices in support of their idea that syphilis is only an ordinary inflammation. It is not, however, always easy to diagnose in a precise manner the existence of an internal ulcer. Patients do not always feel the symptoms just related, or the symptoms are removed before the attention is called to them. It is not, however, necessary to admit an ulceration of the canal to understand the syphilitic nature of these discharges. Chancres, buboes, pustules, &c., in a word, all the primitive symptoms, do not appear till many days after infection; they are, therefore, the *consequence*, not the *cause*. The fact that some buboes come on without either a chancre or a discharge, is, in itself, sufficient proof. Why could not the venereal virus, acting on the mucous membrane of the urethra, produce a discharge without ulceration? Why could not these blenorrhagias preserve their venereal character? It is this fact which points out to us the discharge which is accompanied with chancres, when the other symptoms of internal ulceration are absent. The treatment should, in these cases, be not for the blenorrhagic, but for the syphilitic symptoms, and the discharge will disappear with the syphilis. If people had drawn from all these facts the consequences which naturally flow from them, the question would have been settled long ago. After an attack of blenorrhagia, therefore, if there should be consecutive symptoms which induce the suspicion that there was a venereal *cause*, the treatment should be directed accordingly, and the symptoms will soon disappear. We must bear in mind these facts, so as not to reject an antivenereal treatment in these doubtful cases, under the supposition that the patient never had but an ordinary discharge. A few striking examples will clear up these generalities. Two soldiers came to the hospital, one with chancres, the other with a blenorrhagia, which they had contracted the same day and with the same woman. Being put under the same treatment (bichloride of mercury), they were rapidly cured. An officer was affected with a discharge which resisted, during three months, the usual remedies; he happened to relate the circumstances of his case to a student, who knew the woman that caused the infection, and who was then in the hospital at Montpellier, with chancres at the bottom of the vagina and around the cervix uteri, accompanied with a profuse discharge. The blenor-

rhagia contracted by this officer was, consequently, considered syphilitic; antivenereals were administered, and he rapidly recovered. When the discharge is accompanied with venereal symptoms, or followed, after its disappearance, with consecutive syphilitic phenomena, the exciting cause cannot be doubted. A soldier, ætat. 32, who had several times suffered from blenorrhagia (which yielded to the antiphlogistic treatment), had chancres, which disappeared by cauterisation. Six years afterwards, at a period when the economy was still affected with syphilis, a fresh blenorrhagia was contracted, and yielded to the balsam of copaiva. The cessation of the discharge was followed by a bubo, which, in turn, terminated by resolution, under the influence of local bleedings and mercurial frictions. A year after, the patient came to Saint Eloi in the following state:—Pustules in the scalp, forehead, thorax, and back; excoriation of mucous membrane of the mouth; a copious urethral discharge, of a green colour, dating back for six months; obscure pains in the region of the prostate; painful erections. (Treatment, by mercurials and sudorifics.) At the end of two months, the discharge had completely disappeared, as well as the general symptoms. Here, again, we cannot doubt the syphilitic nature of these numerous discharges. On other occasions, we see, after a length of time, affections come on, which, at the first onset, do not appear to bear any relation to discharges contracted formerly. On tracing back, however, we find that a blenorrhagia had formerly existed, which had been cured by the ordinary means. Antivenereals are now administered, and the treatment is eminently successful.

CASE I.

Blenorrhagia: Twenty-three Years afterwards an Attack of Syphilitic Orchitis simulating Sarcocele —Antivenereal Treatment—Rapid Recovery.

In the month of January, 1844, a glazier, who came to my house to put in a pane of glass, took advantage of this circumstance to consult me. This man showed an enormous testicle, which ascended to the external ring, and at the first aspect resembled a sarcocele. There existed at the same time, and on the same side, an old inguinal hernia, and which would have complicated any operation that might have been tried to remove the tumour. It had a regular form, whereas in the cancerous degenerescences of the testicles the affected parts are unequal and in bumps. The patient had, twenty-three years ago, a simple discharge, without any other venereal symptom. He was attended by Dr. Christian, and continued to work without observing any particular regimen. These particulars, and the form of the testicle, induced me to consider the swelling as venereal; moreover, the presence of the hernia rendered the operation more serious. I did not wish to have recourse to this extreme before trying some other means. The patient insisted that he had not felt any venereal symptom for twenty-three years, that the affection of the testicle came on slowly, &c. Nevertheless, a specific treatment was put in force (bleeding, pills of Sedillot, iodide of potassium, sudorifics in high doses); in the space of three months the testicle had assumed its normal form and size. Here is a simple discharge, followed, after twenty-two years of perfect health, with a severe affection of the testicle, which disappeared rapidly under the influence of an antivenereal treatment. How doubt that this attack of blenorrhagia was syphilitic? Other cases of secondary symptoms, such as periostoses, exostoses, pustulæ, &c., sometimes disappear spontaneously, leaving, however, behind them a copious discharge, which will only yield to an antivenereal treatment, just as we sometimes see the sudden disparition of a dartrous affection followed by blenorrhœa.

En resumé. There are three species of urethral discharge. 1. Blenorrhœa, *not contagious*, resulting from an accidental irritation or inflammation of the mucous follicles of the canal, and particularly of the prostate. 2. *Contagious blenorrhagia*, caused by a particular virus, whose effects are purely local. 3. *Syphilitic blenorrhagia*, more uncommon than the others, followed by consecutive symptoms of a venereal nature, or succeeding to the primitive symptoms. Thus it was wrong to admit, in an absolute manner, that all blenorrhagic discharges are syphilitic, and again to reject, in as general a manner, the existence of syphilitic blenorrhagia. Consequently, when a discharge resists all our means of recovery, even cauterisation, we must put in force antivenereal treatment, when even there does not exist any special indication to go by. The absence of external symptoms is not sufficient to reject the idea of a venereal origin. The diagnosis will be evident at once when venereal symptoms have simultaneously existed, or other individuals have contracted chancres, buboes, &c., with the same women. In cases where blenorrhagia has assumed the symptoms of constitutional syphilis, the general infection should occupy the whole attention, and the discharge is to be neglected, except the intensity of the inflammation should require the use of antiphlogistics.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

(Continued from page 344.)

I have already shown that prolapsus uteri is a frequent accompaniment of leucorrhœa, especially of the simple form. I believe that it is now considered by most authorities on these subjects, that the uterus owes its chief support to the contracted state of the vagina, as shown by the corrugated state of its lining membrane in a healthy female, and that where this fails, the ligaments of the uterus do not suffice to retain it in its natural position.

It would be scarcely correct to call prolapsus uteri an *effect* of leucorrhœa, since they both arise from the same cause, viz., a relaxed and atonic condition of the vagina—the result of generally impaired health, although there is no doubt that the leucorrhœa, by enfeebling the system, increases the inability of the vagina to support the uterus, and aggravates the disposition to prolapsus; hence we find that this displacement is mostly preceded, as well as attended, by leucorrhœa.

Prolapsus uteri may be *partial* or *complete*—that is, the uterus may descend to a slight extent, so that its mouth will be found nearer to the os externum than usual, or it may pass entirely through the os externum, the whole mass protruding between the thighs of the patient. These two forms, which, it may be observed, vary only in degree, might almost be designated the first and second stages of the same complaint, because the uterus seldom remains partially prolapsed for any length of time, but sooner or later the prolapsus becomes complete. This will be readily understood if we consider what takes place in a slight degree of prolapsus. The broad ligaments are put upon the stretch, and the return of blood more or less impeded; the uterus swells, and grows heavier; the relaxed vagina is not only dilated by the increasing size of the uterus, but is less and less able to support its increasing weight. The further it descends the more it swells, and the increased dilatation of the vagina prepares it for a still further descent; thus cause and effect act and react upon each other, until at last every means of support has failed, and the uterus hangs from the os externum, forming a large fleshy mass many times larger and heavier than in its natural state.

Patients, as Richter observes, who labour under partial prolapsus suffer much inconvenience, partly from the pressure which the prolapsed uterus exerts upon the neighbouring parts, especially the bladder and rectum (considerable obstruction being produced in the evacuation of their contents, some patients having complete retention of urine, except when lying in the horizontal posture, and pressing up the uterus with their fingers), and partly from the tension and dragging of the parts which are connected with the uterus, producing much pain in the region of the loins. All these symptoms increase when the patient stands for some time, diminish when she assumes the horizontal posture, and disappear entirely when the uterus is returned into its natural position

As the uterine attachments gradually accommodate themselves to this state of tension and displacement, it will be easily understood why the symptoms are at first more severe, and afterwards gradually diminish, and also why they are more acute where the prolapsus comes on suddenly than where it takes place slowly. Where prolapsus is the result of violence suddenly applied, we occasionally see it followed by syncope, hemorrhage, fever, and inflammation. Prolapsus may also take place during pregnancy. When the uterus descends entirely out of the vagina, and thus becomes complete prolapsus, the symptoms which had arisen from the pressure of the uterus upon the neighbouring parts disappear; whereas those which arise from the uterine attachments, being violently stretched and distorted into an unnatural shape and position, become greatly aggravated.

As the cervix uteri descends, it draws down with it the upper part of the vagina which covers it. Where the whole uterus protrudes beyond the labia, it drags down the whole of the vagina, which thus becomes inverted, and covers its external surface. In this state the uterus is, as it were, suspended from the labia, nor is there any space between them, on either side, into which we can pass the finger or a probe. This can never happen without the rectum or bladder (from their intimate connection with the uterus) being dragged to a considerable extent out of their natural situation. The bladder is always turned backwards, so as to take the place of the uterus in the pelvis, and, with the urethra, lies in a horizontal position, so that, under these circumstances, the stream of urine is ejected in a horizontal direction, or even upwards; that when the catheter is required, which is frequently the case, it must be introduced backwards, in a horizontal direction towards the rectum.

The circulation being more and more impeded as the uterus descends, this continues to increase in size, so that when the prolapsus has become complete, the mass is not only many times larger and heavier than the unimpregnated uterus in its natural state, but has undergone more or less alteration in form; the distinction between the cervix and body of the uterus is entirely lost in the general swelling of the organ; the os uteri is larger than natural; its lips soft and tumid; while not unfrequently, owing to the congested circulation, occasional hemorrhage takes place from its cavity.

The outer surface of the prolapsed uterus is formed by the inner surface of the vagina, which, being attached to the os and cervix uteri, has been dragged down by the descent of these parts, and turned inside out. The mucous membrane, thus exposed to the air, dries, loses its red colour, and assumes the appearance of skin. At the upper and front part of the uterus the vagina has a looser and more rugous appearance, owing to a portion of the bladder being pressed down, and now lying between this part of the uterus and the vagina which covers it. It is the lower and back part of the bladder which, from its connection with the uterus, undergoes this displacement, so that the bladder becomes, as it were, retroverted, and, as before observed, either lies horizontally across the pelvis, or has its fundus even lower than the urethra. Hence we observe that the direction of the stream of urine is considerably altered, being horizontal, or rising in a jet upwards and forwards, and, in some aggravated cases, so completely upwards as even to wet the patient's abdomen. This circumstance should always be borne in mind when using the catheter, which, instead of passing in the usual direction, upwards and backwards, must be guided either directly backwards, or downwards and backwards. The prolapsed uterus is liable to be frequently wetted with the urine, which, together with the friction of the clothes, produces much irritation, and sometimes even ulceration of the inverted vagina which covers it

If the prolapsus comes on suddenly, as from over-exertion, external violence, &c., it is attended with very severe and formidable symptoms, not unlike those seen in sudden retroversion of the gravid womb, inversion immediately after delivery, &c. There is very acute pain, with sensation of dragging and tearing within the pelvis, vomiting, fluttering pulse, cold sweats, &c.

A partial prolapsus, and even the slighter degrees of complete prolapsus, diminish considerably when the patient lies down; it will be necessary to make an examination at a time when the characters of he displacement are most strongly marked. This

will usually be in the evening, when the prolapsus is at its worst; whereas in the morning, shortly before or after she has risen, it will scarcely be perceptible, especially if the bladder and rectum have not yet been emptied of their contents, as they tend to prop up the uterus, and prevent it from descending.

The chief characteristics upon vaginal examination are: the uterus with its os in advance, lower in the pelvis than natural, and the vagina more or less shortened. Having once ascertained these facts, the diagnosis is easy; indeed, it can only be mistaken for polypus, and *vice versâ*, and even here a very little care is sufficient to decide correctly. There is nothing like an os uteri at the lower end of the tumour in polypus; even if there be an orifice, it is ragged and uneven, and of no depth. The polypus is insensible; the vagina is not shortened as in prolapsus, and careful examination will generally detect the os uteri above, encircling the pedicle of it. A prolapsed uterus is reducible, and, with few exceptions, the reduction affords great relief; whereas polypus cannot be reduced, and every attempt to do so produces much suffering.

The diagnosis of complete prolapsus is self-evident.

The *causes* of prolapsus may be brought under two heads, viz., either those which produce relaxation in the parts destined to support the uterus, or those which act by forcibly driving the uterus out of its natural situation. Hence we observe prolapsus most frequently in women who have borne several children, and in whom the vagina has, therefore, been frequently exposed to the enormous dilatation requisite for the passage of the child's head. At no time, and under no circumstances, is it so liable to descend as shortly after labour; but the uterus itself is large and bulky. Thus it is very liable to occur in patients who have risen too soon after labour, before the soft parts had sufficiently contracted.

Another cause under this head is, as I have already stated, relaxation of the vagina consequent upon leucorrhœa. The vagina is relaxed, the uterus descends; this increases the discharge and general debility; the uterus swells, and grows heavy; it descends still further, and ultimately becomes completely prolapsed. Sometimes, however, where the perineum is broad, it will not pass through the os externum, but rests upon the perineum as upon a shelf, and descends no further.

The other causes are those which tend to force the uterus downwards out of its natural situation—as external violence, violent efforts of the abdominal muscles in straining, coughing, vomiting, lifting heavy weights, &c. These causes are the more certain of producing it when they are continually renewed and repeated, especially when the patient at the moment is in the upright posture, and particularly so shortly after labour. Thus it is why we observe prolapsus uteri so frequently among the lower classes, who are but too frequently obliged to get up and use active exertion, under circumstances when they should be enjoying a state of rest.

Prolapsus uteri sometimes, though rarely, takes place during the early months of pregnancy; whereas on the other hand, the uterus necessarily rises above the pelvis as it increases, and any disposition to prolapsus, which might at first have existed, disappears as pregnancy advances. Hence pregnancy is generally considered to be a natural cure of prolapsus, provided the patient maintains the recumbent posture for a sufficient time after labour.

The treatment of partial prolapsus consists in diminishing, as far as possible, the disposition of the uterus to force itself downwards, and in increasing the tonic contraction of the vagina, and in thus enabling it to support the uterus better. The first indication will be effected by rest in the horizontal posture, by brisk purgatives, which act chiefly by promoting the peristaltic action of the intestines, and thus diminish not only their bulk, but also the weight with which they press upon the uterus, and by a properly applied bandage for supporting the lower part of the abdomen. The other will be by regulating the functions of the chylopoietic organs, and improving the general strength and tone of the system—effects which we shall obtain by alterative and tonic medicines, cold bathing, sponging, shower bath, &c., and by astringent injections.

In complete prolapsus, after we have reduced the uterus to its natural position, the treatment will be essentially the same as in the partial form. In most cases the reduction is easy enough, if we grasp the uterus with the whole hand, and push it bodily upwards and backwards, and then, when it has attained a certain height, upwards and forwards. In some cases, however, it is so swollen as to resist any moderate efforts to reduce it; and even if we succeed, the presence of so large and solid a mass produces such inconvenience and suffering as to become intolerable to the patient, or even to be followed with inflammation and other dangerous consequences. Under these circumstances we must defer its replacement until we have reduced its size by leeches and the horizontal posture.

In attempting the reduction of complete prolapsus, where any degree of difficulty is expected, we should always direct the patient to have the bowels well evacuated, and to preserve the recumbent posture for at least twelve hours previous to our visit. This will generally diminish, if not the size, at least the hardness of the uterus sufficiently for our purpose; otherwise leeches must be applied, and even repeated, if necessary.

We occasionally meet with considerable ulcerations on the surface of a prolapsed uterus. Indeed, in severe cases, which have not been reduced for some time, they are more common than otherwise. They are generally situated about the lower portion of it, and are probably the result of excoriations, to which I have before alluded, aggravated by the congested and swollen condition of the uterus.

The presence of these ulcerations is no impediment to the reduction, because not only can we equally well apply any local treatment to the part, but now that the obstruction to the returning circulation from the uterus is removed, they quickly assume a healthier action, and rapidly heal of themselves.

Besides the means now described, a variety of mechanical supports have been devised for the purpose of preventing the descent of the uterus, the most common of which are pessaries. The different varieties of these are too well known to require description. I confess I cannot speak much in their favour, and have but rarely, if ever, used them in the numerous cases of prolapsus which have come before me in hospital practice. I would not willingly, or for slight reason, oppose a mode of treatment which has just been described, viz., the means for increasing the contraction of the vagina, and but too often produce the effect, of all others, which we should be most anxious to avoid, viz., the dilatation of the vagina. In moderate cases I think I may safely assert that they are *never* necessary. They appear, it is true, to succeed perfectly when applied, but I feel sure that the same degree of vaginal contraction which supports them so favourably would, with proper management, have sufficed to support the uterus without them. In severe cases they frequently require to have the size increased from time to time, until it becomes a source of much inconvenience, and sometimes mischief; and, after all, it is surely much more rational and practical to treat the case by removing the causes of the prolapsus, than merely to apply mechanical means for supporting the uterus.

The only form of pessary, if it can be called so, which I have used, is a cylinder of sponge soaked in an astringent lotion; but it is as much for the purpose of keeping the vagina in contact with the lotion as for supporting the uterus. Dr. Locock, as far as I am aware, has the merit of having first used a sponge in prolapsus uteri, although it was proposed by Osiander some time previously. The best mode of preparing it is to wrap it round the thick end of a piece of wood which tapers off like a common skewer, tying the end of the sponge firmly, so that the stick will not force its way through, and winding a piece of twine four or five times spirally round, to prevent its unfolding and altering in shape. It must be made so small as to pass easily up the vagina when soaked in the lotion; the stick prevents it from doubling upon itself and lying across the passage, and as soon as it is introduced to the full extent (the patient lying upon her back with the shoulders low), the stick is easily withdrawn and the sponge left in the vagina. It should be withdrawn twice in the twenty-four hours and thoroughly cleansed. As the contractile powers of the vagina increase, the size of the sponge requires to be gradually diminished, until the patient can dispense with it altogether. A T bandage applied tightly over the perineum and os externum will assist the sponge in being retained. I am well aware that with some patients this plan will not succeed; they will say that the sponge is forced down in spite of the bandage, &c. &c., but this is merely the result of their own awkwardness and neglect in not introducing the sponge as directed, and not taking the trouble to tighten the bandage from time to time as it gets loose.

For supporting the abdomen, I know of no instrument better adapted than Hall's "utero-abdominal supporter." I have frequently seen the uterus keep up merely by removing from it the pressure of the abdominal contents by means of this instrument. A well applied bandage, like those worn in advanced pregnancy, will also be found a useful means of giving support to the abdomen.

AN ESSAY ON THE VARIOUS FORMS OF ASPHYXIA, OR SUSPENSION OF SOME OF THE PRINCIPAL POWERS OF ANIMAL LIFE, WITH GENERAL RULES FOR RESUSCITATION.

By Dr. Chas. Clay, Piccadilly, Manchester.

(Continued from page 383.)

SYNCOPE.

Though not strictly asphyxia, so nearly resembles it, that it is necessary to speak of it in an essay of this nature.

It often happens that syncope assumes a very serious aspect when long continued, and, even with the best-directed efforts, restoration is often attended with great difficulty, and it is not unfrequently fatal.

General Causes.—Sudden diminution of the vital energies, arising from too great exertion; an erect position too long continued; exposure to extreme heat; violent emotions of the mind; disagreeable smells; disagreeable sights; derangements of the digestive organs; debility; excessive evacuations; disease of the heart and large blood-vessels; ossification of the valves of the heart, &c.

Syncope is too often looked upon as a commonplace matter, whereas it requires considerable exertions, and those well-directed, to accomplish the restoration.

Treatment.—The exciting cause should be removed immediately. The person in syncope should be laid immediately in a horizontal position, with the head a little raised; free admission of pure air; stimulants applied to the nostrils, so as to excite sneezing or coughing; a few drops of aromatic spirit of ammonia in a little water, given as drink; dashing the face and chest with a napkin dipped in cold water. These simple means will often be sufficient; but should the case assume a more serious aspect, remedies of a more determined character must be resorted to. If the person be of a full habit of body, it will be necessary to bleed; but if the cause of fainting be either from debility or hemorrhage, bleeding will be injurious. Inflation of the lungs with the bellows may be required in extreme cases, if real asphyxia be suspected, on the principles already laid down, substituting only a larger pair of bellows. If the cause arise from hemorrhage, transfusion of blood should be performed; but as this can only be done by medical men, a description of the means is unnecessary: it may, however, be proper to hint, that a very few ounces of healthy blood will restore life, though the previous loss may have been very great. Electricity and galvanism (subject to the same objections before stated) are necessary in extreme cases. Syncope from debility after long-standing disease, has, in many instances, been looked at as the approach of real death, and no efforts at restoration made, particularly when the disease has been one of a generally fatal character; this, perhaps, has been carried too far, and medical men would do well to direct their attention to this subject. Dr. Currie says—"In fainting, the heart immediately ceases to act with vigour, so that the blood which had undergone the necessary change in the lungs, and got into the left cavity of the heart and the vessels

belonging to it, remains there, and excites these parts to contract upon it, and push it onwards, as soon as they become sensible to its stimulus by the influence of the brain and nerves being restored. These circumstances explain to us why persons are more readily recovered from fainting than from the other causes of asphyxia; and also why there is seldom anything more required in this case than to rouse the nervous system by means of stimulants."

The stimulants most common and most easily procured are volatile salts, spirit of ammonia, ether, snuff, and spirituous liquors; for outward application, mustard, liniment with strong ammonia in it, friction, &c., &c. In applying means to the surface, care must be taken to prevent evaporation, as a contrary effect is often produced. Instead, therefore, of merely applying stimulants (that evaporate) to the skin, and allowing the part to remain bare, it is better to wet a cloth with it, apply it, keep it on the part, and spread a piece of bladder over it to prevent rapid evaporation. If stimulating fluids cannot be given by the mouth, it may be necessary to use injections to which some stimulant may be added, as a little warm wine, mint water, a few drops of laudanum, or a little brandy. In using such remedies it must be recollected that laudanum is to be added with great care, as it sometimes happens that a small dose has a very powerful effect on the system when given in clyster. I have seen it have a greater effect than larger doses by the mouth.

Laudanum in injections of starch, arrow root, &c., is particularly required when syncope arises from excessive purging. Excepting laudanum, the quantity of other stimulants used in injections is about double the dose that is generally given otherwise. Where transfusion of blood is called for, I think, if the patient be a female, female blood should be used; if a male, use the blood of the same sex, about the same age. The blood of animals has been used, that of the goat successfully, but I would not advise it, as human blood is always preferable and more easily at command. Exertions for restoration must not be given up too soon, as it is remarkable how long persons will lie in a state of syncope after violent muscular exertions, as in females after hysteric attacks, where circulation and respiration *appear* to be suspended for a very long time, and yet recover without even much trouble. In conclusion, great care must be taken to ascertain the cause; learn that distinctly, and half the victory is accomplished. There are some few *things not to be done*. These are—never bleed a weakly person, or where the syncope arises from excessive purging, hemorrhage, &c.; never crowd round the person—never omit bleeding a very plethoric habit—never practise your resuscitative operations in a close room:—use laudanum in injections with caution—in transfusion do not inject much blood, a little will answer, and never use the blood of animals if human blood can be obtained.

ASPHYXIA FROM HEMORRHAGE.

It is almost unnecessary to dwell upon this subject, as it forms a part of what has been said on general syncope; a few brief remarks, however, will not be out of place on this species of asphyxia, particularly on its

Cause.—Loss of blood producing immediate prostration of vital energy. This may arise from small bleedings frequently repeated, as in repeated nose bleedings, from long-continued bleeding from a small orifice, or from a sudden abstraction of blood from a large opening; where it is suddenly produced by abstraction from a large orifice, the quantity lost may not be near so great as in long-continued bleedings from small openings, and the danger is much greater in the latter case, as the system has been gradually drained of its vitality till little remains to build hopes of resuscitation upon.

General Remarks.—Apparent asphyxia arising from this cause is a frequent attendant on child-bearing, large operations in surgery, or accidents where large vessels are wounded, and is the principal danger in cases of cut throats. Asphyxia from small bleedings is frequently exemplified by the inability to stop the bleeding from leech-bites on children, nose-bleedings, and in some instances from tooth-drawing, of all which I have seen very many examples.

Treatment.—The first effort is to stop the hemorrhage, and it is truly astonishing how many lives are lost for want of a little common sense and presence of mind. If a person on seeing the blood spout out from a bleeding vessel, would coolly but determinedly press the tip of the finger firmly upon it, he would often effectually check the bleeding until a surgeon could be procured to take up the vessel; but generally any thing and every thing is done in such cases, *but what should be done.* In cut throats the wound should be closed and firmly held together until professional assistance can be procured.[1] In child-birth the main cause of hemorrhage is in consequence of want of contraction in the womb, or lesion of placental vessels, for which the general attendant should apply friction on the belly, bandages, and, in some cases, a plug of linen dipped in vinegar and water, placed in the natural passage, about four scruples of the ergot of rye given in decoction, and lastly, transfusion as before directed. Indeed, the principle is, and must be, to check the bleeding vessels as soon as possible, and then restore the patient, as in a case of common syncope. In small continued bleedings another line of practice comes under consideration; that is, where vessels are not required from their smallness to be tied, or where they are so situated that they cannot be secured by ligature. Under these circumstances, styptics, pressure, escharotics, &c., are to be depended upon. Hemorrhage from tooth-drawing is often very troublesome, and sometimes fatal; the vessel cut through retreats into the spongy cavity of the bone, and pours out blood freely and continuously. I have always succeeded in stopping this species of hemorrhage by making a short roll of lint, very hard, so as to fit the cavity formed by the extracted tooth, except that its upper end shall rise higher than the adjacent teeth; then, dipping it in the tincture of muriate of iron, and placing it in the space, shut the mouth, when the pressure from the opposite jaw effectually stops the hemorrhage. This plug is not to be removed for some hours. It will be observed this pressure forces some of the styptic tincture into the spongy texture of the bone, and so produces an effect on the mouth of the bleeding vessel itself. This styptic plug is also of great use in nose-bleedings, but it should be worn some hours; in severe cases, two or three days. A very novel way of stopping nose-bleedings has been proposed by a German, viz., closing the opposite nostril to that bleeding with one hand, and raising the other arm over the head, or pointing it directly upwards. Absurd and ridiculous as this may appear, I have seen it tried with success, but am at a loss to explain how it can produce such an effect; though it is explained, but not to my mind satisfactorily. In bleeding from leech bites, there is often some difficulty, as the animal often takes out a triangular portion of the skin. Dusting the bites with a flour dredger, and then applying pressure with the tip of the finger, will commonly succeed. Sometimes it is necessary to touch the bite with lunar caustic, or the styptic tincture of the muriate of iron. Cold wet pads will often succeed. In all cases of hemorrhage cool airy apartments are necessary, or else relapses will occur.

One or two things not to be done.—Do not leave the bleeding vessel until the hemorrhage is decidedly arrested. Do not forget that it may bleed internally when you think it is checked. Avoid warmth, and do not remove your plugs, or pads, which have arrested the hemorrhage, too soon. I have allowed plugs to remain both in the nose and in the throat at the same time for nearly three days without creating much annoyance. These were cases of severe nose-bleedings.

ASPHYXIA FROM EXPOSURE TO COLD.

On its little cheek,
The tear that nature bade it weep, had turned
An ice-drop, sparkling in the morning beam,
And to the turf its helpless hands were frozen.

Asphyxia from exposure to severe cold is not so very frequent an occurrence as we might be led to suppose. It is most likely to occur among the poor, as being ill clothed and worse fed, and in that condition exposed to the rigours of the winter months, which pay no respect to poverty. Persons in the habit of indulging in spirituous liquors are very susceptible to the effects of cold, from the increased perspiration and rapid evaporation from the surface of the body. Generally the fingers, toes, and ears are the first to suffer; next the hands and feet; in fact, the farthest parts from the centre of circulation suffer first, and the enemy continues advancing until he seizes the very citadel (the heart), when death is certain, if means of restoration are not resorted to. A peculiar numbness, insensibility, and strong inclination to sleep, are the characteristics of cold, when severe, on the human body.

The cause of asphyxia from cold is, of course, the abstraction of animal heat.

Things to be done.—As the body has been deprived of its animal heat gradually, every attempt to restore it should be as gradual as the deprivation. For this purpose it is desirable to avoid the application of direct warmth. The first step is to rub the body with snow water, or snow, and it is immaterial where the friction commences, as it should be as general as possible. Where friction is not going on, the parts should be covered with flannels. After some time the water used for friction should be slightly warmed, so as to be *barely tepid*. The room should have no fire at first, but, after a time, the body may be carried into one where there is a fire, or a fire may be put into the room without moving the body.

As the respiration and circulation are not distinguishable, inflation of the lungs with the bellows is necessary; the throat and nostrils should be irritated, or tickled with a feather, &c.

Clysters, with tepid water, in which is put a tea-spoonful of spirits of ammonia, repeated at short intervals. When capable of swallowing, warm broths may be given in small quantities, often repeated. When respiration and circulation are well restored, the person should be placed in a well-aired bed, with plenty of clothing. Drinks should be simple, weak, and warm, but not strong, hot, nor of a spirituous character. If the effects of cold have arisen from previous want of food, the yolk of eggs beaten up with milk and sugar, and a teaspoonful of sherry, may be added. If intoxication has preceded, when the pulse and breathing is well established, emetics or purgative clysters are desirable, as it is probable the stomach, &c. may be loaded with liquor previously drank, which, if remaining, might give rise to considerable mischief. The effects of sudden warmth to persons affected by severe cold, may be followed by violent inflammation, mortification, and death.

Things not to be done.—Never apply warmth at first, nor afterwards, except gradually. Never bleed, on any consideration, in the first stages. It may be necessary when reaction is set up in some cases in full habit of body, but seldom under other circumstances.

ASPHYXIA FROM HUNGER, &c.

"When hunger calls, obey, nor often wait
Till hunger sharpen to corrosive pain."

The cause of asphyxia from hunger is supposed to arise from a specific sensation produced upon the nervous tissue of the stomach, and other organs connected with digestion, by the absence of aliment, producing also changes in the secretions of the stomach.

General Remarks.—There are three circumstances to be considered in this species of asphyxia. It may arise from necessitous deprivation of food; from disease affecting the organs of deglutition and mastication, rendering them incapable of performing the effort required; or it may arise from intention, the patient obstinately refusing food, as in many cases of insanity. I may also add that it may arise from practising too severely total abstinence, with a view of being notorious and deceiving the world. The time which some will bear without food, or with a very small quantity, has frequently been illustrated in general and medical records. The notorious Hannah Moore, and, very lately, the case of Bernard Cavanagh, excited surprise and pity, until the imposition was satisfactorily exposed. There are many cases of shorter duration without food well authenticated, and sufficiently satisfactory

[1] I once had a case of cut throat, where a young and delicate female kept the wound closed by her own efforts a full hour before assistance arrived. So much for presence of mind, which saved in this case a valuable life!

to prove that by practice the human system will bear extraordinary deprivation, and live on a very small quantity of food. In the *Journal of Foreign Medicine* is the history of a person who existed eighteen days without food, and then died. Luc de Antoine Vitubi, a Corsican, existed twenty days. Elizabeth Woodcock, recovered after a deprivation of eight days under the snow; and in *Hufeland's Journal* there is a case related of forty-two days' abstinence. I have often seen four, five, and once seven days passing in which no food was taken. Under the influence of disease (and insanity particularly) a few days of deprivation is not infrequent. Children bear starvation much worse than adults. Lean and aged persons furnish the best examples in such cases.

Things to be done.—Our course must be regulated, in a great measure, by the history of the case. If it be a case of wilful intention, and obstinate refusal of food, it will be found difficult of management, for, though kept alive by compulsion for a time, yet the patient will often ultimately sink. I once had an instance of a woman kept alive four weeks by nourishing injections, but the system gradually sunk, whilst the dogged determination of the patient seemed to increase to the last moment of existence. In such cases the only means are, if practicable, to inject broths, and other nourishing liquids, into the stomach through an elastic tube; but if this cannot be done, nourishing clysters per anum are the only means that are left.

If the case be one of exhaustion, not wilful starvation, the same means are to be used, but the patients are more manageable; the greatest care, however, is necessary only to pour in food in the smallest quantity at a time, and at frequent intervals. It is also equally desirable that the food should be poor at first, and more nourishing as the case improves. By the sudden influx of strong food the most serious consequences ensue—in fact, it is merely a change in the mode of death.

If the case be caused by accident or disease, rendering the powers of deglutition nugatory, the same means are required for the immediate restoration and continuation of life, whilst the medical man must endeavour to remove the disease or obstruction producing it. It is very remarkable how quickly the body runs into a state of putrefaction after real death from asphyxiated cases of this description.

ASPHYXIA FROM THE EFFECTS OF ATMOSPHERIC ELECTRICITY, OR LIGHTNING.

> "Ye sulphurous and thought-executing fires,
> Vaunt couriers to oak-cleaving thunderbolts,
> Singe my white head!"

The frequent occurrence of persons being affected by lightning, renders it necessary to make some observations upon it, although such cases, when really asphyxiated, are looked upon as beyond hope. Dr. Currie, however, mentions two cases, one severely injured, but not really asphyxiated, the other completely asphyxiated by lightning, both of which perfectly recovered. And in the "Collectanea Societatis Medicæ Hauniensis," tom. ii., M. Abilgard affirms, by numerous experiments, that fowls struck down by an electric shock (so strong that they died, if nothing further was done), were completely recovered by slight shocks in other parts of the body, but not by shocks through the head, which first caused the asphyxiated state. If this is a correct view, it is remarkable. It is, indeed, borne out by the fact of electricity and galvanism being known as valuable agents in resuscitation in almost all cases of asphyxia, when they can be procured in time for application. Thus, the power that kills will restore, if used in less degree; that is, if the first power has not by its force produced lesion in some important organ, immediately necessary to life, provided, too, that its application is at a distance from the brain.

Cause of the Asphyxiated State from Lightning.—The suddenness and the extreme power of the electric shock produces immediate exhaustion of nervous sensibility, and most probably lesion of some important organ necessary to life, though it must be acknowledged that, as yet, dissection does not unravel the mystery.

Treatment necessary.—If there is lesion of some important organ necessary to life, it is vain to hope for recovery, but of this we have no means of judging, except on dissecting afterwards; therefore, we must act as if some hope existed, and not give up the case without a trial of means. The best of all means is the cause itself, viz., electricity, used in less degree of force in different parts of the body; perhaps, however, the head should be avoided. Friction, stimulants, inflation of the lungs, must not be forgotten. Bleeding has been spoken of, but I confess, though I have attempted to bleed in two instances, I could not obtain any blood. Almost all the common means employed in asphyxia generally are legitimate means in this case. Sir B. Brodie thinks "death arises from destruction or lesion of cerebral functions." It is a common opinion that the blood is immediately coagulated in these cases. This is an error, and has only arisen from the difficulty of procuring blood. This latter condition is always present where the circulation is suspended, though the blood be not coagulated. After all, there is yet much mystery to be cleared up. Death in these cases is often so instantaneous as to paralyse the efforts of by-standers, and perhaps many sink for want of a little exertion timely given. Instances of recovery are very rare; still, there is hope for which we must contend, and it is possible the prize of human existence prolonged may be gained.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

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(Continued from page 326.)

To sum up these things, the expectoration of tuberculous sputum is always an evidence of constitutional depravity, which may be hereditary or acquired, permanent or temporary. The former is the most common, but the latter is by no means unusual. I have no doubt whatever that people, naturally healthy, often, from casual disturbance in the functions of their blood, have tubercular matter formed in this fluid, just as under other circumstances pus may be formed in it. The generation of this matter simply indicates a depravation of the elementary process of nutrition, and if the morbid action persist only for a time, and the issue of it (tubercle) be discharged by some emunctory organ, the system finally suffers in no serious degree in consequence.[1] When, on the contrary, this perversion of elementary nutritive function is continuous, the whole fabric wastes, and the patient dies of marasmus; and when the matter, instead of being eliminated, is deposited in some organ, its subsequent decomposition sacrifices that organ more or less, and in that ratio, and the ratio in which such organ is destined to subserve the whole animal economy, will the results of this local deposition and decay be fatal. But it will be understood from the preceding observations, that the evidence of constitutional disorder which tuberculous sputum furnishes, is not necessarily the forerunner of a fatal issue, and that this latter is most likely to be the case when the patient wastes with the spitting, or when some important organ is suffering, as the stethoscope or other means of physical examination will indicate, from obstruction or decay.

Local Symptoms and Physical Signs.—Tubercular sputum, as we have said, is sometimes met with when the lungs are free from disease. In these cases percussion of the chest elicits no abnormal sounds, and auscultation seldom detects anything unusual in the respiratory murmur beyond a little crackling, whistling, or bubbling ronchus, due, perhaps, to bronchial dilatation or flattening and the presence of an increased quantity or viscidity of the natural mucus of the parts. The cough is generally troublesome, and "thick mucous," or "muco albuminous sputum," is discharged, often profusely, in the intervals of the expectoration of the tubercular matter. A thinner sputum, it may be sweet or saline, is sometimes observed. The patient usually complains of dryness in his throat, and his voice is occasionally husky, but without its organs being ulcerated. Again, the larynx and trachea may be the only suffering parts, and the stethoscope distinguishes a dry, grating, whirring, or wheezing noise, especially during expiration, and the voice is unusually shrill, or whistling, or sonorous, or irregular-toned, squeaking, and tremulous. Deglutition is often painful, but respiration, and particularly talking, is distressing in the extreme. When the lungs themselves are the seat of tubercular deposition, the physical signs will vary with the amount of tubercle present, and with its particular state. When the tubercles, in their miliary form, are scattered throughout the substance of the lungs, and not very numerously in any single spot, it is rare that percussion can detect anything unnatural in the sound of the chest. I possess a portion of the lower half of the lung of a patient I attended about nine months ago, for consumption; this portion, like the rest of each lung, is thinly scattered throughout with miliary tubercles; no tubercle was found in a matured state, nor was there any cavity. The stroke sound of the chest in this case was unimpaired, and auscultation only recognised, here and there, up and down the chest, a sub-mucous and sub-crepitant râle, due to the partial bronchitis established by the contiguous irritant action of the tubercular bodies. The patient occasionally spat a little tubercular matter, derived, no doubt, from the mucous surface of the trachea or bronchi, but his chief expectoration was, at first, "thin mucous sputum," such as is often consequent upon the early state of tubercalisation of the lungs, and finally, and continuously, "thick viscid sputum," alternately transparent and opaque, just such as indicates inflammatory action in the bronchial ramifications. These signs, added to hectic and wasting, were all upon which a diagnosis of consumption could be founded. Such cases are not of infrequent occurrence, and generally prove a source of perplexity to the inexperienced practitioner. Indeed, whatever may be a man's experience and skill in the physical diagnosis of chest disease, he has often much difficulty in pronouncing upon cases like the preceding, and especially if the tubercles continue in their miliary state. Sometimes there will be neither cough nor expectoration, and the patient sinks under a slow marasmus, without any organ in particular appearing to be implicated in the mischief. Usually, however, auscultation and the sputa serve our purpose pretty faithfully, with the assistance of other symptoms, in deciding upon our patient's disease and probable destiny. Acute bronchitis is seldom of long continuance, and the respiratory sounds which accompany it either become aggravated into the distinct crepitating râle of pneumonia, with its viscid rusty sputum, or subside into the bubbling mucous, and sonorous or sibilant ronchus, with the copious, heavy, opaque, pellety, mucous expectoration, indicative of chronic bronchitis. But

[1] Local injuries, again, occurring to people not of scrofulous diathesis, but of bad habit of body at the time of the accident, are often followed by unhealthy inflammation, and the formation of tubercular matter as well as pus. I have repeatedly, under these circumstances, recognised tubercle in the fluid of suppuration, and yet the patients have subsequently recovered, and the temporary tubercular genesis has left no trace, beyond a scar, of its action and issue. And in people naturally scrofulous, we know that inflammation, especially of their joints, is frequently attended by the local deposition of tubercular matter—in white swelling, for instance. In many of these cases, the matter having found an exit, and an open suppurating surface having been established, tubercular substance will continue to be secreted and discharged as abundantly as pus; and yet such subjects often recover from amputation, and are never again visited with a repetition of their local malady. And, on the other hand, inflammation of joints and of absorbent glands is commonly enough followed by the deposition of tubercular matter that is finally absorbed in whole or in part, or is kept securely encased in its nidus, and is discovered after death, lying harmlessly like a mass of putty or gypsum. And this would as often happen in cases of tubercular deposition in the lungs, but that, as tubercle after its maturation becomes dead matter, and liable to the play of chemical affinities between its constituents, this liability is constantly heightened by the incessant accessions of fresh air which act upon it in the process of respiration. But occluded tubercle escapes this continued stimulus to decay.

when the irritant and sub-inflammatory action of the bronchi, as shown in the constant hacking cough, the muco-crepitant or sub-crepitant râle, and the profuse expectoration of glairy viscid sputum, or thin semi-transparent sputum, salt or sweet, continues, the patient at the same time wasting, we may be almost certain of the presence of tubercles in the lungs, though they may be so scattered as not to afford any immediate and positive signs of their presence.[2] But it most commonly happens that tubercular deposits in the lungs have a tendency to aggregate in places. The most frequent locality of them is under one or both clavicles, but especially the left. When tubercles exist in such situations, percussion over them elicits a dead or dull sound, which exactly defines the extent of the morbid deposit. In proportion to its amount, also, will the corresponding ribs be imperfectly moved in the act of respiration.[3] The auscultatory sounds will of course vary with the degree to which the tubercular substance obstructs the vesicular tissue of the lungs, and modifies their natural movement and tone. There are many stethoscopic niceties which only few people are fortunate enough to attain to in practice, and I must confess myself to be one of those who are competent to decide only upon signs and sounds which are not of very doubtful character and import, and am content to leave the delicate distinctions, so often prettily represented in books, to be carried out in bed-side practice by such as have senses acute enough for the task. In confining our attention to such things as are plain, unpretending, and easily available, rather than to such as are ornamental and curious, we shall find that there are a few stethoscopic signs which represent with tolerable accuracy the state and function of the lungs in the different phases of consumption. It must be understood that the abnormal sounds which accompany the successive definite stages of phthisis, are directly representative of the amount of foreign matter deposited in the lungs, or of the extent to which these organs are ulcerated and destroyed.

As the deposition of tubercle advances in the lungs, the natural respiratory murmur diminishes in the sub-clavicular, claviculo-axillary, and supra-scapular regions, and finally becomes either totally suppressed throughout, or in particular spots, whose silence contrasts with an unusually loud murmur in other, contiguous, places. In the vicinity, and throughout the substance of the consolidation, the expiratory sound of respiration is heard with unnatural distinctness, and partakes of a grating, blowing, ringing, or whiffing character. These sounds may be of regular duration and intensity, or, as sometimes happens, irregular and jerking. They arise either from partial depositions of tubercle, which occasion a corresponding degree of obstruction to the ingress and egress of air, or from complete tubercular consolidation of the vesicular tissue of the lungs, which renders respiration in such parts exclusively bronchial; and according as the bronchi are elongated or widened, or flattened and narrowed in places, will they emit a corresponding variety of sound. The sound of the voice, too, is generally audible in a marked degree, either of expression or resonance, over the seats of tubercular deposition. In parts of the lungs contiguous to the spots of tuberculisation, the proper murmur of respiration is usually found to have given place to a peculiar râle, occasionally mucous and sub-crepitant, but mostly dry and crackling. The phenomenon has never been explained, that I am aware of, and Dr. Walshe states that the cause of it is yet unascertained.[4] It appears to me, however, that this ronchus, which seems to be nothing more than a *friction sound*, is produced by the irregularity of situation and shape into which the permeable air-cells of the lungs are thrown by the pressure and tension of tubercular matter and false membranes and bands in different parts of the pulmonary structure. This râle is chiefly heard at the commencement of phthisis, when the air-cells of the lungs contain no more fluid than usual. The passage of air into and out of these irregular-shaped cells, would of course give rise to a variety of sound, which, aided also by the want of uniformity of action in the cells themselves during the respiratory process, would be sufficient cause of the singular crackling ronchus spoken of. In some cases of commencing phthisis it is not observed, for, owing to the presence of a more than natural quantity of mucus in the air-cells of the lungs, or in the minute bronchi, only a mucous or muco-crepitant râle is heard. For the like reason, the crackling ronchus is seldom heard after the first stage of phthisis.

It often happens that tubercles will be formed, and extensively, too, in the lungs, without exciting any evident irritation, or occasioning any cough. I have seen several cases in which the first stage of phthisis has been passed over with scarcely any cough, and with no expectoration whatever. Usually, however, the presence of miliary tubercles in the lungs gives rise to a little sympathetic irritation in the leading aerial passages—in the larynx, trachea, and bronchi—and the consequence is, an almost incessant "tickling," as the patient calls it, in his throat, a frequent hacking cough, and an expectoration of thin mucous sputum. The quantity of this is sometimes very considerable, amounting to two or three pints in the twenty-four hours. It is chiefly in young subjects, especially females, that its profusion is marked, and it is a pretty sure diagnostic sign either of extreme nervous susceptibility, or of extensive and scattered tuberculisation of the lungs. In subjects of more advanced life, and in such as have suffered from frequent bronchitis or pneumonia, the first stage of phthisis is generally attended by an expectoration of thick mucous sputum, of variable density and opacity, and often containing traces of pus. In others, again, the expectoration will be chiefly purulent from the beginning, and in some cases even crude tubercle will be spit up; the deposit in the lungs retaining, as we have said, its miliary character.

The signs which physical diagnosis furnishes of the maturation of tubercle, *i. e.*, of its change from a miliary to a crude or cheesy state, are seldom worthy of any confidence. We are told, by a distinguished authority (Dr. Williams), that "it can hardly take place without some augmentation of the consolidation—hence there is a fuller development of the signs of an increased density of the lung; the partial dulness on percussion becomes more marked," &c.[5] These more marked indications of tubercular deposit may occur, if, during the maturation of the old tubercle, fresh crops of tubercle should be formed, as is sometimes, though I do not think very frequently, the case. But it has quite as often occurred to my observation to discover no change whatever in the previous sounds of the chest, and I have noticed a diminution of dulness, both in intensity and extent, and an unexpected post-mortem has revealed that, with this seeming improvement, the maturation of the tubercles has been rapidly advancing.

The indications which are furnished by the sputa, and by the more general morbid symptoms, are safer guides in diagnosis, but they are not constant, nor are they always correct; yet I believe them to be more trustworthy than any others, and therefore do not hesitate to urge their adoption. The process of tubercular maturation in the lungs almost invariably occasions an increase of irritation in these organs, and in the bronchi and trachea. The common consequences are, a greater difficulty in breathing and a more frequent cough. Percussion over the affected part causes pain or smarting, and the patient coughs incessantly whilst you are tapping his chest. He is more irritable than previously; his nights are restless, and his sleep disturbed; and, when recumbent, he is constantly changing his position. He generally prefers to lie partially on his face, rather than on his sides or back. His pulse is quickened, and hectic either appears for the first time, or, if it were before a symptom, it becomes aggravated. In every case I have investigated, the quantity of expectoration, whether great or small in the primary stage of phthisis, became, to a certain extent, reversed as the tubercles began to maturate. If the sputum were thin and profuse at first, it subsequently became less copious and of greater consistence and opacity; and conversely, the thick mucous kind was exchanged for the thinner and more transparent variety, either abundant or scanty. Either of these forms of sputum, also, was succeeded by muco-purulent, or purulent expectoration. I believe it rarely happens that the sputum which accompanies this, the commencement of the second stage of phthisis, is free from some distinguishing peculiarity in appearance or taste. These several marks of distinction may be met with in the sputa of other diseases than consumption, and occasionally in all stages of this malady, and are therefore not unexceptionable evidence in diagnosis, but, aided by other signs and symptoms, I have seldom found them faulty. The most common appearance is frothiness, constant or occasional, and of all shades and degrees. (See frothy sputum.) With this the sputum may be transparent, opake, pearly-white, or variously coloured. Its peculiarities of taste consist in its being sharp or acrid, saline, sweet, sour, or bitter. Of these, the saline and sweet are the most common.[6] The latter is often remarkable when the sputum is muco-purulent, but it as frequently depends upon a depraved condition of the mucus itself. The saline taste is chiefly met with in the thin variety, and it usually indicates an excessive degree of local irritation, or of general nervous excitement. The others are perhaps owing to some modification which the secernent function derives from a state of cachexy or digestive derangement.

[2] In these cases also, contrary to what we observe in ordinary bronchitis, the râles are chiefly confined to the sub-clavicular, axillary, and supra-scapular regions.

[3] If the quantity of deposit be considerable, the hand applied over its site recognises an unusual vibration when the patient speaks or coughs. This is a diagnostic sign which is liable to some exceptions, and requires a little delicacy of manipulation to render it available and trustworthy.

[4] Diagnosis of Diseases of the Lungs, p. 237.

[5] On Diseases of the Chest, p. 184.

[6] They chiefly prevail in the morning expectoration, but not unfrequently they occur at intervals during the day.

CASES OF HYDROCEPHALUS, WITH REMARKS.

By HENRY KENNEDY, A.B.

(Read before the Obstetrical Society of Dublin.)

In the present communication I purpose bringing under notice the details of a few cases of hydrocephalus, which have come under my observation from time to time, and which may not be considered void of interest.

Case 1.—A girl, ætat. three years, was attacked with dysentery; the attack was accompanied with all the usual symptoms, and in a very aggravated form. It yielded, however, at last, about the tenth day, and the child seemed to have been convalescent, when, about three weeks after the first appearance of the dysentery, it was suddenly seized with convulsions of one side of the body. Leeching the head and purgatives had at once the effect of lessening the convulsions, and the following day no trace of them was visible. The child, however, now laboured under high fever, the head being remarkably hot; it is enough to add, that from this time hydrocephalus showed itself in a well-marked form, and the child sunk on the eleventh day, reckoning from the first appearance of convulsion. I was not able to get any examination. Had this been a solitary example, I should scarcely have deemed it worthy of notice; but it is not so. I have both seen and heard of several cases precisely similar; that is, where an attack of dysentery seemed to lay the foundation for one of hydrocephalus. It is well known that Cheyne, in his very valuable work, has put strongly forward the idea that derangement of the bowels very generally precedes an attack of water on the brain; and though he has not mentioned dysentery as a precursor of the disease, still the case given, and those similar to it, are strongly corroborative of the truth of his opinion. In one of the cases alluded to, where an examination was made, the quantity of effusion into the brain was very considerable; one ventricle was dilated more than the other, but the membranes were not engorged at all. There were several distinct specks of ulceration in the colon, while the mesenteric glands were much enlarged and injected. The commencement of the head symptoms, as in the case detailed,

by convulsions, is by no means uncommon; as far as I have seen, it is a symptom of very unfavourable omen to usher in the attack. I believe, in fact, the reason of this is, that the symptom is merely symptomatic of mischief that has been gathering for some time previously, but which has not been observed by the mother or friends; and considering hydrocephalus, in nine cases out of ten, to be not only a local, but a constitutional affection, that it is to be regarded but as one link in a long chain of morbid effects.

Case 2.—I was asked by my friend, Surgeon Hamilton Labatt, to visit a child about six years old, labouring under well-marked symptoms of water on the brain. Everything that could be done had been done, and in the most judicious way; among the rest, the system had been brought under the influence of mercury. The child lived about twelve days after my seeing it, going through all the regular stages of the disease; it was at times comatose, but again would almost entirely recover its senses, and even after having had severe fits of convulsions the same thing took place.

I have mentioned this case, because it afforded a very good example of the presence of a symptom which is not unusually met with in hydrocephalus, but which is very necessary to be aware of; indeed, the medical man may readily be thrown off his guard by it. I allude to the return of consciousness after coma or convulsions had previously existed. It has on several occasions come under my notice. I recollect a case which I saw with my friend, Surgeon William Barrett, where it existed to a very remarkable degree. In a case, too, which occurred very lately in Sir P. Dun's Hospital, under the care of Dr. Baker, it also existed, but not in so marked a manner. Cheyne details several cases where it took place. It is also well known that it is met in other diseases besides hydrocephalus. It must be allowed that the fact, *per se*, is a very curious one, but one which, I fear, it would be very puzzling to give any rational explanation of. It can scarcely be supposed that any organic changes could take place in so short a time, which might account for it, but which changes must again, in an equally short time, disappear; and yet, on the other hand, it would be very unphilosophical to suppose that these symptoms could exist without a cause. The point, however, may be learned from the fact stated, namely, that in head cases we should be very cautious in connecting the symptoms during life with the post-mortem appearances.

Case 3.—In the course of last year, I was taken to see a boy of 14 years of age, labouring under illness. During the two previous years he had been twice affected with fits, which, from the account I got of them, seemed to have been of the epileptic character. I found him in bed, his countenance heavy, and expressive of pain, which he referred to the head, but not to any particular part of it. He had not been observed to be drooping before this. His pulse was only 60, and it struck me as being very feeble; there was scarcely any increased heat of skin, or of the head, but the tongue was densely loaded, and indeed out of all proportion with any other symptom; the eye was perfectly clear. Under the inpression that the stomach was at fault, he was ordered an emetic, and this was to be followed in three hours after by a brisk purgative. I saw him again soon after this, and found, somewhat to my surprise, that the emetic had no effect, but that the purgative which had been given had acted smartly on the bowels. Still the head was not relieved. It is enough to mention, that he remained in precisely the state detailed, without any variation whatever, for four days; during this period the head was leeched, and he was getting continuous doses of colomel with James's powder. He was then removed to the hospital. I am unable to give any detail of his symptoms while there, except that previous to his death he was affected with coma and violent convulsions. The case ran a course of about seventeen days. There was a good deal of general subarachnoid effusion; the membrane being also opaque and thickened in patches; at the base and particularly at one side, extending into the fissure of Sylvius, there existed a deposit very like minute tubercles; it had clearly been of some standing. The amount of effusion into the ventricles was very moderate.

I have given this case on account of the peculiarities which it presented. It has never happened to me to meet with any case in which the symptoms were similar at the same period of the disease. It will be recollected that at the very onset of the attack the pulse was but 60, and that it remained so for at least four days. In every other case of the kind I have seen, the first stage has been ever one of marked excitement. Here, with the exception of the tongue, there was no appearance whatever of fever: possibly the patient having originally had fits, they may have modified the symptoms of his last illness. It is of course well known, that in many cases of chronic disease of the brain, one of the most characteristic symptoms is a slow pulse, such as was present here. It is a curious point connected with the case, that the emetic which was given had no effect; vomiting attends by far the greater number of these cases, and yet here, where it was solicited, it did not occur.

Case 4.—In the year 1839, I was asked to see a child, ætat. 1 year and 10 months, who had been ill four days, and whose illness had begun during the night with fits of screaming. Previous to my seeing it leeches had been applied to the head, and it had got some medicine, I believe calomel. There had been no vomiting. The child had very high fever; it was constantly tossing about its head, and took at times fits of violent screaming. It lay in a state of stupor almost amounting to coma, but it had evidently some sensibility, for it winced on pressing the abdomen, which was somewhat tympanitic. It was able, too, to swallow drink. The discharges from the bowels were nearly black. The pupils were very sluggish on exposure to light. The treatment consisted in active purgatives, leeching the head, and blistering it; a stimulating liniment was also rubbed on the abdomen, and the gums were freely lanced. It is enough to add, that on the third day after my seeing it the symptoms began to improve, the fever came down, the nights became quiet, and the stupor, in which the child had lain for days, left it, but very gradually.

This case has not been brought forward as one of hydrocephalus; at the time I saw it, however, I was much puzzled to decide on its nature, and to this day am unable to say whether the cause of the symptoms lay in the abdomen or head, or both combined. I have seen other cases, where children were affected with different degrees of drowsiness and stupor, but none to such a degree as this case; that is, where the child recovered. Dr. Dwyer may probably recollect an interesting case of this sort, where the child would apparently fall asleep, or, rather, get into a state of stupor, the moment it was left quiet. This child had other symptoms, too, threatening water on the brain, but is now quite well.

Case 5.—About five weeks since, I was [illegible] to see a boy labouring under high fever. He was nine years old, and a brother and sister had died within the two last years of water on the brain. He had been complaining for two or three days previous to my seeing him, and had been observed looking ill; and his mother had given him two doses of medicine, which had acted briskly on the bowels. I found him, as I have stated, labouring under high fever: the skin was burning hot; the tongue furred; the pulse upwards of 130; the eyes much suffused; and he had had vomiting. He complained bitterly of his head, could not bear either the light or any noise, and even any attempt to move him made him cry out with pain. It is enough as to the treatment to state, that he was leeched on the temples, and behind the ears, as often as prudence would justify; besides this, mercury was used; and, by the third day, I had the pleasure of finding that all pain had subsided, that the fever was coming down, and the system gradually, but steadily, coming under the influence of the mercury. By the sixth day, there was scarcely anything to contend with but weakness, which went on, however, to a greater degree than could have been wished; for four or five days it was, in fact, almost enough to alarm one. It was more complained of by the boy himself, than evidenced by any particular symptoms; for I observed that, when he wished, he was able to turn himself, and the pulse had all through retained a fair degree of strength. During this latter period of his illness, he was a good deal troubled by a short, hard cough, which arose from bronchitis. With care, however, and by removal to the country, he has gradually come round, and may now be pronounced quite well. While this boy was labouring under the state of weakness alluded to above, I had the valuable assistance of Sir Philip Crampton.

I have given the particulars of this case, because it forcibly illustrates the value of a plan of treatment which is, probably, not in so general use as it deserves to be in cases of this sort, but which has not yet been alluded to this night: I mean the use of an issue. This boy had had one in the arm for a considerable period previous to the attack which has been described, and I do believe it was owing to its effects on the system that the treatment adopted here was successful; at least, I know that the chances of stopping a disease like hydrocephalus in one of a family where there is a predisposition to it, is, in my experience, very slight, no matter how early the case may be seen. That water on the brain was threatened, in the case which has been detailed, there is, I think, no reasonable doubt: the previous existence of the disease in the family showed the predisposition, and then every symptom was present which is commonly met with at the onset of the attack, and this, it will be remembered, after the bowels had been well acted on by medicine. As to the extraordinary weakness which followed the attack, it may be fairly, in part at least, attributed to the treatment, coupled with the fact of the boy being naturally of a delicate constitution.

Such are some of the varying forms under which hydrocephalus, like every other malady, presents itself. Of the nature of this disease, I have expressed my opinion before. I agree fully with those who believe it to be a constitutional affection, in the great majority of instances; and that the head symptoms are merely a portion of the evidence of the fact that the entire frame is diseased, and partakes strongly of the strumous diathesis. This view, and this only, will account for the great fatality of the disease, when once head symptoms have declared themselves. It also accounts satisfactorily for the difficulty which often exists in distinguishing between infantile remittent fever and hydrocephalus—a difficulty which, I believe, in many instances, cannot be cleared up, inasmuch as the former frequently ushers in the latter disease.

On the treatment of this disease, I have nothing to add to what is already known. Its pathology shows that it will not bear, as a general rule, an active antiphlogistic treatment, such as some have advocated. In the next fair case that offers, I shall certainly make trial of the long issue, which was recommended some time back in one of the London periodicals; the name of the gentleman who spoke of this plan has, however, escaped my memory.

TARTAR EMETIC IN PNEUMONIA.

By F. W. CHRISTIE, Esq., Surgeon, Knotty.

Case 1.—Richard Whattle, ætat. 45, of very intemperate habits, and much exposed to the vicissitudes of the atmosphere, was attacked with cough and *slight* pain in the left side early in March, and soon fell into general ill-health, but still pursued his usual habits; at length, when he could hold out no longer, he applied to me, and, after a careful examination, I found him in the following state:—The countenance and prolabia livid, and indicative of suffering; the temperature of the body, especially of the extremities, much diminished; pulse weak and rapid; considerable dyspnœa, increased on slight exertion; incessant cough, with expectoration of viscid, tenacious, *ropy*, rust-coloured sputum. On percussion, the whole side of the thorax sounded perfectly dull. The stethoscope pointed out a total absence of the vesicular or respiratory murmur; at the sub-clavicular region there was slight, but circumscribed, crepitating râle, with some little clearness of sound on percussion; bronchial respiration was generally distinct; he could only lie on his *back*.

Diagnosis.—Pneumonia in its second stage, or that of red hepatization, occupying the three in-

ferior fourths of the left lung, and in its first stage, the upper portion.

Prognosis.—Most unfavourable, from the stage and extent of the disease, the age, and broken-down condition of the patient, who was at the time also in a state bordering on delirium tremens.

Treatment.—R. Tart. ant. et potas. gr. vi, Aqua ℥ vi, Nitr. potas. ʒj. M. st. coch. ij om. hora. The first and second doses produced severe vomiting and purging, but to his great relief, as his chest seemed emptied of an enormous quantity of the ropy mucus characteristic of pneumonia; he persevered in its use, and tolerance of the remedy was soon established, and under its use alone he daily improved; his pain and cough subsided; his countenance became expanded; the dull sound of his chest, and then the crepitating râle, vanished, and in six weeks the healthy respiratory murmur was gradually re-established over the greater portion of his lung. I should have observed, that I daily increased the quantity of tartar emetic, until he took twelve grains daily, without any inconvenience; in fact, his appetite improved under its use, and he had no relapse during his convalescence, which I may date from the first dose of this medicine, the effects of which were really astonishing. The almost immediate amelioration of all the symptoms of his malady, both physical and stethoscopic, caused me to look on this medium as "an heroic remedy" indeed, and the following case shortly after coming under my care, I confidently looked for a favourable issue, and was not disappointed.

Case 2.—E. B., ætat. 24, a young woman of lymphatic temperament, had for several months been in indifferent health, but not altogether prevented from following her occupation, that of a servant. She suffered from dyspnœa, palpitation, slight cough, and *uneasiness* in the right side; at length she had a slight attack of pleuritis, for which she applied to a medical man, who bled and blistered her; relieved her urgent symptoms, and told her *she was well.* She applied to me, and exhibited the following symptoms:—As in the former case, the temperature of the body was much diminished, as if the power of developing animal heat was withdrawn, owing to the non-oxygenation of the blood; the countenance was *puffed*, and of an unhealthy *blue;* there was great dyspnœa, palpitation, and indisposition to exertion; cough and expectoration very little, but that little very characteristic.

Percussion yielded a dull sound generally, and there was œgophony at the root of the lungs, showing some effusion from the pleuritis. The measurements of the thorax were normal, and she could only lie on her back, and occasionally on the affected side.

I ordered a grain of the tartar emetic every third hour, in an ounce of infusion of orange-peel, and directed a croton oil liniment to be rubbed over the affected side. She was purged and vomited by the first few doses, but I soon was enabled to increase the quantity of her medicine to ten grains daily, under which her convalescence steadily progressed, and her lung has almost resumed its healthy function. Her stomach, which had been very irritable before her illness, became perfectly quiet, and her appetite also was improved, even while using so large a quantity of what is usually termed an irritant poison.

I will abstain from all theorising as to the modus operandi of the tartar emetic, but at the same time cannot attribute it to its counter-irritant effects on the intestinal mucous surface, as it became perfectly quiet after the first few days; nay, she even required purgatives occasionally. Even Rasori himself, and after him Laennec, have failed satisfactorily to account for its acknowledged extraordinary effects, and these cases show that slow, insidious, chronic pneumonia is much more frequent than Dr. Marshall Hall imagines.

CASES OF POISONING BY ÆTHUSA CYNAPIUM, OR FOOL'S PARSLEY.

By EVAN THOMAS, late House Surgeon to King's College Hospital, Fellow of the Royal Medico-Chirurgical Society, London.

Ellen Williams, ætat. 5, was in excellent health till Tuesday morning, May 27, 1845, when, after eating the bulbs of the æthusa, which were mistaken for young turnips, she was attacked suddenly with pain in the pit of the stomach and belly, followed by sickness, but no vomiting; complained of being very ill; tried to eat, but could not swallow; she was now incapable of answering questions, the countenance wearing a wild expression; the lower jaw became fixed to the upper, so as to prevent any thing being introduced into the mouth; and towards the last she became insensible, and died in an hour from the commencement of the symptoms, without either hiccup or convulsions, as far as could be ascertained from the account given by the friends.

Anne Williams, ætat. 3, was in excellent health till the same Tuesday morning, when, shortly after eating the same substance, she was attacked with pain in the epigastrium, sickness, vomiting, and profuse perspiration; soon afterwards she recovered, with the exception of excessive griping pains in the belly, without purging, which ceased on the following day.

John Roberts, ætat. 3, was in excellent health till Tuesday, May 27, when, after eating the so-called turnips, he was attacked with pain in the throat, pit of the stomach, and belly; this was followed by sickness and vomiting, and the following day he was well.

Remarks.—The first case had terminated fatally before any assistance could be obtained, being ten miles distant from my brother, who was the nearest medical man; the second and third had recovered without any other than spontaneous vomiting. No post-mortem inspection could be obtained, consequently the morbid appearances, if any existed, must be left a matter for conjecture. At first I had my doubts whether the substance alluded to was the cause of death, till the corroborative evidence, with reference to the other cases, was brought forward at the coroner's inquest. I performed several experiments upon dogs and cats, with the view of obtaining more accurate information as to the virulent properties of the æthusa, having first obtained the opinion of Professor Forbes, of King's College, as to its identity; the preparation employed was the recent juice of the bulb, dug up at the time this happened (May). About two ounces of the expressed juice were injected into the stomach, through a wound in the œsophagus, which was carefully exposed high up in the neck, and afterwards firmly secured with a ligature, passed on the cardiac end of the wound. All the cases but one died in from one to four hours; as far as I am able to judge, the symptoms produced were violent spasms and urgent attempts to vomit. Nothing wrong was found in the stomach or elsewhere, except in one case which lived twelve hours; the mucous membrane of the stomach was marked on its anterior and posterior surfaces with black stains, the result of the gastric secretions. I ought to say that the animal had been kept for a long time without food, previous to the operation.

[The patients who recovered had eaten the æthusa on a full stomach, and vomited immediately afterwards, to which the happy result may probably be attributed.]

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, August 18, 1845.

Aural Surgery.—The number of the *Archives Générales de Médécine* for August contains several interesting papers; the first is one by Dr. Laugier, surgeon to the Hospital Beaujon, on the diagnostic value of the escape of a limpid fluid from the ear, in injuries of the head. In nine cases, published at some length, with their post-mortem examinations, Dr. Laugier constantly found the *petrous process* of the temporal bone *cracked*, and a more or less considerable amount of coagulated blood accumulated over the fracture. The dura mater was not lacerated. From these cases, Dr. Laugier concludes, 1st, that the discharge of a watery fluid from the ear, after injuries of the head, indicates a fracture of the petrous bone, and a communication abnormally established between the cavity of the cranium and that of the tympanum, or the meatus auditorius externus. 2d, That the origin of such liquid is the effusion of blood consequent upon the fracture, and the extravasation of the serum from the divided vessels. 3d, That when, from the coexistence of paralysis, or other symptoms, with this watery discharge, the application of the trephine is resolved upon, the instrument should be applied above the meatus auditorius externus, in preference to any other spot.

M. Beau's important researches on arterial sounds we will notice in our next communication, and also a paper by M. Toussey on the various forms of insanity.

Academy of Medicine; meeting of August 12; M. Caventou in the chair.

Treatment of Mucous Fever; by Dr. Giraud.—A favourable report was read by Dr. Collineau. M. G. recommends, in the treatment of mucous or typhoid fever, the application of heated bricks to the skin, in order to promote diaphoresis, and repeated vesication of the lower extremities.

Dr. Louis observed that the practice of blistering in typhoid fever seems, from the analysis of a large number of facts, to be both useless and dangerous, from the tendency to ulceration and gangrene of all sores in cases of typhoid fever.

Phlebotomy.—A practical paper on this subject was then read by Dr. Tanchou. The author remarks, that in venesection the stream of blood is generally black at first, and becomes by degrees of a brighter colour; that from beginning to end of the operation, the blood is occasionally scarlet; that it is often of both colours at once; and lastly, that the stream may be of a bright hue at the first gush, and become dark towards the close. Now, M. Tanchou is of opinion these various changes are due, in some cases, to the rapid passage of arterial blood into the venous system, and in general to the arterialising action of the air on the venous blood through the texture of the skin; an action illustrated by the brighter colour of the venous blood in the child than in the aged. From the *colour* of the stream, therefore, Dr. T. judges the operation should be continued, suspended, or repeated; and he deems the consideration of the colour to be a much safer guide than the formation of a fibrinous coat on inflamed blood, this crust forming on the blood only when it is too late to prevent the mischief which arises, in some cases, from any kind of depletion. The author grounds his opinions chiefly upon personal experience, and in conclusion asserts that black venous blood may be allowed to flow without apprehension, but that a scarlet stream should, on the contrary, be instantly arrested.

Academy of Sciences; meeting of August 11; M. Elie de Beaumont in the chair.

Purpura Hemorrhagica—Morbus Maculatus Wertofhii.—A paper on this subject was read by Dr. Legrand, wherein two cases were related—one of fatal purpura consequent on pulmonary consumption, the other cured by the administration of lactate of iron and stannate of gold. This substance was exhibited at the dose of 1-10th of a grain twice a-day.

Sudden Death from Electric Agency.—A physician practising at Coulommiers (Dr. Régnier) sent to the Academy an account of a case of sudden death from the action of electricity. A young peasant-girl was struck dead as she was retiring from a field overhung by a heavy cloud. On examination of the body, the hair of the axillæ was found burned; no other lesion could be discovered. At a small distance from the body was her cap, pierced with a small hole. M. Régnier considered that death had been produced by the electric fluid accumulated in the soil, and transmitted to the cloud through the body of the victim, who thus served as a conductor. M. Arago admitted the plausibility of this explanation, and mentioned two similar instances which had come to his knowledge.

Medical Reform in France—Congress.—The delegates of the medical societies of Paris met on the 2nd August, in the amphitheatre of the Academy of Medicine, for the purpose of considering the expediency of calling a general meeting of the profession. The object of the proposed congress will be to discuss the interests of the medical body in France, and to report to the Minister of Public Instruction the opinions and wishes of the majority of its members. A new law on the organisation of medical schools and of medical practice is in preparation, and, it is confidently asserted, will be presented to the Chamber of Deputies in the spring of 1846. If such be the case (and there is every reason to believe it) the imposing manifestation of opinions,

emanating from a congress, would doubtless assist considerably, and simplify the labours of the Committee of the Chamber of Deputies, whilst it must accumulate a considerable amount of practical knowledge on the subject of medical reform, at present scattered amongst individuals. Many of the most important questions connected with the profession, such, for instance, as the institution of the Concours—the mode of examination—the advantage or disadvantage of two distinct degrees in the profession—the legislation on medical responsibility—on secrecy—on the illegal practice of medicine, &c., have not yet, strange to say, received a definitive solution, and we are inclined to think that public and free discussion of all these topics will be of material service to the profession in this country in more than one point of view. At the meeting of the 2nd August upwards of two hundred delegates from the various societies were present. The chair was taken by Dr. Bataille. A report from the Committee of Organisation was read by Dr. A. Latour; it was received with much favour, and unanimously adopted. The first meeting of Congress was adjourned to 1st November, 1845. The Committee there resigned its functions, and the following gentlemen were elected to pursue its labours:—nine physicians, three representatives of the Society of Pharmacy, and three veterinary surgeons—Dr. Villeneuve, President, Member of the Academy of Medicine; M. Boullay, Vice-President; Dr. A. Latour, Secretary; Dr. Malgaigne, Vice-Secretary; Dr. Richelot, Treasurer; Dr. Moreau, Professor of Midwifery at the Faculty of Medicine; Dr. A. Béraud, Professor of Clinical Surgery at the Faculty of Medicine; Dr. Ségalos, M.A.; Dr. Blatin; M. Dubait; M. F. Boudet; M. Leblanc, Veterinary Surgeon; M. Hamon, ditto; M. Collignon, ditto.

Concours.—After a brilliant *concours* Dr. Villeneuve and Dr. Gossalin have been appointed surgeons of the hospitals of Paris.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

BY SIGISMUND SUTRO, M.D.

Peculiar Effect of Indigo.—About ten years ago indigo was used, and strongly recommended in different forms of spasms and convulsions, and especially in epilepsy. The observations then made were very favourable to its use. The author also frequently administered it, but could not confirm the favourable reports by his own experience. He could never effect a complete cure by it; recovery seemed to have ensued in several cases, but the convulsions unexpectedly returned. The author found the nitrate of silver much more useful in epilepsy. He, however, only communicates in this article a peculiar phenomenon which he observed from the use of indigo. A delicate, but healthy female, with a tender skin, suffered for a long time from clonic spasms of the chest, which seemed to indicate the employment of indigo. The spasms, originally caused by a violent cold, had lasted for several years, and seemed to proceed from disturbance of the digestive organs. Two drachms of indigo were ordered, with two ounces of some aromatic powder, and arranged the doses so that she took about half a drachm per diem. But in this dose the remedy caused great uneasiness, nausea, vomiting, and diarrhœa. The dose was reduced to ten grains a-day, when no sickness ensued, but diarrhœa was frequent. In this small dose the remedy was taken for a fortnight, without any peculiar symptoms. On the fifteenth and sixteenth days, however, fever appeared, with heat, thirst, anorexia, and shortly after inflammatory swelling of the joints, exactly like acute rheumatism. The indigo was continued, and the inflammatory swellings of the shoulder, elbow, wrist, knee, and knuckles were removed by appropriate remedies in about a fortnight. The patient and the author ascribing the occurrence of acute rheumatism to accidental circumstances, the indigo was recommenced after a short interval. In five days the rheumatism again appeared with its former violence, and now the patient stoutly asserted that these attacks were produced by indigo. This time the swelling and pains of the joints were more obstinate, and resisted treatment longer than before. Numerous blisters were required before complete recovery was effected. As long as the articular swellings lasted (which were carefully treated, and without repressing remedies), no spasms appeared. Still doubtful whether indigo was the real cause, the author resolved on administering it a third time. He ordered it in pills to be covered with gold paper, so as to conceal the contents (the patient having previously declared her determination not to take any more indigo). The pills had only been administered eight days when the rheumatism re-appeared, and the patient at once accused the author of having administered indigo against her will. The spasmodic disease continued unabated. The stools were blue during the use of the remedy, but the urine and perspiration were normal. The patient could never take the large doses generally recommended. This was perhaps occasioned by some difference in quality of the indigo. That used in the above case was the best kind, viz., guatimata-indigo. The other kinds are impregnated with foreign vegetable substances, and perhaps also with lime, sand, and starch, by which means larger doses may possibly be taken.—(*Dr. Berger, of Brandenburg, in Pr. Vereins-Zeitung.*) The above interesting case furnishes matter for deep consideration. Credible authors assure us of the excellent effects of indigo in epilepsy; the no less credible Dr. Berger narrates to us a case where indigo most decidedly produced rheumatism. Now, the question arises, does this phenomenon disagree with the assertions of the utility of indigo? I say, positively not. I have never tried indigo in epilepsy, but the above case induces me to expect great advantage from its employment in such forms of spasm as are originated by certain digestive derangements, of course in combination with stomachic remedies. My reason is this: indigo was, in the above case, shown to attack the primary cause of the particular clonic spasms mentioned, by producing a disorder (swelling and pain of the joints) frequently proceeding from the same source. The patient being predisposed to rheumatism, the remedy diverted the effect of the morbid cause into some other organs. But in cases where no rheumatic predisposition appears, indigo may be expected to get rid of the morbid cause by the usual purifying channels, and then probably its colour would also be communicated to the urine and perspiration, as asserted by the advocates of the remedy.—*Note by Dr. Sutro.*

Peritoneal and Mammary Quotidian Pneumatosis. The author found a girl, ætat. 20, in a half-lying position on a chair, with her face highly reddened, eyes shining, abdomen distended, mammæ likewise so inflated that when the patient bent her head her nose pressed her bosom; respiration difficult, and asthmatic; pulse 95; skin dry; the abdominal swelling elastic, and unchanged by alteration of position; no induration of the intestines can be felt through it. The swelling of the breast is even, and the nipples almost obliterated. The physiological functions are little altered, except some acidity of the stomach, and slight flatulence; urine sparing, brownish-yellow, and acid; no perspiration; menstruation normal. This abdominal and thoracic inflation began regularly every morning at nine o'clock, reached its acme at midnight, and then decreased till three a.m., when the patient appeared in her natural shape. Some critical discharges of perspiration and urine then took place. The respiratory difficulty and palpitation of the heart were absent, till, at nine o'clock, without any precursory symptoms, the paroxysm was renewed. The girl had suffered four years ago from peritonitis, and such a hemorrhage from leechbites, that she lay collapsed for a considerable period. From that day the abdomen and breasts began to swell. Medical treatment, paracentesis of the abdomen, systematic compression, and a self-performed paracentesis (the patient having from despair thrust a knife into her belly), were all perfectly ineffectual, the evil only abating from time to time in its violence, particularly in winter. The typical course of this disease suggested to the author the idea of the disorder being a disguised intermittent fever, which had not been perfectly cured by the usual crises. This intermittent appeared here in the form of a periodic pneumatosis, as such developments of gas are occasionally found after suppressed fevers and evacuations, especially when critical. In consequence of this diagnosis the author ordered: ℞. quinæ sulphat, assafœtid., āā ℨj.; extr. bellad., nux vomic. spir., āā gr. iij; succ. liquir., q.s., ad. pil. 60, five to be taken three times a day. At the same time diuretics, with bitter aromatics and acrids, were administered. On account of the acidity of the stomach, bicarbonate of soda, with pulv. rhei., were also taken. The state of the patient improved considerably, and the author increased the quantity of quinine to half an ounce, which, however, was succeeded by a periodical pain under the chest, with nausea and vomiting, and obstinate obstruction for several days. The author ordered, therefore, some pills of croton-oil, a repetition of the bicarbonate of soda, and frictions, with linim. volat. camphor. on the whole abdomen and breasts. With the continued use of these remedies for six weeks the disease was perfectly removed, and the girl has regained her health and usual figure.—*Dr. Müller, of Leer, in Hanover. Annalen.*

Medullary Sarcomatous Degeneration of the Cæcum.—The patient, ætat. 44, was dropsical, and had been treated nine months ago for peritonitis in the hospital, and then dismissed cured. His face was emaciated, dark, sallow, expressive of deep suffering, respiration rather accelerated, abdomen greatly distended, fluctuating, and painful if strongly pressed on, particularly towards the right side. The intestines were tympanitic. The urine was reddish-brown; the stools liquid, two to four a day; pulse hard, from 90 to 95; skin moderately warm, and dry; the extremities covered with small dry scales; hands œdematous; the whole body very emaciated and exhausted. Inflammation of the peritoneum was suspected, of which the ascites was considered symptomatic; medullary sarcoma of the liver was believed to be the primary complaint. The patient died on the 11th May. From five to six pounds of a purulent, flaky matter were found in the abdominal cavity; the cæcum was one-third larger than usual, and, with the exception of the tunica villosa, was degenerated into a medullary sarcomatous mass, which presented the thickness of half an inch, but near the base of the valve, from three quarters of an inch to an inch. Here the medullary mass was in a state of softening, and had the appearance, like the valve itself, which was from four to six inches thick, of being melanotic. The bowels were much distended with air, and only the lower ends of the ilium and rectum contained fæces; but the cæcum was filled with yellow fluid, fæcal matter, and pieces of separated medullary substances, caused no doubt by the destroyed contractile power of this organ.—*Dr. Flogel, in Osterr. Wochenschrift.*

On Herpes Universalis and Pruritus Pudendi.—The author observed both these exanthemata in a married couple. The husband was affected before his marriage with a general herpes over the body, for which Reil, of Halle, ordered at first the external use of salt baths, but with very little benefit, and afterwards prescribed other remedies with no better effects. The author recommended a nourishing diet, and employed internally magnes. carbon., magnes. sulph., with syr. rhei. and aq. tiliæ, whilst he removed the outward scabs by covering the limbs and parts affected with sticking plaster, so that the whole peeled off, and in eighteen months the man was well. He has had no return of the complaint for thirty-six years. Before his cure, he married, however, a young woman of sanguine temperament, who was in consequence soon seized with an intolerable pruritus pudendi, which evidently arose from contagion.—*Dr. Krauss, of Gottingen, in Hanover. Annalen.*

This case should make us careful to enjoin abstinence from sexual intercourse in persons affected with herpetic eruptions.—S. SUTRO.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in two numbers of the *Lancet*.]

DIFFICULT PARTURITION.—Under this title, Dr J. H. Davis narrates a case of parturition which lasted twenty-one hours and a half; the dilation of the perineum and vulva occupying a considerable

portion of that time. Laceration of the perinæum occurred at the moment when the shoulders were passing through. Inflammation and sloughing of the vagina followed, with paralysis of the bladder; the latter symptom continuing for some time after the inflammation, &c. had been cured. The patient appears, at the date of the report, to have been left with a fissured perineum.

Peculiar Case of Ossification.—Mr. Harrison states that, some time ago, he had an opportunity of seeing a very remarkable instance of departure from the ordinary process of nutrition. It happened in the person of a female, twenty-two years of age, who resided at Ancoats, near Manchester. The muscular tissue, in a great part of the body, was replaced by bone; the spine was curved, and the chest much diminished; the neck was quite rigid; the jaws could scarcely be opened, and the arms were fixed at the shoulder joints. The body was examined after death. The pectoralis on each side was completely ossified, forming bony radii, converging to a point at its insertion; the latissimus dorsi and teres major, at their conjoined tendon, were quite bony; the tendons at the bend of the arm were also bony; the scaleni and deep muscles of the neck were bony; the spine was distorted, and the muscles a mass of bone; the pelvis was of a natural size; the heart not in any way affected, and the viscera generally natural; the lower extremities were free from bone; the uterus was very small, and scarcely distinguishable, except by its triangular shape, from the surrounding membranes.

Use of Ipecacuanha in Emetic Doses as a Restorative.—Mr. Higginbottom has employed ipecacuanha, in emetic doses, in several cases of great exhaustion, in cholera, uterine hemorrhage, bronchitis, suspended animation, and sinking during the puerperal state, with advantage. In the cases of cholera, he follows up its use by blue pill and opium, and a rhubarb and sulphate of potash draught. The case of uterine hemorrhage was, apparently, very severe; the full emesis produced by the ipecacuanha arrested the hemorrhage, which, on subsequent occasions, was prevented by the exhibition of secale cornutum. He objects to diffusible stimuli in such cases, as he believes they increase the arterial circulation, and, consequently, the hemorrhage. In bronchitis, Mr. Higginbottom has found an emetic dose of ipecacuanha a very valuable remedy in that stage of bronchitis where a sudden, low, or sinking state has come on, with oppression at the chest, and the expectoration difficult, endangering suffocation.

Tic Doloreux.—Mr. Gower says that the extract of tobacco will cure neuralgia so that it shall not return, and this with once using.

Perforation of the Duodenum.—Dr. Little narrates the particulars of a case of chronic ulceration of the duodenum. The patient, a gentleman, fifty-seven years of age, was suddenly seized with intense pain in the abdomen, increased by pressure, referred principally to the region of the ascending colon and epigastrium, afterwards to the left side of the umbilicus. Some slight reaction ensued, but the patient sank, and died twenty-four hours after the attack. The examination of the body showed severe peritoneal inflammation, caused by the effusion of a pint of dark turbid fluid through a perforation of the duodenum, immediately below the pylorus. Towards the abdominal cavity, the aperture was oval, one-third of an inch in its longer diameter. Towards the intestine the ulceration was triangular in form, with largely elevated and rounded margins. The ulceration, previously to the peritoneal wall giving way, had formed a *cul de sac* behind the pylorus, capable of admitting the extremity of a finger. The pylorus was thickened, but preserved its natural firmness. No other disease was observed in the abdomen, which alone was examined. Dr. Little considers that this case must be classed as one of simple chronic ulceration of the duodenum, destroying life by perforation.

New Instrument to remedy the Defect of Speech consequent on Congenital Fissure of the Soft Palate.—Mr. Stearns having a relation afflicted with congenital fissure of the soft palate, on which the operation of staphyloraphy had been twice performed unavailingly, and for whom dentists had exhausted their mechanical skill, contrived an instrument to remedy the defect, the application of which has been attended with satisfactory results. A gold plate is first fitted to the roof of the mouth, in the manner practised by dentists, which is to serve as the foundation or support of the mechanism intended to supply the want of the natural soft palate. To the upper and posterior margin of this plate, a flat spiral spring is attached, which, with the delicate and permanent elasticity peculiar to that kind of spring, admits of easy and constant vibrations backwards and forwards. To the other and posterior extremity of this spring, an artificial *flexible* velum is attached. This part of the instrument is constructed of Mr. Goodyeare's preparation of caoutchouc, which, having the property to resist the action of both oils and acids, and at the same time sustaining a high degree of heat, has proved well adapted to the purpose. In attempting to describe the artificial velum, he, for the want of better terms at present, designates its principal parts as its *body* and *wings*. The body of the velum consists of a lamina of the caoutchouc, of a somewhat triangular form, and of the same size and shape as the vacant space it is intended to occupy, that being the plane which would be indicated by imaginary lines connecting the opposite sides or columns, and subtending the vertical angle of the fissure, at which point the velum is connected to the posterior extremity of the spiral spring. This lamina, constituting the body of the velum, is divided into three pieces, which overlap each other. The wings project obliquely forwards and outwards from each lateral margin of the body, and being made to conform to the shape of the columns or sides of the fissure, are seen to rest upon their inner and anterior surfaces, thus covering a portion of the soft parts which constitute the boundaries of the posterior fauces. In like manner, along each lateral margin of the body, there is (in mechanical phrase) a flange, projecting obliquely backwards and outwards, and, extending along down the posterior surface of the column, it terminates at the inferior angle of the velum. In this way the wings and the flange, on the same side, together form a groove fitted to receive the fleshy sides of the fissure. As the preparation of caoutchouc made use of presents a smooth surface, and yields readily to the slightest pressure, it is found to permit the contact and muscular motion of the surrounding soft parts, without causing any irritation. When, therefore, the sides of the fissure tend to approximate, as in deglutition, gargling the throat, or the utterance of some of the short vowel sounds, the three parts of the body of the velum slide readily by each other, thus diminishing the extent of exposed surface, and thereby imitating, to some extent, muscular contractile action, the force being derived from without, and not, of course, contained within the instrument. During the effort made in speaking, the surrounding muscular parts embrace and close upon the artificial velum, and press it back against the concave surface of the pharynx. The passage to the nares being therefore temporarily closed, the occlusion of sound is accomplished, and articulation made attainable, as the voice or sound, as it issues from the glottis, is thereby directed into the cavity of the fauces, and confined there long enough to receive the impressions made upon it by the tongue, lips, &c., in the formation of the consonant letters. Though the instrument, after having been adapted in the way above described, was found materially to improve the speech, yet it was still considered defective, and not admitting of general application, until other important requisites had also been attained; for it was necessary to make it so yielding as not to irritate the sensitive and restless parts with which it must come in contact; so that it might at all times be retained in place without inconvenience, while eating, drinking, or during sleep. At the same time, it was required to possess a degree of strength and firmness sufficient to sustain the force of any sudden shock, as in coughing, sneezing, or laughing, without the risk of being displaced, or in any way deranged. Durability of the substance composing the velum was also regarded as a point of the first importance to ensure its usefulness. The material made use of, as prepared by Mr. Goodyeare, and managed according to his instructions, was found (after some practice in the manipulation necessary to bring it to the shape required) to resist the combined action of all the decomposing agents to which it must become subjected—viz. motion, animal heat, the moisture and acids of the mouth, and the oils of the food. The means afterwards devised to keep it in order, freeing it from deposits, and thus preventing fetor, consist in the occasional use of some alkaline or aromatic preparation. As cases of congenital fissure vary very much, it follows, as a matter of course, that some modifications of this instrument will not unfrequently be required.

Priapism.—Mr. Tripe describes a case of intense and long-continued priapism, occurring in the person of a young seaman, which came on during the night of the 26th of April, 1844, attended with pain of the left side of the organ, near the bulb, and an inclination of it towards the same side. Mr. Tripe, on examination, found the corpus spongiosum moderately turgid, especially the gland, which was situated near to the anterior superior spinous process of the ilium, and almost touching the abdominal parietes; the corpora cavernosa were fully distended and firm, scarcely yielding to pressure, and without any perceptible difference, either in colour or firmness, at the part from which the inclination towards the left side commenced. When its restoration towards the median line was attempted, the pain was much increased. The treatment adopted by Mr. Tripe consisted in the application of leeches and cold lotions, and the exhibition of tartarised antimony and opium, with occasional purgatives internally. By these means the priapism was much reduced, and the patient relieved; but the disease returned as violent as ever, in consequence of the man's imprudence, in having had intercourse with women repeatedly, and Mr. Tripe, therefore, sent him into the London Hospital, where he was bled, and leeched, and purged, and had spirit with lime water applied to the parts. After this he was salivated with some benefit, when he left the hospital against the wishes of the surgeon. The penis was then more flaccid, and formed a right, instead of an acute angle with the pubis. After this the man had connection repeatedly, erection of the penis taking place to the full extent, and afterwards gradually subsiding to the state in which it was previously to the venereal orgasm. The man afterwards left England for Sydney, the corpora cavernosa continuing moderately tense, and forming an angle of about forty-five degrees with the pubis. This state lasted for above three months longer, and then gradually disappeared. Mr. Tripe considers that the lesion was caused by effusion of blood into the cells of the corpora cavernosa, which remained in a semi-fluid condition.

Hæmatemesis, and Purulent Infiltration of the Right Lung.—Mr. Smith narrates a case of hæmatemesis, with purulent infiltration of the right lung, terminating fatally, in a man, who, while recovering from the effects of a suppurating gland in the axilla, which had left a troublesome sinus, had indulged in some unwonted convivialities. On examining the body after death, the mucous membrane of the stomach and intestines was of a purplish-red colour, and very easily detached from the neighbouring tissues; they were filled with dark-coloured semi-coagulated blood. No ulceration, with the exception of a most minute one at the pylorus, could be detected throughout the whole track. There was some degree of hardness about the muscular fibres of the pylorus, but it could be hardly said to amount to scirrhus; the liver was much enlarged, and presented an engorged appearance; the right lung was, throughout its whole extent, infiltrated with pus, and so soft that it would easily break down under the finger; in fact, in that stage of pneumonia which some pathologists have denominated "yellow hepatisation."

Inspissated and Desiccated Ox-gall.—Dr. Hunter Lane says, with a view to preparing ox-gall for internal administration, care should be taken in selecting perfectly healthy gall bladders of young oxen. Persons in the habit of collecting this recent gall for pharmaceutical purposes, find, on comparing the bladders, a striking difference in their contents, not merely as affected by the period of year, nature of the animal's food, and the beast's age, but in oxen killed at the same season, after being similarly fed, and of a corresponding age. The frequent occurrence of morbid admix

tures with the gall, varying from thickened mucus to purulent deposits and calculous formations, render proper discrimination imperative; otherwise, after carefully preparing a quantity of recent gall, disappointment will succeed the process, because negligence may have mixed up with the fluid the abnormal product of a diseased liver, which, on evaporation, converts the whole into a disagreeable, putrid mass, totally unfit for use, and quite different from the character of the somewhat aromatic animal mass which results from the evaporation of normal ox-gall. Healthy fresh ox-gall is a transparent fluid, of a bright, dark, grass-green colour; of a viscid, tenacious, equal consistence, of a strongly animal with slightly aromatic odour, and bitter alkaline taste. Bile of this description, taken from about a dozen bladders, should be poured into a deep earthenware vessel, and allowed to rest for about twenty-four hours; the supernatant fluid should be then poured into a shallow dish, such as an ordinary meat dish, and set into an oven, the temperature not exceeding 100 F., until the whole be reduced to the consistence of a pharmacopœial extract. Thus it is *inspissated* ox-gall, and easily made into pills. After employing it in this state for some time, experience showed the inconvenience which its highly deliquescent property entailed. For, kept ever so carefully, it soon became too moist to use—a difficulty which evaporating it in mixture with magnesia did not satisfactorily remove, while it so augmented the bulk of the substance as to disqualify it for employment in a pillular form. When rolled into pills, and buried in magnesia or powdered liquorice-root, or enveloped in silver or gold leaf, and put into well-corked phials, it still absorbed moisture, and they soon conglomerated into one mass. To obviate this troublesome difficulty and serious objection, as it proved, to the more extensive use of this invaluable remedial agent, Dr. Lane suggests that, instead of the gall being merely *inspissated*, it should be *desiccated*. For this purpose, it needs only to be allowed to remain at the same temperature, until there remains a dry, bright-green, friable, pulverulent, slightly aromatic mass; in which state the substance loses none of its medicinal virtues, its deliquescent character is nearly lost, it can be easily preserved in closely-stoppered bottles, and is with facility made into pills, particularly with any spirituous fluid, or essential oil, and will mix well with various salts that are otherwise not readily made into pills, while it is, where desirable, with facility mixed with other materials into powders.

REVIEWS.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. Latham, M.D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. London: Longman and Co. 1845. In 2 vols.

This is an extraordinary book; it gives us an English hospital physician in the new phase of a thoughtful, scientific man—original at times, daring often, interesting always. Dr. Latham's resignation of St. Bartholomew's hospital was always felt a loss; and these lectures, though the fruits of the leisure thus secured, rather enhance than mitigate the feeling of regret. We could well wish that other physicians enjoying the rich opportunities furnished by our larger hospitals, had the high mental cultivation, or great industry, that would enable them to make as fruitful use of them as Dr. Latham. We should then turn to our English medical appointments with less of that shame which ever rises to the English countenance while discussing with foreign *savans* the relative claims of London and Paris medical celebrities. But the system is so faulty, that the wonder is, not that London, with its two millions of inhabitants, furnishes so few surgeons and physicians distinguished by original and profound research, but so many. Having a good book for once before us, we will show our appreciation of it by a very minute abstract.

The lectures contained in this, the first volume, are seventeen in number; they are devoted to the consideration of the normal sounds and impulses of the heart, inflammation of that organ, endocarditis,—pericarditis, and its causes and complications, principally acute rheumatism—the action of mercury in the treatment of inflammation—and, finally, endocarditis and pericarditis, independent of rheumatism. As these are all matters of the greatest importance to the medical practitioner, we shall proceed to analyse each of these lectures *seriatim*.

The first lecture contains Dr. Latham's views respecting "*the natural sounds and impulses and resonances of the heart*;" and "*how their variations of degree and extent become evidences of the heart's disease and unsoundness*." It commences by a quotation from Dr. Hope's great and elaborate work on "The Diseases of the Heart and Great Vessels," in which is accurately defined the exact situation of the præcordial region, where the signs yielded by auscultation and percussion, immediately referable to that organ, are to be sought for:

"Within this space we cannot see. But at this space we can listen, and feel, and knock, and so put it to question, whether all be right beneath. And there is no spot of it which does not in its turn make answer to the ear, to the touch, or to the tapping of the finger, and tell something of the organ that lies herein. Hence proceed sounds, some of health and some of disease, which of the two the ear must judge. Hence are conveyed impulses, some of health and some of disease, which of the two the touch must tell."

The sounds that are heard by auscultation are produced by the vital movements of the heart; to those elicited by percussion, that organ only contributes as an inert mass. The first set of sounds are those which are first described by Dr. Latham:

"In listening at the præcordial region, the ear at once perceives two sounds proceeding from the heart,—the one duller and more prolonged, the other clearer and shorter; the one coinciding with the systole of the ventricles and the pulsation of the arteries, the other coinciding with the diastole of the ventricles and the rest of the arteries. Hence it appears that for one pulsation of the arteries there are two sounds of the heart.

"But between the two sounds of the heart there is hardly an appreciable interval. The duller sound, which goes for the first, seems to end with a snap, which goes for the second; and then succeeds an interval of repose, which is appreciable enough, before the duller sound returns.

"The time thus occupied by the sounds of the heart in their succession and their pause, has been divided and accounted for after this manner:—one half is filled up by the first sound, one quarter by the second, and one quarter by the pause.

"Still, though there be hardly an appreciable interval between them, the ear acknowledges two sounds."

The first of these sounds is supposed to be produced by the muscular structure of the ventricles, and the auriculo-ventricular valves, the muscular structure by its contraction giving it length and dulness, and the valves giving it a perceptible sharpness by their extension. Together with these, there is said to be a third element, which is called the muscular tension of the heart. It takes place when the blood is poured in from the auricles, the valves are closed, the ventricles filled, and their muscular fibres braced up, so that the entire mass becomes for a moment as hard as cartilage. It appears that, according to this theory, there are three sounds occurring simultaneously in the first sound of the heart; a piece of information of some value, probably, in a physiological point of view, but for practical purposes the sound may be considered as single, and as produced by one cause, viz., the muscular contraction of the ventricles.

The efficient cause of the second sound is in no way connected with the relapse of the ventricles from a state of tension to that of flaccidity, but is caused by the sudden closure of the sigmoid valves by the recoil of the blood, when it is thrown back upon them from the pulmonary artery and the aorta. The natural and healthy limit of the heart's sounds within the chest is not precisely defined by the præcordial region. The second sound, as might be anticipated from its being produced by the aortic and pulmonary valves, always exceeds it, and is audible in the course of the aorta, pulmonary artery, and carotids:

"With respect to the first sound, (says Dr. Latham) I should be at a loss to mark the exact space within which healthy proportion and healthy structure always required it to be heard, and in neither more nor less. There are so many circumstances, some consistent with health in the largest sense, and some exclusive at least of its disease, which make the systolic sound of the heart more or less extensively audible, that (I am persuaded) two healthy persons would not easily be found in whom it would be heard exactly within the same thoracic space. Whether a man be fat or lean will always make a great difference. In the one it will be kept within the præcordial region, in the other it will be carried beyond it. Fat is so bad a conductor, that where it greatly abounds, it will restrict the sound to less than the entire præcordial region, even to a very small part of it, so that you will not be able to hear the heart further than you can feel its impulse, or not further than its apex. But mere skin and bone are such good conductors, that in very thin persons the sound will spread very far beyond the præcordial region, and may be heard at any part of the chest to which you apply your ear.

"I believe that in most persons of (what is called) a nervous temperament, even when they are under no conscious excitement, the heart's sounds are to be heard beyond the præcordial region, and, under actual emotion, very far beyond it. And I believe too that in persons of this temperament the heart's sounds are apt to be of a higher intonation. One condition, no doubt, is the result of the other. In proportion as the sounds of the healthy heart are more highly intonated, they acquire a greater audible extent. The louder they are, the further you hear them. And it is the very characteristic of a nervous heart to have its sounds both highly intonated and extensively audible.

"The greater extent and louder intonation of the heart's sounds may be no direct symptoms of disease or unsoundness in the organ itself; but they may be, and often are, indirect symptoms of disease or unsoundness appertaining to other parts within the chest. Whatever gives more than their natural solidity to the contents of the chest; pulmonary deposits, inflammatory or tubercular; thickened walls of vomicæ, a thickened pleura and fluid within its cavity, aneurismal tumours, and foreign growths and curvatures of the spine; all these, partly from the compression which they exercise upon the lungs from within or from without, and partly from the amount of solid matter appertaining to themselves, give to the sounds of the heart a larger audible sphere within the chest, and exalt their natural intonation.

"It is well to be aware of all this. Not that the heart's sounds, by their greater audibility and extent, can do more than intimate the possible existence of some such forms of disease. The diseases themselves are discoverable by their own direct signs, and there is no need of questioning the heart concerning them. Only we should take especial care that what from extrinsic circumstances seems wrong about the sounds of the heart, be not wrongfully brought in evidence against the heart itself."

The impulse of the heart must be ascertained by the touch; its efficient cause Dr. Latham, rejecting the finely-spun theories of physiologists, would refer solely to the contraction of the ventricles. Its normal limit is better defined than is that of the sounds previously described; nevertheless, it is materially modified by position. In a man standing up, it is felt just where the apex strikes the chest at a point between the fifth and sixth ribs, and not beyond it. If he be leaning forwards, it is felt at this point and a little above it, and also in the direction of the sternum. It becomes almost or altogether imperceptible if he be reclining on his back, or right side; but if he be on the left side, it is more perceptible than ever, and in a somewhat larger and different space, between the fifth and sixth ribs, and thence more towards the mamma than the sternum. The limit of the impulse is modified also by other causes, such as redundancy and want of flesh, and the proximity of consolidated

structures, and also by the nervous temperament, as are the sounds already alluded to.

The part selected for percussion is a circle, the centre of which is a point midway between the junction of the fifth costal cartilage on the left side with the sternum and its junction with the rib, that circle being two inches in diameter. This circle will as nearly as possible define the space of the præcordial region which is naturally less resonant to percussion than the rest. Here the heart is uncovered, except by the pericardium and a loose cellular texture, and may be said to be in contact with the walls of the chest; while in the rest of the præcordial region it is covered, and separated from the walls of the chest by the intervening lung. The sound elicited by moderate percussion is rather that of diminished resonance than of positive dulness. The latter is only obtainable by that degree of percussion which shall be absolutely painful to the patient:

"It is well to be aware, that the erect posture is more favourable than the recumbent for making this dulness or diminished resonance perceptible to the ear; and the instant of expiration than the instant of inspiration. In the recumbent posture the intervening loose cellular texture is not strong enough still to keep the heart close to the sternum and the ribs, and prevent its receding by the force of gravity. And during inspiration either a larger portion of lung may be brought in front of the heart; or the portion which is always in front of it may be so thickened by inflation as to thrust backward, for the time, more of the heart than it actually covers."

Hitherto the sounds, impulses, and resonances of the heart have been regarded only in degree and extent. The two latter, indeed, do not vary otherwise, but the sounds admit of varieties in kind also. From the variance in degree and extent of the sounds, impulses, and resonances of the heart in health and disease, we are enabled to gather important information respecting its condition:

"A clearer sound proceeds from a thin heart, and a duller sound from a thick heart; a sound of greater extent from a large heart, and a sound of less extent from a small heart. A more forcible impulse is given by a thick heart, and a feebler impulse by a thin one; the impulse is conveyed to a longer distance from a large heart, and to a shorter distance from a small heart."

In considering these matters, we must not take any one set of symptoms *per se*, as both sounds and impulses are capable of becoming augmented and lessened by extrinsic causes:

"But, happily, sounds and impulses are the interpreters of each other. The true meaning of the sound is tested by the impulse, and the true meaning of the impulse is tested by the sound.

"Thus, from a clearer sound, we argue only the probability of an attenuated heart; but we argue its certainty from a clearer sound joined with weaker impulse. From a stronger impulse we argue only the probability of an hypertrophied heart; but we argue its certainty from a stronger impulse joined with a diminished sound.

"When impulse and sound increase together, there is probably no hypertrophy, but the heart is only acting more forcibly from pure excess of nervous energy. When impulse and sound decrease together, there is probably no atrophy, but the heart is only acting more feebly from pure defect of nervous energy.

"When the sounds and impulse of the heart are both perceived beyond the præcordial region, they give notice (generally speaking) of dilatation of one or other of the ventricles. If, under these circumstances, sound predominate over impulse, then with dilatation there is either attenuation, or somewhat less than a proportionate increase of its muscular substance. If impulse predominate over sound, with dilatation, there is either hypertrophy or somewhat more than a proportionate increase of its muscular substance.

"Thus it is seen how much information respecting many the most important structural changes, which the heart is liable to undergo, may be conveyed merely by the greater or less intensity, and by the greater or less extent, of its sounds and impulses."

Percussion is of but secondary importance, and can only be regarded and used as an auxiliary to auscultation:

"Percussion may find the whole præcordial region dull, and much more than the præcordial region. The dull space may extend beyond it laterally and reach from mamma to mamma; or it may extend upwards, and reach as high as the second or even the first rib on the left side, and thence, spreading beneath the sternum, reach nearly as high on the right. And all this may be caused by the heart enormously enlarged in all its dimensions. The heart, as it goes on enlarging, pushes the lungs aside, and comes itself almost in complete contact with the walls of the chest anteriorly. Still it may not be caused by the heart, but by solidified lung, or by pleural effusion, or by an aneurismal tumour, or by some vast morbid growth. By which of them, however, percussion alone cannot decide."

Still, however, percussion has its value, and not unfrequently aids the auscultator when on the track of disease, and confirms and assures his diagnosis:

"Whatever forms of disease or unsoundness have the effect of augmenting the general bulk and compass of the heart, lie especially within the reach of percussion, and within the possibility of deriving illustration from it. Diseases which issue in superadded substances, in serum or lymph, or pus or blood, accumulated within the pericardium; forms of unsoundness which consist of thickened muscular structure, or more capacious cavities, or of dilatation with hypertrophy, or dilatation with attenuation, all admit of being better understood by help of percussion."

(To be continued.)

Compound Fracture of the Femur.—At a meeting of the Newton branch of the Provincial Medical Association, Mr. Barrow related the particulars of a case of compound fracture of the femur, which occurred in a sailor, nineteen years of age. He fell from one of the masts of the Great Western steamer, a height, as it was reported, of sixty feet, alighting on the deck, and fracturing his left thigh; a considerable wound was the consequence, and a portion of the femur, about an inch and a half, was detached, and left firmly fixed in the deck. This piece of bone consisted of about two-thirds of the cylinder, the remainder being afterwards found in the wound. The accident occurred at sea; the boy was consequently removed to his hammock, and treated as well as circumstances would allow. After four days he came under treatment upon land, not having suffered more constitutional disturbance than might have been expected. The usual remedies were had recourse to, both mechanical and otherwise, and in due time the wound healed to about the size of half-a-crown; the bone became firmly united, without any very great shortening of the injured limb. From this period, (which was about six weeks after the accident,) until his death, which occurred at the end of four months from the time of his landing, he was attacked by frequent severe pain, inflammation, and swelling of the whole limb: large abscesses formed, and quantities of pus were, from time to time, discharged by incisions. A probe passed in at the original opening, discovered the roughness of bone denuded of its periosteum, and subsequently a loosened portion was detected. No attempt was made to remove this. After death, several pieces of bone which were exhibited to the meeting, were removed. They constituted the remaining portion of the cylinder which was broken off at the time of the accident, and a considerable piece of which was fixed in the deck of the vessel. They were doubtlessly the cause, by the irritation they induced, of the great pain which was experienced, and of the swelling and large abscesses which followed, and led to the patient's death by exhaustion. Their removal might have been attempted when it was found that portions of bone were denuded of periosteum, and the patient might then have had a chance of life.

NOTICES TO CORRESPONDENTS.

Important.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

Anatomist.—*Assistant-surgeons for India must be over twenty-two. The attempt to procure an appointment by purchase would subject all the parties concerned to the penalty of a misdemeanour.*

A Student.—*Apply to the Rev. Dr. Lee, the President of the University of Edinburgh.*

W. L.—*We are not aware whether the school named will be revived this year or not.*

Medicus Anglicanus.—*The terms of Trinity College are three. The next (Michaelmas) will begin October* 10.

A Constant Reader (Bath).—*The most recent work on Dysmenorrhœa is Dr. Rigby's. It is needless to say that it is also the best.*

An Old Admirer.—*There is a school of medicine at Rouen, but it is only a preparatory one. Parchappe is the professor of physiology. The terms are moderate, but we cannot say precisely their amount.*

A Three Years' Subscriber.—*We are not tooth-stoppers, and, therefore, may be considered bad authorities on the subject. We incline, however, to the opinion that there is nothing like gold. The constituents of several amalgams, more or less useful, have been published in former numbers (and within* "three *years"), and others have been noticed in our Pharmaceutical Numbers, the whole series of which (fifteen numbers) may be procured from a bookseller for six shillings and threepence.*

A Constant Reader *attacks Alpha's defence of h advertisement. Our correspondent is indignant that Alpha should ask the requirements of a valet from the member—however indigent—of a gentlemanly profession. If that were justifiable, it would have been equally right to have asked the* "*Medicus*" *to perform the functions of a chimney-sweep, provided only that, in the words of Alpha, the salary were as good as a curate's. In quitting this subject, we have only to say, that the degradation of the medical profession is shown by the fact, that such an advertisement could be addressed to it by one who imagined, and we doubt not sincerely, that by it he was doing the profession a service. How, as our correspondent asks, would such a notice have read, addressed* "*To the Legal and Clerical Professions!*"

M. B., *we regret to say, will be excluded from the competition for our clinical prize reports.*

A Correspondent *reminds us that the Apothecaries' Society consider their protective or restrictive clauses as a* "*dead letter,*" *under the present uncertain position of the whole profession; and that medicine is now practically open to any ignorant and unprincipled pretender who thinks proper to dabble in it. Our correspondent justly traces this evil to the doors of those who did their utmost, by all kinds of false pretences on one side, and calumnies on the other, to breed the appearance of dissension in the profession, and so postponed the passing of a bill which would have established an independent faculty of surgery and medicine, governed immediately by the profession itself, and having full power and the most zealous inclination to suppress quackery.*

Several communications (which were received last week) are unavoidably postponed by press of matter.

Query *is inadmissible, but has our thanks. The* "*seven first numbers still on sale*" *are likely long to enjoy the privilege. The falling-off on all sides is extraordinarily great, we are assured. That alone is sufficient punishment.*

A Constant Subscriber.—*We think not; but our correspondent should address the secretary, Mr. H. Blatch.*

A Four Years' Subscriber *would probably meet what he seeks in the Glasgow Faculty of Physicians and Surgeons, and should consult Dr. Weir on the subject.*

D. S. S.—*The first of October will be the last day on which we can receive reports competing for the Medical Times' Prizes.*

Mr. Searle's *communication has been received.*

An abstract of Dr. Wolff's *paper has already appeared in the* Medical Times, *in the reports of the* Parisian Academy of Sciences.

Dr. Protheroe *Smith's communication has been already noticed.*

Our correspondent from Chatteris shall be noticed.

A Practitioner of two tails *will be published.*

Mr. Greave's *report shall appear next week.*

A number of papers not acknowledged are respectfully declined.

A Committee-man *sends us a long communication, in which he soundly rates us for turning the subscriptions, proposed to be used to pay off the damages in the late action, to a purpose distinct from the donors' intentions, viz., the foundation of prizes. He asserts that the profession, which would come forward handsomely for the one purpose, "as evincing properly their strong sense of the nature of the action of libel, will not feel called on to contribute to what is, after all, but a prize endowment fund." Our only reply is, that either course is open to the profession; but that we could not consent to receive subscriptions for a matter in which the damages were of such trifling import, and which referred to a matter so entirely personal to ourselves.*

The old copy of a contemporary sent us by a friend will not be overlooked.

THE MEDICAL TIMES.

SATURDAY, AUGUST 23, 1845.

L'union fait la force.

WE last week referred in terms of disappointment and sorrow to certain omissions in the Government bill. We pointed out that the deputation of the National Association had distinctly stipulated (and successfully) for terms which did not appear in the subsequent Parliamentary measure, and we ventured an opinion that the omission originated in an oversight. We are this week fortunately enabled, on authority of the most undoubted character, to promulgate the fact, that the difference which appears between the clauses of the new bill and the report of the deputation was wholly accidental; that it arose from the difficulty of settling what should form provisions exclusively of the new Charters, and what should be definitively named in the Parliamentary measure; and that on the first possible moment the bill will be so verbally altered as to correspond exactly with the understanding come to by the deputation.

We need not say that we rejoice in this result. It relieves us from the unpleasant suspicion that this (in Byron's words) was that

"kind of a discussion—
A sort of treaty between the British Cabinet and '*Profession,*'
Maintained with all the due *prevarication*
With which great states such things are apt to push on;"

and removes the fear that Government are disposed to stretch a point or two under the instigation of the old corporations. But the great fact of all is, that it gives us a certitude that a first practical step will be actually made at the beginning of the next session, by the only party in the House that can effectually take it, towards the governmental amelioration of our Profession. That first step, it is true, will fail to be as extended as we could wish; it will not fulfil the whole of the wishes of the great majority of the Profession, but it is something to say that a first step will at length really be taken; it is something to be sure that we are to have a change, the shortcomings of which, if they exist, will be quickly shown by actual experience, and thus enforce, by the best of arguments, the further journey wise policy would indicate as necessary. A career of change once commenced, the only hope of an arrest is the certitude that the first step is complete.

It is not now the time to discuss the question whether the deputation could have secured better terms from the Home Secretary. It is highly probable, that pressed as that statesman was by the double opposition of the Colleges of Physicians and Surgeons, partially aided by different Scotch and Irish Institutions, he would have abandoned his measure utterly if the compromise at last conceded by the deputation had not been agreed to. But the question *now* before us assumes *another* shape. The question for us to consider is, whether that agreement *having been made*, it is our policy to confirm it. Our own opinion is, that if the arrangement made with the deputation be carried out in full integrity—as it undoubtedly will be—it will be more politic on the whole in the Profession to sanction the enactment of the changes it offers us, rather than oppose it to rejection, and fling ourselves on the chances offered by a prolonged medical agitation.

We frankly own that we are full of hopefulness of the zeal and pecuniary liberality of the Profession, in supporting any highly respectable organisation which could give us the chance of forcing a good bill through Parliament, despite the opposition of the old corporations, and notwithstanding the coldness or hostility of Government. We even believe that if the Committee of the National Association were obliged by circumstances to assume a position of declared hostility to the present bill, if countenanced by a *general* support, they felt compelled to oppose the existing systems, and to denounce the scheme of Government as a mischief, they would be enabled not only to defeat the Government measure, but to establish a National Faculty, which would, at no very distant day, extort from Parliament a statutory recognition. But at present we are not in these circumstances. While they, on the one hand, do not feel compelled to take up this position of hostility, there could, on the other, be no united organisation *against* the specific terms agreed to by the deputation. The majority of the Profession would agree on their acceptance—would not sanction their rejection—and the Committee itself, consisting of so many members, all thoroughly respectable, all independent, and all from different districts in the kingdom—the Committee, we say, in acceding to the arrangement, have shown that, as a rule, the bill would be generally taken as one of those compromises which—the less of two evils—would be eagerly preferred.

It need not be said that, next to the advantage of that perfect bill of Medical Reform which is hardly in the range of possibility, is a perfect agreement and union among the members of the Profession. Now if, on Sir James Graham making his bill echo his agreement with the deputation, the universal feeling be, "There is a general consent to the bill: it can be passed without difficulty: let it succeed, in order that we may see what it will do for us: it cannot do harm, and we will try its capabilities of doing good;"—if thus speak the Committee, if thus speak the great mass of the Profession, the obvious duty will be for the minority to defer to the expressed sentiments of the majority, with the view to merge subsidiary differences in the policy of a general union, to check the discord which would weaken our defence, and promote the cordial unanimity that alone, at a trying moment, can strengthen our influence. If there be some dissentients—as we can well understand there may be—it will be their pleasure, we are sure, to avoid the discredit and mischief of ineffectual dissension by postponing their objections, which can do no service, for that time when experience may show the worth of their prognostications.

We have ourselves some doubt whether the great objection we feel to the arrangement of the deputation will be one sympathised in by the Profession. The anxiety among a great portion of General Practitioners to retain a connection of some sort with the College of Surgeons is so strong, that most will view with satisfaction the requisition of a second examination, and the payment of a second fee. Men are naturally more anxious about the high scientific standing of the new brethren introduced to them than about the unfettered independence of their College. We are too apt to say, "Educate the candidate for my class of practice as highly—examine him as often—give him as many diplomas—charge him as dearly as you please! Support the high science and standing of my order, and it is of little consequence by what collegiate means you effect it." There is much practical wisdom in this view of the subject, and though our leanings are rather towards raising the Members by the College, than the College by the Members, it is impossible to deny that, in reference to actual social consequence, the bill is left by the deputation in a state most favourable to the class of General Practitioners. The General Practitioner, at once a Member of the New College, after a long course of studies, and with distinguished examiners, and then, by a second examination, a Member of the College of Surgeons, will stand before the public as a man whose scientific skill will admit of no moment's doubt, and will be no inconsiderable opponent for persons who, on the strength of one examination, and that not a very remarkable one, affect to claim a higher social and professional position. The Colleges of Physicians and Surgeons, indeed, in their schemings for the fees of a second examination, have sacrificed the interests of their Physicians and Pure Surgeons. They have won collegiate pre-eminence at the expense of the scientific repute of their *alumni*. The fees of the Physician and Pure Surgeon will diminish exactly as increases the wealth of their Institution. The General Practitioner, examined by his own college-heads (who will not be undistinguished), examined by the Pure Surgeons, and examined by the Physicians, will be a formidable competitor for practice.

DEATH OF DR. DE BEAUMONT.

It has rarely fallen to our duty to record a bereavement which has filled us with more regret than that of Dr. Garland de Beaumont, which took place, in the prime of life, at Paris, on the 8th instant. We enjoyed the honour of having him for some years as our French correspondent, and our readers can bear witness to the zeal, industry, and judicious taste with which he laboured for their instruction. He was ever at his post. During the whole time of his connection with us there was not the break of a single weekly communication. His services to the *Medical Times* were great, and will always be deeply engraven on our memory, and acknowledged with gratitude. He was an M.D. of the Parisian Faculty, of highly respectable practice, and held an honorary appointment in connection with the Spanish embassy in that city. A learned practitioner, a worthy and honourable friend, he proved the goodness of his heart as the sole stay of a fond mother and admiring sister, who are left by his decease wholly without provision.

NATIONAL ASSOCIATION OF GENERAL PRACTITIONERS.

In our last number we referred to the elaborate and excellent Report of the Committee reviewing the medical labours of the past parliamentary session. We propose now to submit a full abstract of the contents of that document.

The Committee commence by observing, that the Bill introduced by Sir James Graham in August, 1844, was introduced by the sanction of the English, Irish, and Scotch Colleges of Surgeons and Physicians, while the body of General Practitioners and Society of Apothecaries were wholly overlooked in reference to it, and not once in any way consulted. In a corresponding spirit was the Bill framed; the General Practitioners were annihilated as a high grade in the profession. The National Association opposed the Bill, and it was not pressed.

The meeting of December took place; the Association was recognised by Government as the organ of the hitherto overlooked body of General Practitioners, and though Government distinctly expressed its intention to uphold the existing institutions in full integrity, it nevertheless showed itself inclined to lend the utmost weight to the representations of the new body. The Minister avowed that the project of making the College of Surgeons a College of General Practitioners would never have his sanction. It would also be opposed by the College of Physicians, who would not consent to see its rival made practically a College of Physic. The project was also equally objected to, which schemes the Institution of the General Practitioners into a Faculty of Medicine and Surgery. It is declared to be a scheme that would ruin the other Colleges and supersede the Universities. The question of a connection between Medicine and the Universities is then discussed, and the Committee conclude, that while on the one hand our Government would not deprive the Universities of an influential relation to Medicine, on the other hand it is not expedient that it should. The Committee proceeds :—

"To convert the College of Surgeons into a College of Medical and Surgical Practitioners (general practitioners) or to institute a new College of General Practitioners in medicine, surgery, and midwifery, upon the representative principle, under royal charter, *totally* independent of the existing colleges, would be regarded by the government and the legislature, under the influence of the colleges, as having such a tendency. The Committee give no opinion in this place on the *one faculty* question, but the most influential parties have clearly indicated, that they would regard either of the arrangements just referred to, as tantamount to the establishment in this country of *one inferior Faculty of Medicine*.

"Had the Minister limited himself to this view of that part of the question which relates to the connection of the medical profession with the universities—determining not to lend himself to a measure which would lead to the establishment of one inferior faculty, by discouraging a university education,—that alone would not have induced him to frame the provisions of the first bill, by which the general practitioners were regarded as mere 'vendors of medicine,' and subjected to the most complete measure of degradation. The Minister could not at the time have been aware, that nine-tenths of the profession were necessarily general practitioners—that it is impracticable for the majority of the profession to be university-educated men and consulting practitioners—that to degrade the general practitioners as a class, is to degrade the whole profession—that the public weal demands on the part of every man who pretends to the practice of physic and surgery, a high standard of medical and surgical qualification, apart from the university standard of qualification in classics and mathematics for the degree of M.D.—and that it is a great desideratum in this country that the scientific energies of the profession at large should be called into activity, instead of being smothered as heretofore by corporate exclusiveness."

The Association so effectually impressed these truths on the Minister's mind, that in May he gave to the world what has been called, and truly, "the General Practitioners' Bill." A few points were, of course, not *perfect*, but, on the whole, the Bill was a miracle of goodness compared to anything previously proposed, or even expected. The Committee gave it, as they ought, a warm support, and this generally was reciprocated throughout the country. "At the same time," the Committee remark,

"At the same time some of their professional brethren were misled into a factious and dangerous opposition, *by sophistical reasonings* and *wilful* misrepresentations, a circumstance which the Committee had much cause to regret, as at that time they had reason to believe that an arrangement in accordance with a compact entered into by each of the three bodies with the Government was on the point of completion.

"However this might be, the Colleges of Physicians and Surgeons not only regarded the scheme with jealousy, but respectively, after the lapse of a considerable period, published statements opposed to it, and ultimately determined to resist it, unless materially modified.

"Thus the only effectual opposition to the amended bill of May the 7th, came from the Colleges of Physicians and Surgeons. It was in fact opposed on the principle of being a general practitioner's bill."

In the new negotiations, thus unfortunately necessitated, the deputation acting for the Association felt compelled, as the less evil, to concede the three points insisted on by their opponents, and spoken of in the report we last week mentioned. They were, however, to be indemnified by, among other things, the concession to the Fellows of the New College of the title of Members of the College of Surgeons. A new point was now raised: the old colleges insisted on a second examination of the general practitioner by a conjoined board of their formation, as a mode of protecting their vested interests, rather than of throwing doubt on the competency of his examination by his own board. For various reasons (the principal of which is that the innovation gives the candidate a double *éclat*, and rather tends to *raise* than depress the qualifications of the class of general practitioners), the Committee did not feel it necessary to make this point a case for breaking up the negotiations. A concession was involved it; but it was equally a concession of the physicians who gave up medicine, of the surgeons who gave up surgery, as well as of the general practitioners who abandoned the exclusive right to a qualifying examination.

The Committee establish the enormous difference between the New College as proposed and the Society of Apothecaries:

"The physicians have at various times been understood to hold that it was the practising—not of physic—nor of medicine—but 'as an apothecary' which led them to agree to the act of 1815.

"But it is the practising as an 'apothecary,' that the general practitioner of the present day repudiates, scarcely an individual adopts the title.

"In the next place, this act of Parliament has been extensively evaded, and it is not likely that the evasion for the future will be less frequent than heretofore.

"Under the plea of practising as *pure surgeons*, gentlemen have considered themselves qualified for the general practice of medicine, surgery, and midwifery, with a diploma from the College of Surgeons only, that diploma having been obtained by a lax and incomplete examination constituting a test, as confessed by the Council, and as in reality it was, 'of that amount of information and skill which is absolutely required for the ordinary exigencies of surgical ministrations' only.—*Letter from the College of Surgeons, Transactions, April 7th.*

"Gentlemen for years past have been advised on high authority—*and have been encouraged by the example of the members of the Council of the College*—to enter into practice on this one test of qualification; the plea being, that they should practice as *pure surgeons*. The more respectable individuals acting under this advice have made no show of business, and even though practising as general practitioners, and frequently dispensing their own medicines, have done so in the outward character of pure surgeons, thus evading the apothecaries' act.

"But this was only a minor part of the evil. If one class of individuals, acting under the advice of the influential members of the College, were allowed to evade the law with impunity, another class could not be very easily punished who evaded the law of their own accord; hence arose the class of surgeons practising as apothecaries upon inadequate qualifications; 'retail shopkeepers,' who 'exposed for sale cattle drugs and perfumery,' 'puffers and vendors of nostrums and secret remedies, and writers of indecent advertisements, ill sustaining a professional character,' yet 'not chargeable with any moral disqualification,' persons of 'notoriously bad character,' and 'those who have violated the laws of their country.'—*Lit. Cit.*

"The apothecaries' act can rarely touch either of these classes, and it will be most especially noted that the College of Surgeons has no power whatever to enforce an examination in surgery—that they have no power to prosecute individuals for practising surgery without a diploma,—and, in fact, that any unqualified person whatever may practise surgery in this country in defiance of the College.

"But the general practitioners will gain, by giving up the power of licensing possessed by the Apothecaries' Society, the advantage of the whole arrangement of an incorporation of general practitioners, and especially the right of examining in *surgery*, and the consequent power of enforcing an efficient *surgical* as well as medical qualification.

"Much evil has arisen from the distaste of the general practitioner to the title of apothecary, coupled with the defects of the act of 1815, which enabled the society to authorise individuals to practise medicine 'as apothecaries' only, and the facts themselves are calculated to show the real nature, tendency, and value of the power of licensing possessed by the Apothecaries' Society.

* * * * * * * *

"The question with the Committee has been, would this compromise tend to secure to the general practitioners in medicine, surgery, and midwifery the rights, privileges, and position to which they are so justly entitled? Would it secure to them the fulfilment of those legitimate objects for which they have so long contended, and for which the National Association was called into existence? After the most mature deliberation, the Committee unhesitatingly say—if carried out *bonâ fide* upon the principles detailed to them by the joint deputation—it certainly would tend to do so."

The Committee are quite right in viewing the arrangement as a treble compromise — a compromise, without agreeing to which they must make up their minds to abandon the hope of a Government measure, unless one passed in their own despite. The important point is to see that, after having conceded to the utmost point by their deputation, further concessions be not enacted for them in the bill itself. The bill, we need not say, does some things the deputation were promised should not be done, and does not do other things which they were promised should be done. The Committee, aware of this fact, treat the compromise made by the deputation as the "utmost verge of concession," and will recognise with support no bill that will go one inch further. But this is said *en passant*.

The Committee then proceed to consider how far the present arrangement carries out the original intentions of the Association. They show that the

terms agreed to by *the deputation*, gave a new incorporation of General Practitioners with the full power of electing their own officers, forming their own court of examiners, fixing their own curriculum of study, testing to the full their candidate's competency in all branches of his profession: they also extend the title Surgeon to every member, allow him, after twelve years' practice, to become a Fellow of the College of Surgeons without further compulsory education, or at 40, in the same way, to become a member of the College of Physicians; they repeal the Apothecaries' Act of 1815, while giving much better guarantees for the suppression of quackery; they place the General Practitioner on the same footing with Physicians and pure Surgeons as to places in the Council of Health; they deprive the Council of Health of the power of excluding General Practitioners from high medical and surgical posts of public distinction; they raise the age for practice from 21 to 22; and exclude the insidious and mischievous distinction in favour of inceptor-candidates; they, in fine, tend, as a whole, to do what the Association has always struggled for—"to elevate the character and to increase the usefulness of all medical practitioners alike."—*Committee's Report, March 20.*

The Committee conclude an address which proves alike the zealous industry, and circumspect and thoughtful sagacity which they have devoted to their voluntary labour of professional well-doing in the following words, which deserve, on many accounts, to be commended to the careful consideration of our readers. The distinct but dignified enunciation of their readiness to take up the subject of A VOLUNTARY FACULTY OF MEDICINE, if circumstances offer them no other honourable solution of the great problem they are pledged at all sacrifices to solve, ought to make a deep impression on the mind of the whole profession:

"The Committee of the National Association accordingly urge upon the members the patient, deliberate, and unprejudiced consideration of the new bill, and they hope, during the present recess, to collect the opinions, and to receive the advice, of the various functionaries over the country, and of every individual member of the Association who can sacrifice that time and attention which such a complicated subject demands in order to give value to any opinion. In this address, the Committee have touched little upon any matter which relates to other than their own class in the profession, and not at all upon the various questions which bear upon the Scotch and Irish colleges, and different interests which have presented themselves for consideration during the negotiations. Yet each of these has to be considered in relation to the whole question.

"The Committee most emphatically direct the attention of their professional brethren to the facts, that, in legislating for the medical profession, the parties who have undertaken the duty have not a new subject to deal with; that the task would be comparatively easy if such were the case; that in *repealing laws*, and altering charters which have been in force for centuries, as also in enacting a *new law*, the numerous existing interests, corporate and otherwise, use their most persevering efforts to enforce their claims upon the government and the legislature. It must, therefore, be evident that these conflicting claims constitute the main difficulties of this complicated question.

"The Committee now further beg to recal the attention of the members to the report adopted at the public meeting held at the Hanover Square Rooms, on Tuesday, May the 6th, and published in the Transactions bearing date May the 9th. By that report, and other proceedings, it will be perceived that the National Association is by no means averse to a change being effected in the constitution of the College of Surgeons. It is there distinctly stated that if the efforts in that direction were successful, 'A NEW INCORPORATION would be unnecessary.' To assert that to open the College of Surgeons would be 'unpalatable' to the Association, is untrue.

"The Committee believe now, as then, that the attempt to do so will prove futile, and that the object is purposely set up, like an *ignis fatuus*, to misguide the general practitioners of the country, and to break up their organisation. The College of Surgeons, from an early period, have contemplated applying for a supplemental charter, to enable them to confer their fellowship upon a few individuals who have been members for twenty years, under *restrictions*, and upon *testimonials*. But will this satisfy the surgeons of this country?—those who, by their resolutions at public meetings, have declared that 'the general practitioners ought to be invested with the power of electing the Council, and are entitled to seats at the Council,' and who, by their memorials, have also declared that 'all those who were admitted members previous to September, 1843, should, upon just and equitable principles, be placed upon an equality with the recently elected fellows?'

"That the College of Surgeons can ever become the representative institution which the general practitioners require is not at all probable. It will never be allowed to be so changed as to become an examining body to certify in physic. To give the franchise to the members at large would lead to this result. The College of Surgeons has also, under the recent charter, taken money from members of very many years' standing, after first subjecting them to examination for the fellowship. How, after this, in common justice, can they create the remaining members, or any considerable portion of them, into fellows, without examination? If the claims of all the existing members were satisfied, would the surgeons of this country accept that boon at the expense of making all future surgeons, except a few who acquire the fellowship at twenty-six years of age, *a class of inferior surgeons?*

"The Committee again repeat, that in the best judgment they can bring to bear upon the subject, if the proposed arrangement be carried out *bonâ fide* the measure is a good one. All that is good in the representative principle will be obtained for the profession by giving the great body of highly-educated and fully-competent general practitioners in this country a liberal representative institution. The materials for scientific discovery and improvement will for the future be most effectually worked, and the ability and energies of the workmen augmented a hundred-fold. But the arrangement must be carried out in good faith,—that is to say, the new College must not be subject to have its power of regulating the curriculum of education and of testing by examination the qualifications of its future members, curtailed or restricted by any superior power—much less by any party who might have an interest, corporate or otherwise, in maintaining a low standard of qualification for the general practitioners of this country. This appears to have been guarded against, by the promise of the minister, to insert a clause in the bill, to the effect, that the power of the Council of Health to change the curriculum or to interfere with the examinations shall be exercised for the purpose of *extending* but not of *limiting* the nature and extent of the student's education and examination, as determined and carried into effect by the New College. The New College must also possess an income that will enable it efficiently to fulfil its important public and corporate functions; and the Committee are most happy to inform the members, that the proposed fee for the diploma, which, in the opinion of the Committee, will secure an adequate fund, has not been objected to by the government.

"The Committee feel, on the one hand, that if all parties unite their efforts to give efficiency and stability to a new Royal College of General Practitioners, with a view to elevate the character of the profession, upholding the attainments, the honour, and the station of the class for which it is provided; and in the proposed arrangements securing and sustaining the pre-eminence of the Colleges of Physicians and Surgeons among the Medical Institutions of Europe; the peace of the profession will be re-established, and a great blessing will be conferred on the population of this country. The Apothecaries' Society has, in the most disinterested manner, testified its readiness to make the greatest concessions for the interest of the general practitioners. The National Association has also shown every disposition to concede conventionalities for the sake of the SUBSTANCE—which, seeing the justice of the claim, was distinctly promised them by the Right Hon. the Home Secretary.

"If, on the other hand, opposing parties unite their efforts and employ the facilities of communicating with the government which they enjoy, and the influence they possess with the government, for the purpose of inducing it to curtail the powers and privileges of the proposed new Royal College, and in the spirit of corporate jealousy, without regard to the true interests of the profession and of the public, to impair its utility, efficiency, and respectability, if they defeat every effort to amalgamate the profession except upon terms so degrading as to render them impossible to be acceded to, *then will it become the duty of the National Association to extend the sphere of its operations—to compose anew the whole question of medical reform, and to* STAND BOLDLY FORWARD, ON THE BROAD PRINCIPLE OF THE PUBLIC GOOD, AS THE OPPONENT OF THE EXISTING INSTITUTIONS. The Committee would regard the conflict which this must lead to, as greatly to be deplored. They are aware that it might be of years' duration, and none know better than themselves the personal sacrifices which must be made. But they have such confidence, engendered by the events of the year last past, in the public spirit of the medical profession, as to feel the most perfect assurance, that so soon as a deep sense of imperative duty becomes the impelling agent, their professional brethren will act as one harmonious whole; AND EMPLOY THEIR UNITED EXERTIONS, WITH THE MOST ENDURING PERSEVERANCE, TO OBTAIN A FACULTY OF MEDICINE; without regard to the interests of those colleges, which by the aid of corporate privileges, conferred upon them in the comparative infancy of man's civilisation, have opposed themselves to the changes and ameliorations, which become essentially necessary as time wears on; and have thus by retarding the progress of the healing art, and preventing the diffusion of scientific knowledge among its professors, shown themselves totally regardless of the miseries and mortality of their fellow-creatures."

LORD ASHLEY'S LUNACY BILL.

The "Act for the regulation of the care and treatment of Lunatics" is now before us. We will briefly abstract what is of interest to the profession. Clause 1 respects several statutes; 2 names the commissioners "the masters in lunacy;" 14 limits the jurisdiction for granting licences to London, and about seven miles round; 17, the justices elsewhere license, and are to name a committee, consisting of justices and one or two medical men, to examine and inspect asylums. These medical men cannot sign certificates for the admission of patients, or attend them in asylums under a penalty. 29, applicants for licenses must state the nature and class of their patients; 41, justices can revoke licenses. 43 thus enacts:—

"And be it enacted, that the regulations as to lunatics of every hospital in which lunatics are or shall be received shall be printed, and complete copies thereof shall be sent to the commissioners, and also kept hung up in the visitors' room of such hospital; and that every such hospital shall have a physician, surgeon, or apothecary resident therein, as the superintendent and medical attendant thereof; and such superintendent shall immediately after the passing of this act (or immediately after the establishment of such hospital, as the case may be,) apply to the commissioners to have such hospital registered, and thereupon such hospital shall be registered in a book to be kept for that purpose by the commissioners; and in case the superintendent of any such hospital shall at any time omit to have copies of such regulations sent or hung up as aforesaid, or to apply to have such hospital registered as aforesaid, he shall for every such omission forfeit a sum not exceeding twenty pounds."

By the next clause a license must be obtained where there is more than one patient; and (45)

none must be admitted without a certificate from two medical men, and their certificate (46) must contain the specific grounds of their belief. Interested medical men (belonging to asylums, &c.) must not sign the certificate. The admission, escape, death, discharge, removal, &c. of a patient, must be noticed to the commissioners. Abuse, neglect, or ill-treatment of the insane is made a misdemeanor. Houses with a hundred patients must have a *resident* medical attendant; with less, a medical attendant attending twice a week. A weekly registry of the cases and the condition is to be kept in each asylum, with a "medical case-book." Asylums are to be visited four times a year by commissioners, or the "visitors," and there must be no concealment by the proprietor under a misdemeanor. Provisions are made for the commissioner seeing the register books, &c., for a copy of the act being in every asylum, for a patient's book being kept for registering visitor's observations. Asylums may be visited at night, if the visitors or commissioners wish; commissioners are given the power of discharging patients. Clause 90 is important:—

"And be it enacted, that no person (unless he be a person who derives no profit from the charge, or a committee appointed by the Lord Chancellor) shall receive to board or lodge in any house, other than a hospital registered under this act, or an asylum, or a house licensed under this act, or under one of the acts hereinbefore repealed, or take the care or charge of any one patient as a lunatic or alleged lunatic, without the like order and medical certificates in respect of such patient as are hereinbefore required on the reception of a patient (not being a pauper) into a licensed house; and that every person (except a person deriving no profit from the charge, or a committee appointed by the Lord Chancellor,) who shall receive to board or lodge in any unlicensed house, not being a registered hospital or an asylum, or take the care or charge of any one patient as a lunatic or alleged lunatic, shall, within seven clear days after so receiving or taking such patient, transmit to the secretary of the commissioners a true and perfect copy of the order and medical certificates on which such patient has been so received, and a statement of the date of such reception, and of the situation of the house into which such patient has been received, and of the christian and surname and occupation of the occupier thereof, and of the person by whom the care and charge of such patient has been taken; and every such patient shall at least once in every two weeks be visited by a physician, surgeon, or apothecary not deriving, and not having a partner, father, son, or brother who derives, any profit from the care or charge of such patient; and such physician, surgeon, or apothecary shall enter in a book, to be kept at the house or hospital for that purpose, to be called 'the medical visitation book,' the date of each of his visits, and a statement of the condition of the patient's health, both mental and bodily, and of the condition of the house in which such patient is, and such book shall be produced to the visiting commissioner on every visit, and shall be signed by him as having been so produced; and the person by whom the care or charge of such patient has been taken, or into whose house he has been received as aforesaid, shall transmit to the secretary of the commissioners the same notices and statements of the death, removal, escape, and re-capture of such lunatic, and within the same periods, as are hereinbefore required in the case of the death, removal, escape, and re-capture of a patient (not being a pauper) received into a licensed house; and that every person who shall receive into an unlicensed house, not being a registered hospital nor an asylum, or take the care or charge of any person therein as a lunatic, without first having such order or medical certificates as aforesaid, or who, having received any such patient, shall not within the several periods aforesaid transmit to the secretary of the commissioners such copy, statement, and notices as aforesaid, or shall fail to cause such patient to be so visited by a medical attendant as aforesaid, and every such medical attendant who shall make an untrue entry in the said medical visitation book, shall be guilty of a misdemeanor."

Persons charged with a single patient are placed under the control of the commissioners, who may discharge the patient, &c.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

[Dr. Lewins has, with his paper, favoured us with the following letter.]

(Continued from page 380.)

Reference shall be made in a future article to the animadversions of O. P. Q. on the professors and patrons of the University of Edinburgh, published in *last* week's number of the *Medical Times* (August 2). At present, mine be the task to refute his erroneous conclusions, as recorded in that of July 19.

With such an intention, I resume consideration of the merits of the Edinburgh medical professors—and of the circumstances connected with their appointment as such; Monro, Graham, Alison, Christison, and Ballingall, have already been noticed, and the grounds stated, upon which *they* were selected by the patrons to fill their respective chairs. Dr. Traill's *appointment* has also been adverted to. Now, I proceed to speak of the claims *he* had to the honour of a professorship—claims which have been contemptuously questioned by O. P. Q.

When the chair of medical jurisprudence became vacant, in 1832, Dr. Traill was practising medicine, at Liverpool, O. P. Q. insinuates as a general practitioner; if Dr. Traill did so, does O. P. Q. imagine that that disqualified him from aspiring to the most responsible medical appointment a member of our profession can hold? O. P. Q., evidently a man of talent and learning, must be aware that (to say nothing of the ancients,) Hildanus, Severinus, Bartholine, and many others of distinguished genius, amongst the moderns, practised medicine and surgery, promiscuously, with splendid success; as did Cullen, the Hunters, Thomson, Abercrombie, and many celebrated men, besides. It is a fact, which it concerns the patrons of medical chairs to bear in mind—and which I would have O. P. Q. remember—that he who has been a successful general practitioner, and endowed with adequate literary and scientific knowledge, is, in reality, the member of our profession most worthy of preferment.

O. P. Q. is, it appears, profoundly learned in anatomy, human and comparative, without a competent knowledge of which no one, certainly, can be truly great, as a physician or as a surgeon; but, methinks, O. P. Q. attaches an undue degree of importance to anatomy; that is, with the natural partiality of a man for his own favourite study; and for a department of science, in which he feels himself strong, he over-estimates its value. Anatomy, however essential, never of itself yet made a first-rate physician or surgeon; and more than one of the most expert Scottish anatomists of the present day, (men most deservedly distinguished for knowledge of anatomy,) are, if the truth must be told, "pedagogues" of a most offensive description, and something that is worse. As to O. P. Q., in the spirit of the currier, in the besieged city, who declared that there is nothing like leather, the produce of his tan-pits, so the former seems to imagine, that the one thing needful to *all* medical professors, is insight gained amidst the filth and horrors of the dissecting room, with which he is, probably, very familiar, and may, thereby, have gained a notoriety that will transmit his name to posterity. Philosophers, however, are equally indifferent to the adulation and imprecations of the profane vulgar. To considerations so futile, O. P. Q. is, doubtless, ever ready to exclaim with Persius, "*Ad populum, phaleras, ego te* INTUS *et in* CUTE, *novi*." But to return to the immediate object of my undertaking. At Liverpool, in the active discharge of his professional duties, Dr. Traill continued to cultivate the habits of an enthusiastic student, and gave such ample proof of ardent devotion to the cause of science, as fully to justify the home secretary of the day in nominating him to a chair in one of our most celebrated medical schools: a nomination which, in opposition to the sarcastic sneers of O. P. Q., I maintain did no discredit to the university of the Monros *primus et secundus*, and to that of the Gregorys, and of Cullen, of Black, of Duncan, of Hamilton, and of Bell.

Dr. Traill has proved himself a good and an acceptable teacher of medical jurisprudence. As a professor of clinical medicine, he is beloved by the patients in the Royal Infirmary, and respected by the students of the medical school, of Edinburgh.

Few members of our profession have written (and written well) on a greater variety of subjects than Dr. Traill. It is, perhaps, true that, had his efforts been more concentrated, he might have accomplished his work still better; but, be that as it may, the fact remains unquestionable, that the present professor of medical jurisprudence at Edinburgh, has acquitted himself well—that he has been, and continues to be, a zealous cultivator of science—and that he is a good specimen of a teacher, who has the peculiar gift of inducing his pupils to follow his meritorious example—a gift, when possessed by a professor, of inestimable value to the students, and highly conducive to their future progress in the right direction.

O. P. Q. admits that Dr. Traill is "a good-natured man, and a kind-hearted gentleman." His good nature, and the kindliness of his heart, are in no way more nobly manifested, than in the delight he experiences in imbuing his pupils with a passion for science, and in the prospect of his precepts and example being the means of making some of them, at least, one day equalling, or surpassing himself in the cultivation thereof. The constitution of mind that engenders such a feeling is widely different, indeed, from that of a pedagogue's, and evidences true magnanimity, without which no man can efficiently fill an academical chair, or any other responsible situation;—an honourable achievement, which, I repeat, has been accomplished by Dr. Traill, late medical practitioner at Liverpool.

According to the arrangement I proposed to adopt, in endeavouring to controvert the sentiments of O. P. Q., the chair of clinical surgery is the next which it is incumbent on me to notice. Too true it is that, as has been said by O. P. Q., in reference to the appointment of professors in general, there were circumstances connected with the nomination to the chair Mr. Syme occupies, calculated not only "to wither the young and ardent mind," but to annihilate the hopes, and to sicken the hearts, of some who had long laboured in the field of medical science. The late Mr. Russell, who had filled the chair of clinical surgery for thirty years, was allowed to dispose of it! He made it a matter of "attorneyship;" and, after much wretched intriguing, on his part at least, Mr. Syme paid the price demanded! report said, an exorbitant one. Such was the inglorious manner he got possession of his chair. The transaction referred to was, doubtless, a very disreputable one, and discreditable to all concerned, but especially to the late professor and to those who dispensed the crown patronage in Scotland at the period to which I allude (1833). The plain and unvarnished state of the case is this: a rich old man (an octogenarian, or nearly so), in whom the maxims of philosophy did not moderate an insatiable desire of additional wealth, was permitted, if not coaxed, to make merchandize of a medical chair in the gift of the crown! He virtually "put it up" for sale, and "knocked it down" to the highest bidder. And to that disgraceful transaction those who were delegated with the honourable trust of filling the *regius chairs* in the Scotch universities were parties[1]—parties that cruelly disappointed the cherished hopes of at least one admirably qualified aspirant to the chair in question. Alas!

"Slow rises worth by poverty depress'd."

It is true that all who are qualified cannot be installed as professors, nor occupy the principal places in our colleges and higher schools of instruc-

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[1] It is no satisfactory refutation of this serious charge, to say that the government agent in Scotland was satisfied that the talents of Mr. Syme entitled him to the honourable place he longed to fill. Allowing the fact to be so, it exonerates neither the minister nor his man who negotiated "the *business*" from the implication of having acted a part that, whilst it did an injustice to the profession, compromised the dignity of the crown.

tion; but when a vacancy occurs, every worthy individual should be allowed to enter the field of competition, undeterred by the exactions of a rapacious predecessor, aided and abetted by the unscrupulous agents of a minister of "easy virtue." The act deprecated, in regard to the appointment of a professor to the chair of clinical surgery in the university of Edinburgh, I say again was a disgraceful one, and its consummation a reproach to those who were entrusted with the responsible duty of superintending the appointment of professors to regius chairs. There is, however, good reason to suppose that it will be long ere such chicanery be again practised in the disposal of a professorship at Edinburgh or elsewhere in the Queen of England's dominions.

This is not the place to speak of the merits or demerits of our political rulers—a subject on which I am little accustomed to descant—but upon this occasion I may be allowed to say, in reference to appointments made to offices held by literary and scientific men, that the conduct of the present Prime Minister of the British empire, and that of the Secretary of State for the Home Department, affords a striking and triumphant contrast to the doings of their predecessors, in whose eyes political partisanship was much too often considered a matter of more importance than personal worth, scientific attainments, or literary acquirements. Upon this subject—one to which it is good to direct the attention of the medical public on proper occasions—I shall perhaps say more at another time, in reverting to certain fantastic tricks played, some fourteen years ago and since, in regard to the creation of medical chairs and to the appointment of professors in Scotch universities.

Censurable as was the mode in which Mr. Syme entered the portals of the university as a professor, no one can deny that his talents have enabled him creditably to support the position he occupies within its walls. His perfect knowledge of the principles of surgery render his lectures interesting and instructive. Under his superintendence the clinical wards of the Royal Infirmary have afforded wider scope and additional facilities than previously existed for the acquisition of surgical knowledge in an hospital which has long most deservedly been held in high estimation for the excellence of its system of clinical instruction, medical and surgical. The medical school of the University of Edinburgh was not only the first, but for a long time the *only*, one in which the principles and practice of surgery were taught by clinical lectures.

Mr. Syme shows no inordinate love of "cutting." He is not a dashing operator, but as an operator true as the steel he handles, and rarely fails in accomplishing the object he contemplates. His after-treatment invariably displays the knowledge of one well acquainted with the philosophy of physic. His clinical discourses are, therefore, highly interesting, as was said before, and replete with sound instruction.

As an author, the Edinburgh Professor of Clinical Surgery is not only favourably known, but, with truth and justice it may be said, his writings are not inferior in value to those of the first surgeons of the present day. Mr. Syme's earlier efforts in the cause of surgical science, published some twenty years ago, entitled "Anatomical Remarks on the Fasciæ of the Groin," and his "Observations on the Treatment of Incised Wounds," afforded conclusive evidence of his being possessed of qualifications essential to the constitution of an accomplished surgeon, and gave ample promise of future chirurgical celebrity. In support of his claims to such honourable distinction, I would particularly refer to a report, published by him in the *Edinburgh Medical and Surgical Journal*, of a case of amputation at the hip-joint, and to his "Remarks on Amputation," written with the intention of showing that the flap-operation is preferable to the circular method, which was practised at the period alluded to by all the first surgeons in Europe, with the exception of Mr. Liston, who had for several years previously completely abandoned the operation by the circular incision[2]—an operation which, to my astonishment, I find is still performed in some parts of England. I would earnestly direct the attention of those who persist in amputating limbs in the method recommended by the surgeons of the last century to the following graphic statement of the result of the two operations:—

"It is impossible to imagine a greater contrast than that afforded by a comparison between the wound which results from this operation, and that caused by the method of circular incisions. The bone, instead of standing naked and conspicuous, can hardly be discovered until the flaps are laid aside. The muscles, not now deeply retracted, and exposing an abrupt, ragged termination, extend far beyond the bone, and display two smooth equal surfaces, amply sufficient for coming into mutual contact, and well disposed for reciprocal union. Lastly, the skin, so far from forming a loose and hanging border about the wound, is left in undisturbed connection with the subjacent parts, and in proportion just sufficient for supporting and covering them when the two flaps are brought together. The difference of appearance is not less remarkable after the wounds have been dressed.

"In the one case the line of union is straight, in the other it represents the arc of a circle; in the first there is puckering of the integuments, in the second there is none; in the former, the muscles form projecting and inconvenient corners; in the latter, they exist only where they are most required, i. e., over the bone. Union by the first intention most commonly attends amputation by flaps; but, if suppuration does become established, there is much less inconvenience than generally happens, and I may here remark, that many as the operations which I have seen of this kind are, I never yet met with an instance of the bone protruding or exfoliating. I may notice, too, that the inconvenience mentioned by Richter as the greatest attending the amputation of the thigh, viz., the extensive and long-continued retraction of the posterior muscles, is avoided, as those only on the lateral aspect are employed to cover the bone.

"The difference of comfort enjoyed by the patient after the cure is also most decidedly in favour of the flap method, since the stumps formed by it, instead of being conical and skinny, are uniformly round and fleshy."

Mr. Syme published an essay on the excision of the heads of bones; he also recommended and practised the excision of joints—a practice which, as demonstrated by experience, is an important improvement in modern surgery.[3] His "Principles of Surgery" is an excellent work, calculated to give young practitioners sound notions of the maladies with which they have to contend, and the means by which they must endeavour to counteract their effects.

Mr. Syme is also the author of a work on the "Diseases of the Rectum," which, I believe, is considered a valuable contribution to surgical science, and he read papers before the Royal Society, on the Formation of Bone, which are characteristic of a philosophic mind.

From the above brief reference to Professor Syme's works, I am entitled to affirm that, when weighed in O. P. Q.'s own balance (the value of an author's publications), he has not been found wanting, whilst it has besides been shown, by his *deeds*, that the Professor of Clinical Surgery in the University of Edinburgh has proved himself an efficient occupant of the chair, and that the character of his lectures authorises me to report him as a teacher of the highest order.

Tiverton, August 13, 1845.

(To be continued.)

[2] To Mr. Liston is due the honour of first inculcating by his precepts, and establishing by his practice, the superiority of the flap-operation over that of the circular incision in performing amputation, and of greatly simplifying the operation in other respects.

[3] The late Mr. Park, of Liverpool, had suggested a practice of the same kind, but it was adopted by few, if any, until recommended and practised by Mr. Syme.

(To the Editor of the Medical Times.)

SIR,—Herewith you will receive my third paper on the University of Edinburgh as a Medical School in 1845.

I have read with pleasure the courteous communication of your Manchester correspondent, A.W.C., on the subject—a communication written in the true spirit of an English gentleman. I cordially concur in his feelings and sentiments; and as a "combatant" fighting in defence of my honoured *Alma Mater*, feel proud of doing so under the eye of such a "spectator." Would to God that all members of our profession were influenced by such principles as those inculcated by A. W. C.! With him I say, success to him who holds the right in reference to the "tournament" now being fought for the fair fame of a lady of great wisdom (to which the University of Edinburgh was likened by my late friend, Dr. Mackintosh), and I may add, of royal origin, "comely to look at, who had nourished and brought up a numerous family, now dispersed in all corners of the world, distinguishing themselves honourably, and spreading the name of their foster-mother over all the habitable earth." And I would, *en passant*, remark, that Dr. Mackintosh was little disposed to allow any merit to the university of the northern metropolis to which it is not strictly entitled. Truth is my object in the present controversy; with it and justice, as I conceive, on my side, I entered the lists, confident of victory—continuing to fight under such banners, I as confidently hope to be crowned therewith ere I leave them. But, as I said before, my motto is, "Success to him who holds the right."

It gives additional interest to the contest, and increased animation to the combatants, that their deeds are faithfully reported in a medical periodical, now, certainly, in more extensive circulation than any in Europe. May its principles ever prove worthy of the powerful patronage it enjoys!

I am, &c.,

Tiverton. ROBERT LEWINS.

MEDICINE IN WORKHOUSES.

(To the Editor of the Medical Times.)

SIR,—On March 5, 1844, Lord Ashley rose in his place in Parliament, and said, "The House was spared the infliction of a long and painful statement, by the assent of her Majesty's government to the proposition of which he had given notice—'That a select committee be appointed to inquire into the mode of administering relief to the sick poor, under the provisions of the Poor Law Amendment Act, and to report the evidence taken before them, with their opinion, to the House.'"

This committee sat day after day, summoning witnesses from all parts of England, and eliciting facts, the recital of which would be, no doubt, "*long and painful.*" The session ended—the committee broke up: we have seen another session begin and pass away, but we have not yet received a report, either long or painful. His lordship (I have it on authority) *did* elicit sufficient evidence to prove that the present system of medical relief is, in every respect, deficient—the suffering poor not sufficiently cared for—the medical officer in no case remunerated, in many cases not paid the bare cost of his medicines, exposed to the rudest attacks from guardians, and his reputation in many cases at the mercy of some hireling relieving officer, or some opposing and interested guardian. I write not hypothetically, I can prove all I hint at, and much more. I can prove, in some of the most dangerous and critical cases that afflict humanity—the fact stands recorded on the minutes of a board in this county—that a medical officer was harassed by a complaint of having ordered too much "*sick necessaries*" to a supposed dying pauper; the complaint was made by a jealous and officious guardian, who called to his aid the relieving officer. They stated their complaint, and they were replied to; and, to the credit of the board, a minute was entered of their entire concurrence in the act of their medical officer. But such things should not be; they ought not to be able to occur; a public officer, having the care of the sick, should never have the dread of a jealous guardian before his eyes. I have known a case—nay, I have it in my own keeping—where an influential guardian has got a dozen farmers to pass a vote of censure on a surgeon, and merely to gratify private animosity. I had made myself conversant with those cases, with a view of laying them all before Lord Ashley's committee;

but private circumstances of an important nature prevented my being in town.

The commissioners' orders, even for the payment of certain extra fees to medical officers, are in many of the unions evaded: the commissioners know it, and yet they do not enforce their own order. When will the system be made better? When shall we reap the fruits of the late investigation? This is a question of more importance than the "Physic and Surgery Bill." It affects the profession as a body; and it affects more than five millions of our fellow-subjects, the recipients of parish, or, rather, union medical relief. You have of late dropped the subject. Again lend your strong right hand to it; assist the cause, not only of the profession, but be a friend to the friendless sick pauper.

Yours, &c.,
A Subscriber.

Exeter, August 11, 1845.

PROVINCIAL MEDICAL ASSOCIATION.

"L'union fait la force."

(To the Editor of the Medical Times.)

Sir,—I think very highly of your valuable journal, and particularly of the respectability which characterises its management; but, thinking you have handled the Provincial Medical and Surgical Association rather too roughly, I venture to offer a few observations upon your leading article of the 9th August.

The object of that article appears to be to throw discredit upon the proceedings of the Association, principally because it has not taken a very prominent part in the exciting subject of medical reform; but before this charge can be fairly laid, the objects for which the society was established should be fully borne in mind. The annual volume of Transactions proves the great extent to which those objects have been attained; the retrospective addresses, the original essays, the topographical papers, and the reports of various diseases, both in public and private practice, afford a fund of information, practical and speculative, which will bear comparison with that contained in almost any other publication in the kingdom of the same dimensions: and when it is considered that this amount of information is placed in the hands of every member of this large Association, it will be difficult to estimate the value, or limit the benefit, conferred by the Association upon the profession and the public. The weekly journal also, according to your own admission, "may excite, but cannot satisfy a taste for journalism." May it not also excite a taste for professional study, and, by encouraging these tastes in a large number of medical men, become the indirect means of increasing and widely disseminating more real professional knowledge? I am willing to allow, however, that these advantages to be derived from the Journal might perhaps be equally well secured by one of half the size; and the reduction of expense would afford the society the means of extending still further its usefulness.

Your principal ground of complaint against the Association is its inefficiency as a political engine; but such exercise of its powers appears not to have been contemplated by its founders, and, therefore, on that score it ought to be exempt from reproach. Yet I think that a calm and dispassionate review of the past proceedings of the Association, even in a political point of view, will prove that it has been watchful over the interests of the profession; and not only so, but that it has actually effected some good. I allude more particularly to the influence exerted by its poor-law committee, in bringing about certain modifications and improvements in the laws relating to poor-law medical relief; and by its medical reform committee, in adding force to the suggestions and recommendations of other bodies with reference to various clauses in Sir James Graham's medical bill. It is true that what the Association has accomplished in these matters has been done quietly, by the force of moral principle and persuasion, and not ostentatiously, by fierce declamation and bitter invective. The latter weapons have so often been wielded by certain "medical reformers," with little effect beyond that of bringing contempt and degradation upon those who used them, that it would indeed be absurd for a body of gentlemen, devoted to their profession and esteemed for their conduct, to follow a course so derogatory and ineffectual. With reference to the inactivity of the reform committee at the late meeting at Sheffield, was it not a wise proceeding to keep the subject, as it were, in abeyance until the new bill was printed? Until that bill is before the profession, I cannot imagine that any public discussion can be productive of advancement in the cause of medical reform. The committee will, no doubt, be upon the alert; and should the thrice amended bill contain any provision that may seriously demand the active interference of the Provincial Association, I doubt not but it possesses both the power and the will to make known the wishes, and probably to secure the just demands, of the great body of provincial practitioners.

You also remark, with no small degree of sarcasm, upon the social part of the proceedings at Sheffield, and observe that "the meeting seemed like the anniversary of a society founded for the promotion of mutual admiration." Now, if I may form a right estimate of your principles and feelings by the general tone of the journal you so ably conduct, I should unhesitatingly say that you were not the person from whom I should expect such an observation. "Maintenance of the honour and respectability of the profession, by promoting friendly intercourse and free communication of its members," &c., is one of the stated objects of the society; and can anything tend more to the elevation of our profession than encouraging a high standard of professional morals and gentlemanly bearing amongst its members? Can any legal or parliamentary interference effect so beneficial a reform as we could ourselves obtain by striving, individually and collectively, to attain to perfection of conduct? Surely one great means of accomplishing this great object is to join in social intercourse, even at yearly intervals, with those whose minds are of the highest order—whose attainments, educational and professional, are equal to any in the land—whose moral worth is beyond reproach—and whose gentlemanly demeanour renders them objects of esteem and respect. To such men, and there are many, compliments are neither needless nor injudicious expressions of feeling, but rather incentives to greater and more strenuous exertions to deserve them. I have endeavoured to show that the objects for which the Provincial Association was founded have been usefully carried out; that the society is by no means indifferent to the wants and wishes of the profession; that it is capable of doing much good, and willing to exert its powers when fitting occasions for its interference present themselves. Let me persuade you, then, to lend your powerful aid to insure its full amount of influence for good, and no more to chastise it for not accomplishing all that you and others can view in prospective as desirable acquisitions to the medical profession.

I have the honour to be, Sir,
Your obedient servant,
A Constant Reader.

Norfolk, August, 1845.

MISCELLANEOUS CORRESPONDENCE.

Liebig and his Chemistry.—When Liebig's works were first published, the enthusiasm with which they were received induced me to study them carefully, and I must confess that I laid them down without that veneration for the author which is felt by almost every chemist. While, however, Liebig's authority was conclusive among chemists only, the matter was not of much consequence, but having observed a work advertised in which it is proposed to treat disease on Liebig's principles, I think it right to call the attention of your readers to two points discussed within a few pages of his "Familiar Letters," second edition. At p. 63 we read, "the size of the thorax of an animal is unchangeable; we may, therefore, regard the volume of air which enters at every inspiration as uniform." Now, surely it requires no argument to show that the depth of each inspiration is a most variable thing. Were this a mere passing erroneous assertion, I should not notice it, as I have no wish to search for blots, and know the difficulty of attaining accuracy in all things; but this is an assertion which lies at the very foundation of one of his most celebrated theories, and which is assumed, without being asserted, in his larger work. His argument is as follows:—Warm air is lighter than cold air; consequently, in the summer less oxygen is inspired than in the winter. This, of course, takes for granted what ought, in truth, to be proved, namely, that the *frequency* and *depth* of inspiration always remains the same; and on this assumption is built the pathology and cure of phthisis, and other little et cæteras. At p. 88, after speaking of vegetable fibrine, albumen, and caseine, he says, that they are all "identical in composition with the chief constituents of the blood. * * * It is especially to be noticed, that by the phrase 'identity of composition' we do not here intend mere similarity, but even in regard to the presence and relative amount of sulphur, *phosphorus*, and *phosphate of lime*, no difference can be observed." Immediately after follows a theory commencing "How beautifully and admirably simple, with the aid of these discoveries," &c.; yet, on turning on to p. 94, we find him deep in another brilliant theory, and, in order to support it, saying, that "animal caseine, when chemically examined, is found to contain *a much larger* proportion of the earth of bones" (*phosphate of lime*) "than blood does," the absolute identity of animal and vegetable caseine having been asserted in p. 93. To give one other specimen of Liebig's acuteness in argument, I will just refer to one of the proofs on which he rests his assertion, that humus, or vegetable soil, is not necessary for the growth of plants. It is that the *first* trees must have existed without the aid of decayed vegetables; and this argument, founded solely on our ignorance of the state of things at the creation, has been looked upon as conclusive.—G. S., Bromley, Kent.

To the London College of Surgeons.—I have an attachment to the College of Surgeons, arising, perhaps, from an innate love of old institutions with which the names of celebrated men have been connected. I have felt disposed to fancy—for it *is* a simple idea of the imagination—that the genius which animated such men must have descended as a sort of heirloom to their successors; I have, therefore, hitherto refused to join the Association of General Practitioners. But my hesitation gives way; actions and facts press upon me; the men who would govern the College of Surgeons *will not* "devise liberal things"—will not think "whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are lovely, whatsoever things are of good report"—will not "put away childish things," but will "speak as children, understand as children, think as children." I will leave their society for that of men. I am about to join the Association, whose large and liberal views constrain me. Whilst I have been allured by the glory of great names, and have rejoiced in the collegiate ties which bound me to them, I have ever felt my pride to be humbled by the manifest and acknowledged insufficiency of the College examinations. As they would confine their honours to a circle of friends and associates, so do they limit their examinations to the circle of surgery and anatomy, as if they considered chemistry, materia medica, hygiene, and medical jurisprudence, irrelevant to the practice of the surgeon. My attention has been more particularly drawn to the subject by a fact recently brought under my notice. A druggist of this town offered himself to become a methodist preacher; he could not pass the usual theological initiatory examination, and was rejected. He then turned his attention to the medical profession. He studied at the medical school of this town; failed in the competition for prizes there given; was beaten by youths fifteen or twenty years his juniors, but *passed the College of Surgeons*. He is professedly afraid to present himself at Apothecaries' Hall. Yet here is one who, in the present anomalous state of the College and the profession, ranks nominally as the "pure surgeon,"—a man who feels himself to be unworthy of public confidence, but thrown upon the world by a college claiming exclusiveness, ascendency, privilege. Is the examination to be a test of competency? Then let such examinations be instituted as will embrace the subsidiary sciences. Let the so-called "heads of the profession" forsake the ignis fatuus of *pure surgery*; let them place themselves at the head of the Incorporation of Ge

neral Practitioners, and let that designation be transformed to that of surgeon, and they will surround themselves with a halo of glory, and their names will live in the memory and hearts of posterity. Why should it not be so? "Surgeons and physicians is the true classification of the medical profession." We are now living in the "era of nature," in which the various forms of intellect are developed and flourish; but that general mind is only about to disclose itself which will embrace, cherish, and re-unite all into one limitless and all-pervading spirit of intelligence. The struggle lies betwixt the intellect and the pocket—mind and matter—the love of principle, and the love of money. Let them yield to the supremacy of the former. Let them stoop to conquer. Let them yield to mind, to right, to conscience, and in so doing, honour, consultations, and wealth will follow.—M. R. C. S. E.

THE LONDON SURGICAL COUNCIL.—In the National Association of General Practitioners are nearly four thousand members of the College in arms against the Council of the College of Surgeons in England, and two-thirds at least of the members of the College are dissatisfied with the proceedings of the Council of that College. The Council in their statement (June 5) say, "That under hostile attacks, *devoid of any reasonable ground, and unsupported by any rational argument*, is the Royal College of Surgeons recently re-chartered by her Majesty for the promotion and cultivation of surgical science, *and not charged as unfaithful to*, or incapable of, its high functions. Thus is the Royal College of Surgeons of England in danger of being sacrificed to the views and wishes of those who hope to annihilate it by the establishment of a rival college of surgeons." If the above statement is correct, our opposition must have been marked with ignorance and folly. I say this for the following reasons:—Because the Council, at a time when it could have been effective in procuring a better education, and higher professional acquirements and *standing*, has not lifted a finger for that object. Because the charter of 1843 was carried out illiberally and unjustly. The Council state that the members are not degraded by that charter; that they have elevated the fellows but not depressed the members. Now, it will be granted that the *locus standi* of a member or fellow of any collegiate body is *relative*, not absolute; if so, to raise any member above another, is to place the one in a higher, and the other in a lower position, for there is thus positively and necessarily the comparative degree between them. Hence we, the body of members, say that we are degraded by this act of the Council. The title of member was the *highest known* to the College. By the working of the charter of 1843, *that highest title* is now become *the lowest*. Thus the statement of the Council in this point is not in accordance with fact. The members have requested the Council to cancel the inequality thus produced, but the Council have insolently refused this measure of justice to them, and in solemn conclave assert "*that they are not charged as unfaithful to*, or incapable of, the high functions for the promotion and cultivation of surgical science." Again, the Council is absolute and irresponsible. The Council, by its bye-laws, states that it will protect the members, but not one shilling has been paid for this purpose during the last half century. If a member wishes to have a list of the members of this College, he is allowed to possess it by paying for it. For such splendid immunities the members are bound to what they may not do by three or four pages of bye-laws. The Council, in swearing the members to observe the bye-laws, conduct that ceremony without those bye-laws being read or otherwise made known. The members are smuggled, as it were, into the taking of the oath, as though there were something about those bye-laws that cannot bear the daylight. Now, I object to paying my quotum of the £10,000 per annum in support of this institution which gives no protection, whose bye-laws for its members would be insulting, but for their puerilities, whose Council has impertinently refused any advances on the part of its members for a better understanding and organization of the profession, when Parliament was willing to act with it and take the initiative; a Council which affects to despise the members, and deny the right of self-government, which takes all opportunities of repudiating any connection with them. The Council, as some extenuation for this conduct, object that some members keep shops, &c., but let it be remembered the Council have themselves principally to blame for admitting such men, by their laxity of education and examination, and by providing the public with "*surgeons qualified for the ordinary exigencies of the profession only*." The College must be supported, and for this purpose our money is required, the country gets up a plentiful supply of surgeons, and hence many are dependent either on a shop or the charity of friends for a chief part of their living. The Council have sown the seeds of discord and discontent, and now expect to reap the fruits of wisdom and disinterestedness.—A GENERAL PRACTITIONER OF THE ASSOCIATION.

MEDICAL CLUBS AND CHARITIES.—The perusal of your observations on clubs induces me to call your most serious attention to an evil which, more than any other, appears to affect the present welfare and future prospects of the medical community. There is scarcely a town and village in the kingdom but teems with its friendly societies in some shape or other, male and female—societies useful if kept in their proper place, but at present inflicting most serious injury upon medical practitioners. These societies comprehend amongst their members people not only well to do in the world, but people of substance, whose sole aim is to cheat the doctor by procuring medicine and attendance at the lowest possible rate; and low enough it is in every sense of the word, the general sum of pay per head per annum varying from 1s. 6d. to 5s., generally standing at 2s. 6d., and yet for that pittance you find medical gentlemen (?) contending with one another, aye, canvassing the members, treating them, or offering the gratuitous bestowal of their valuable (?) services for a certain time, and this by men not dependent on their profession for subsistence; consequently, a well-principled, honourable man (I know of one instance at least), who will not pander to this degrading club-system, may be ruined in consequence of less scrupulous competitors creeping, cringing into the families attended by the former. The club-system is daily on the increase; those practitioners who are most averse to it are forced to succumb. At the same time, its very object is defeated, for those who are chosen by the clubs are generally ill-qualified, or neglect their patients. Sir, if you would perform the most eminent of services to the profession, take this subject in hand, and assist the respectable members of our body in throwing off this incubus. Invite communication and combination. Surely, the disease is not beyond remedy; surely, the united strength of the profession could bring to bear some means for checking those unworthy practitioners who help pharisaical directors to get a cheap repute for charity by robbing the doctors. From what I know, any movement originating in a powerful and influential organ, such as the *Medical Times*, would be well responded to on the part of the profession. Give us but a rallying point, and you will find the good cause attract the respectability and influence of the general practitioners.—A COUNTRY SURGEON.

PRACTICAL APPLICATION OF MESMERISM.—EXTRACTION OF A TOOTH WITHOUT PAIN.—SIR,—The following fact may prove of interest to some of your readers:—Attending a family at Clifton, I was asked to see a young woman who had been suffering from violent toothache, and had not resolution to have the tooth extracted in the natural state. On first trying to mesmerise her, an impression was made; my second trial convinced me that there was insensibility to pain; on my mesmerising her again on Saturday last, I found she was fully equal to any operation. I made an appointment with a dentist to meet me at 29, Park-street, at three o'clock. In less than ten minutes the patient, a timid and excitable young person, was sent into the mesmeric state. The tooth was a double one, with three fangs, and was firmly rooted in its socket; in truth, a powerful wrench was required to extract it. The gum was afterwards firmly pressed with the fingers. During this period the patient sat with her hands quietly resting on her lap; not the slightest motion of resistance could be detected by the lookers-on. After the operation, Mr. Mosely, the dentist, was asked his impression from what had passed. His reply was, "that there was perfect insensibility, and that she remained as passive as a block of wood." This opinion was the more satisfactory to me, Mr. Mosely being a perfect stranger, and having expressed himself as very doubtful whether mesmerism could be brought to such a practical bearing. On being awoke, the young woman looked about surprised at seeing strangers in the room, and when told that she would not now feel the tooth pain her, she doubtingly inquired, "What, then, is it out?" I need hardly say that such a result was as gratifying to those who witnessed the operation, as to the patient who lost her tooth without knowing it. This case (though only one out of many), I feel, ought to be made known, occurring, as it does, in the centre of much medical opposition; and I beg to refer any sceptic to Mr. Mosely, the dentist, of 28, Park-street, and to Miss Smith, of 29, Park-street, Bristol, both of whom witnessed this interesting operation. The members of the profession will perhaps say this is only the effect of imagination. They shall have the full benefit of this opinion. My reply is, that if imagination will allow limbs to be amputated, teeth extracted, and tumours removed, without pain, to say nothing of the most distressing nervous diseases cured, the sooner imagination is allowed to become an active agent of the curative art the better. To medical sceptics I would say, in the language of the late Mr. Chevenis on this subject, "Would it disgrace the greatest man whom England has ever produced, to attempt an experiment or two upon a doctrine which Hufeland, Jussieu, Cuvier, Ampère, and Laplace believed? Nay, would it not disgrace him more to condemn, without knowing anything about what such men knew and believed? Surely, *what great men believe, ordinary men may try*."—HENRY STORER, M.D., 27, Brook-street, Bath.

THE LATE MR. EVERITT.

Although the melancholy visitation which overclouded the last days of Mr. Everitt had removed him from more immediate observation, yet the distinguished position he formerly held as a teacher of chemistry, demands that he should not be allowed to pass away from the scene of life unnoticed and unhonoured. Educated principally in the schools of Germany, he was an enthusiastic admirer of those men who have distinguished themselves by their unwearied industry and accurate observation, rather than by the brilliancy of their discoveries, or the bold inductions which have marked the French and English chemists. He commenced his career in London just at the period when the old system pursued in the medical schools, which allotted to one teacher a vast number of departments, was broken up, and when chemistry was made a separate branch of medical science. Mr. Everitt was first introduced to the pupils at the Little Windmill-street School of Medicine by Dr. Sigmond, when, in compliance with the altered state of teaching, he confined himself to two branches.

Mr. Everitt's introductory lecture gave unbounded satisfaction; it was clear and comprehensive, and although it was evident that his views were principally embraced within the circle of German science, still he exhibited a profound knowledge of the subject, together with the power of explaining his ideas in clear and simple language.

As it was evident that he was calculated not only to teach the elementary principles, but also to attain the highest rank in the science as a professor, he was soon called on to fill other positions. The first was the professorship of chemistry of the Royal Medico-Botanical Society, in which he ably fulfilled the duties entrusted to him, and was the first to disseminate all the novelties which issued from the German school, of which he continued an enthusiastic admirer. The lectures he delivered were explanatory of the new doctrines which were from time to time brought forward, and he contributed to add much to the reputation which was conceded to that institution. He subsequently was called upon to fill the chair of professor of chemistry in the Middlesex Hospital School, and afterwards held the same office in the College of Civil Engineers, and for a considerable length of time was regarded as a man who would soon fill the most distinguished situations in science, but unfortunately a mind of high powers and of great capabilities became un-

settled—whether overpowered by the vast variety of ideas which opened upon him, or whether his nervous system had received some shock, it is difficult to ascertain—but a want of order was gradually observed in the development of his views, an incongruity of expression, and at last such a confusion of ideas as to render him incapable of teaching. This sorrowful state increasing, it was at length found that complete aberration of intellect rendered confinement necessary, and his existence was ultimately terminated; under most melancholy circumstances, in the asylum to which he had been consigned by those who entertained a hope that, by proper treatment, he might be relieved.

Professor Everitt had for some time shown that he was of a highly nervous temperament; but his friends, certainly, had not looked forward to so decided an alteration. The occasion which led to a suspicion of his own doubts as to the state of his mind, was at a meeting of the Royal Medico-Botanical Society, when the noble president, Earl Stanhope, was in the chair, and considerable anticipation had been formed of the information to be gained by a lecture on the cinchonas by the professor. Every thing was prepared, and the experiments had been previously gone through, when, on standing up, he found himself quite at a loss to express himself, and abruptly left the house, with a verbal message that he was not himself. At the school at the Middlesex Hospital, similar occurrences took place; and it was soon found that his fine mind was unhinged, and that Science could no longer hope to derive aid from one of her most zealous admirers. His career, however short, was advantageous to the progress of chemistry; he aided in disseminating the best class of knowledge; and if he has left behind him no memorials which will hand his name down to posterity, at all events he will not be forgotten during the present generation by those who know how to prize talent, industry, and judgment.

UNIVERSITY OF LONDON.

BACHELOR OF MEDICINE.—FIRST EXAMINATION. EXAMINATION FOR HONOURS.—1845.

Anatomy and Physiology; Examiners, Mr. Kiernan and Professor Sharpey.—Thursday, August 14; Morning, 10 to 1.

1. Commencing the dissection at the integuments, and proceeding with it as far as the pharynx, and the bones forming the zygomatic fossa, describe the parts successively exposed in dissecting the space bounded above by the zygoma, below by the base of the inferior maxilla, in front by the anterior margin of the masseter, and behind by the meatus auditorius, mastoid process, and upper part of the Sterno-Cleido-Mastoideus.

2. Give the anatomy of the corpus striatum; describing its situation and immediate connections, and the arrangement of the white and gray matter within it (as seen with the naked eye). Describe also the parts met with in exposing the corpus striatum from the outer and lower part of the cerebral hemisphere.

Afternoon, 3 to 6—

1. Describe the parts (excepting the bones and ligaments) as they are successively exposed in dissecting a portion of the anterior region of the thigh, bounded above by Poupart's ligament, and below by a transverse line corresponding with the lower limit of the insertion of the adductor brevis; the dissection to be carried down to the anterior edge of the gluteus medius, the hip-joint, the obturator membrane, and anterior surface of the adductor magnus.

2. Give an account of the structure and properties of mucous membrane in general, and describe that of the stomach, and of the small and large intestines in particular; the description to include an account of the ultimate arrangement of the blood-vessels, the epithelium, the follicles of Lieberkühn, and the glands of Brunner and Peyer.

Chemistry; Examiner, Professor Brande.—Friday, August 15; Morning, 10 to 1.

1. Enumerate the combinations of chlorine with oxygen, giving their respective equivalents and symbols, the modes of obtaining them, and their characteristic properties.

2. Explain the construction of "Grove's Battery," and the theory of its action in reference to the changes which the fluids employed in it undergo during the passage of the electric current; compare it in these respects with "Daniell's Constant Battery," and with the voltaic battery upon the common construction.

3. How would you separate and determine the quantities of the respective metals in an alloy composed of platinum, gold, silver, copper, lead, and tin?

4. The proximate organic components of wheat flour are starch, gum, sugar, fat, glutine, fibrine, caseine, albumen, lignine. How would you separate these substances, and what is their ultimate composition?

Materia Medica and Pharmaceutical Chemistry; Examiner, Dr. Pereira.—Afternoon, 3 to 6.

1. State the botanical origin and chemical composition of officinal camphor, as well as of Borneo or Sumatra camphor. Describe the method of procuring artificial camphor, and mention the chemical composition of this substance.

2. How would you proceed to detect the presence of arsenic, of lead, and of nitrous acid in commercial oil of vitriol?

3. What are the proper specific gravities, at the temperature of 62° Fahr., of the following substances, according to the London Pharmacopœia: Acidum sulphuricum, Acidum nitricum, Acidum hydrochloricum, Acidum aceticum, Ammoniæ liquor, Ammoniæ liquor fortior, Spiritus rectificatus, Alcohol, and Æther sulphuricus? State, in the language of Sykes's hydrometer, the density of Spiritus rectificatus, Ph. Lond.

4. Forty grains of diluted hydrocyanic acid yield, with a solution of nitrate of silver, a precipitate weighing 7·3 grs., only 5·6 grs. of which are soluble in boiling nitric acid. What is the per centage strength of the diluted hydrocyanic acid?

5. You are requested to describe the method of preparing Sulphur præcipitatum, and to explain the chemical phenomena which ensue; also to point out the nature of the substance with which the officinal preparation is frequently contaminated, the mode of its introduction, and the best method of distinguishing between the pure and the impure article.

6. Describe the effects of strychnia on man and other animals; name the diseases for which it is applicable; mention the circumstances which permit or contra-indicate its use; and state what you conceive to be a proper dose of it, as well as the cautions to be used during its employment.

HOSPITAL REPORT.

WESTMINSTER HOSPITAL.

The Case of Urethro-Vaginal Fistula.—The patient on whom Mr. Brooke operated Monday three weeks for urethro-vaginal fistula (vide *Medical Times, ante*), was made an out-patient on the 18th instant.

The ligatures came away on the seventh day after the operation (Aug. 3), their early separation being probably owing to the unhealthy condition of the structures through which they were passed, as Mr. Brooke remarked that in another case on which he had operated successfully, the sutures remained for twenty-four days, and were then removed, as being no longer required.

The vagina was examined, by the aid of a speculum, on the 12th instant, by Mr. Lynn, under whose care the patient was admitted into the hospital, and by Mr. Brooke, when the fissure to which the sutures had been applied was found to be perfectly closed. The incontinence of urine, however, still continues, in consequence, probably, of the condylomatous condition of the remaining portion of the urethra. This examination was not made earlier, lest any recent adhesions should be disturbed by the dilatation of the canal.

APOTHECARIES' HALL.—Gentlemen admitted Members 14th August, 1845:—Robert Ripley, James Spurr, Thomas Frederick Grimsdall, John Terry.

PLACENTA PRÆVIA.—Mr. Williamson has published a case, in the *Provincial Medical Journal*, of hemorrhage from placenta prævia, in treating which he detached and brought away the placenta some time prior to the birth of the child. The case was successful.

GOSSIP.

M. LALLEMAND, the eminent Montpelier Professor, has been elected to the place in the medical section of the Academy of Sciences vacated by the death of M. Breschet. M. Lallemand has now fixed his residence permanently in Paris. M. Boyer has succeeded M. Breschet as surgeon to St. Louis. Our distinguished contributor, M. Jobert (de Lamballe), declined the post.

Dr. J. Toogood, of Bridgwater, has addressed a letter to the *Dorset Chronicle*, calling attention to "the frequency of deaths arising from the unrestricted sale of poisons to all who ask it." "In Austria," he says, "the apothecary is solely a compounder of physicians' and surgeons' prescriptions. He dare not, under the severest penalties, prescribe even the most simple remedies, nor perform the most insignificant surgical operations. Nay, more; he cannot sell a dose of physic without the written order of the physician or surgeon, who is recognised by the university of his country. * * All poisons are required to be kept under lock and key, and can only be compounded by the head of the establishment. All powerful medicines—as emetics, drastic purgatives, strong mercurial compounds, and all preparations marked thus † in the tax book, are not permitted to be sold without the recipe of an authorised practitioner. Apothecaries known to sell medicines which might procure abortion, without the order of a physician, are punished in the severest manner. * * Both the public on the one hand, and the prescriber and legitimate compounder of medicine on the other, are protected against quacks, mountebanks, patent medicines, wonder-working nostrums, poisonous pills, mineral cosmetics, and the thousand deleterious substances advertised, puffed, and vended, under the name of specifics and panaceas, not only with the *permission*, but frequently with the *authority*, of the state in Great Britain. The public prints are not hired to entrap the ignorant or credulous by lauding empirics and impostors; the public eye is not disgusted by unseemly and disgusting placards, nor modest females insulted by having indecent handbills thrust upon them in the open streets, as occurs daily in this country. Moreover, no one is allowed to sell medicine of any description without a proper education and satisfactory license; and the trade of a druggist is, as it should be, confined to the wholesale vending of medicines to apothecaries. England might and ought to take a wholesome lesson from this well-ordered condition of the present state of pharmacy in the Austrian states." The editor of the *Gateshead Observer*, noticing this subject, well remarks, "If not an exact model for imitation, Austria certainly sets an example of care for the public health which we would do well to follow. We should not be disposed to gag the English quack so despotically as the Austrian; but we would have the state discountenance and discourage him, and give its support and protection to the educated and competent practitioner."

Hubbard, the Leicester stocking-maker (charged with murdering his wife recently), who has, besides his thumbs, five fingers on each hand, is said to have a child similarly malformed.

A correspondent of the *Edinburgh Weekly Register* makes the following interesting observations on the hygiene of railway travelling: "In the medical circles of the metropolis an opinion is fast gaining ground that rapid railroad travelling superinduces attacks of apoplexy in persons predisposed to that awful visitation. Before the deaths of Viscount Canterbury and Lord Bateman—the melancholy circumstances attending which are yet fresh in the public mind—the more distinguished members of the faculty had their attention directed to the subject. Numerous inquests have been lately held on apoplectic persons; and, in the great majority of cases, it has been found that the parties, immediately preceding the attack, had been travelling fast by one or other of the railways. An inquisition just held on the body of a highly respectable tradesman—a copper-plate engraver—presents another confirmation. I give no opinion, but merely state what has taken place, together with the feeling on an important question, which, no doubt, are long will more particularly occupy the attention of the medical profession."

No. 310. **SUMMARY.** Aug. 30.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

LECTURE II.

SYPHILITIC INFECTION.

Syphilis may be communicated in three ways. 1. *Directly*—from one person to another. This happens when the virus is introduced into the system by the genital organs; by an absorbing surface, such as the mouth, the anus, the eyelids, &c.; or by a scratch, or any abrasion of the skin.

2. *Indirectly*—by the contact of an intermediate body, impregnated with the virus, such as a glass, spoon, tobacco-pipe, &c.

3. By *hereditary transmission*. In these cases the virus is not introduced into the economy by direct or indirect contagion, but still its action is as formidable. I shall relate the history of a few cases, which will illustrate the mode of infection, as well as the length of time which may elapse before the venereal symptoms declare themselves.

Case.—*Syphilitic Ophthalmia by direct infection.*—Pierre Donniez, ætat. 29, a plumber, came for advice to the dispensary of Saint Eloi, in the month of November, 1843. Two months before (September), he had contracted a blenorrhagia at Barcelona, which he neglected at first, though afterwards he underwent for it several plans of treatment. In the month of October the venereal symptoms appeared in the eyes, to which the patient's fingers had conveyed the matter of the discharge. At present, some chancres are found under the prepuce, which is very narrow; the discharge also still continues. The ophthalmia had produced ulceration in the cornea of the left eye, and a spot on the right. Seton to the nucha; circumcision; pills of Sedillot. Under this treatment, ophthalmia and chancres both disappeared.

This ophthalmia, obviously, was not simply blenorrhagic, like that conveyed to the eyes by the fingers when loaded by the matter of an ordinary discharge; for, in this case, we find also chancres, and the antivenereal treatment induced an equally rapid recovery from both. It offered also very different symptoms from those which characterise constitutional syphilitic ophthalmia, as might be expected from the fact that the virus was here directly transmitted to the eye, not conveyed to it by the constitution. The inflammatory severity and alteration in the cornea is of little or no consequence in the diagnosis.

Case.—*Fissure of the Anus; Three Operations without Improvement; Antivenereals; Recovery.*—A soldier was affected with a fissure of the anus, and was operated on twice before he came to the hospital. I performed on him a third operation, which was as unsuccessful as the two others which he assured us he had undergone. The patient, having been frequently interrogated, denied ever having had connection with women; and, on examining the rectum, there existed a rather copious discharge. Sublimate injections, the introduction of mercurial tents into the rectum, antivenereals internally, soon arrested the discharge, and the fissure quickly cicatrised. Probably this patient told the truth when he asserted that he never had connection with women, but still the affection, in this case, must have been contracted by "direct" means. The fissure was not a simple tear of the rectum, as it yielded to a specific treatment, although three operations had been performed without any such successful result. The pustular forms of syphilis, which are the forms more frequently seen, are generally the consecutive symptoms of a disease introduced directly by the genital organs; and cases are met with where the infection takes place in this way as the result of unnatural intercourse. Examples of this kind, however, are so well known, and their diagnosis is so easy, that they had better be passed over in silence. Here is a singular case of a somewhat similar kind.

Case.—*Venereal Ulceration at the Umbilicus.*—Some years back, I was consulted by a young lady, who had a muco-purulent exudation from around the umbilicus, the smell of which was similar to what is usually known to proceed from venereal ulcerations when found between the toes. Emollients, general and local baths, afterwards tonics and astringents, were tried, with no advantage. My attention was now seriously aroused, and I made the fullest inquiries into the history of the patient. She acknowledged having had intercourse with a young man, who had syphilis, but which had disappeared a short time since without his having submitted to treatment. Fearful of pregnancy, and of contracting the disease, she observed a certain caution, but the seminal fluid was frequently emitted on the umbilical region, and it was since then that this exudation made its appearance. Lotions, with sublimate; antivenereals internally. In a short time the discharge disappeared, the spot whence it proceeded lost its mucous aspect, and the epidermis was restored to its normal condition. Now, since the infected seminal fluid was capable of transmitting the disease through the epidermis to the umbilicus, with what more severity would it not have acted, if it had been left on the surface of a mucous membrane like the vagina? It is highly probable that pregnancy, in this case, would have been attended with the consequences of hereditary syphilis, as we shall by and by shew by cases.

Case.—*Venereal Ulcerations of the Scrotum.*—A young man, fearful of contracting a venereal infection, had recourse to the ordinary mechanical means of protecting himself, and used on this occasion a "double" precaution. No symptoms shewed themselves on the penis, but some venereal pustules appeared on the scrotum, which he could not cover during coition; and these resisted every mode of treatment, till a persevering use of antivenereals was resorted to. The scrotum alone is seldom the seat of primary symptoms, because the infection has readier access to the prepuce or the glans; under peculiar circumstances, cases of this kind do occur, when, if they are small and superficial, they may disappear by the use of baths, a mild regimen, &c.; and may occasion, at some later period, consecutive symptoms, the origin of which the patient is ignorant of.

Case.—*Ulceration of the Upper Lip; Sub-Maxillary Engorgement; Antivenereals; Recovery.*—A soldier presented himself, in the month of January, 1844, with an ulceration of the upper lip, and a considerable engorgement of the sub-maxillary glands. He could not account how he contracted the affection, but the ulcer on the lip offered a characteristic appearance; the edges were hard, everted, &c. When he had taken a hundred Sedillot pills, the ulcer had healed.

The lips have the same absorbing power as the genital organs—the epidermi of these parts—and being extremely vascular and thin, so that the infection is easily communicable. The enlargement of the sub-maxillary glands is analogous to the buboes which come in the inguinal region when the infection is in the genital organs.

Case.—*Ulcer in the Lip of a Cancerous Appearance; different Modes of Treatment; Recovery by the Antivenereals.*—A student, ætat. 17, had an ulcer during the last year and a half on the lip, which was considered cancerous. Every method of treatment that had been put in force had failed. I was consulted, and considered the affection to be of a venereal nature. On interrogating him closely, the young man acknowledged that, returning to college one night, he kissed a prostitute in the street, a short time before the ulcer made its appearance; but as he refused the advances of this girl, he attached no importance to the fact, and passed it over in silence. An antivenereal treatment was followed by a speedy amelioration, and a complete recovery. If the venereal ulcer in this case had been treated as a cancerous nature, it would undoubtedly have degenerated into a fatal condition, for, being already irritated by the application of caustics and other irritants, it had increased rapidly.

Case.—*Ulcer on the Lip of a Cancerous Nature, communicated to Three Friends by the same Woman.*—About twenty years ago I was consulted by a young man from Montpellier, about an ulcer which was situated on the lower lip, and which was considered to be carcinomatous. Excision had been proposed for it as the only chance of recovery. The wound had obviously, however, a syphilitic appearance. The affection had lasted three months, and the patient never had syphilis; he had had no intercourse with a person likely to have disease, nor could he recal any incident to explain the nature of these symptoms, a curiosity for the details of which excited no little investigation among the medical men acquainted with the case. I had great difficulty to induce him to try an antivenereal treatment, but the character of syphilis appeared so evident to me, having had many similar cases, that I enforced on him my own views of the proper treatment. At the end of three weeks the ulcer was healed. At this same period another young man came to consult me, having a wound at the same place, from which he suffered for about the same length of time. He presented the same appearance as the first patient. The same interrogatories won the same replies. The same treatment was tried—as rapid a recovery took place. A short time afterwards a third young man called, who had been sent by his two other friends, to get rid of a similar affection of the lip. The same syphilitic appearance was visible, and from its irritable aspect the same opinion

of a cancerous nature had been formed about it. The same means produced as fortunate and speedy results as in the two former cases. How explain this perfect coincidence in the ulceration of these three young men, all perfectly unacquainted with the way in which they had contracted this disease? If one of them had been infected from drinking out of the same glass, or by smoking the same pipe, or playing on the same flageolet (one of them played on this instrument), the principle of contagion might be communicated. I could not account for the singularity of these cases, until one day I met one of the three friends coming out of a house as I was going in; on meeting me the young man blushed, and appeared ashamed, and when addressed with questions which he knew were not dictated by a foolish curiosity, he confessed that he had been paying a visit to a woman who lived on the second floor of that house. The mystery was now cleared up. I attended in the same house, and on the same story, a patient from Cevennes, whom I treated for the last four months for constitutional syphilis, which was accompanied with ulcer in the throat, and on the inside of the lips. This young girl, ignorant that she could communicate the disease under which she laboured, was courted by each of the three friends separately. Her kisses infected each, for she allowed no greater liberty. Thus their statement was true, that there had been no cohabitation, and although they were on the most friendly terms, they could not account for the simultaneous existence and perfect identity of their disease. They never visited this young girl together, and her appearance of blooming health, and her obstinate resistance to their advances, could not warrant the slightest supposition that an inveterate syphilitic affection existed.

Case.—*A Tubercular Eruption on all the Body, appearing with a Cause; different Modes of Treatment without Success; Recovery by Antivenereals.*—A young medical man of considerable talent observed a number of tubercles suddenly make their appearance on his face, of an extraordinary aspect. They soon extended all over his body. The patient did not recognise the character of the symptoms, notwithstanding his experience, nor did any of the colleagues he consulted. After five or six months of fruitless but different modes of treatment, the symptoms increasing in severity, he came to Montpellier to consult me. The appearance of the tubercular crusts, their obstinacy, their continuance in certain places, although some few had healed, the cicatrices which they left, and, above all, the numberless examples of this kind which had come under my notice, induced me to consider the case of a syphilitic nature. The patient declared that there was no circumstance in his life, that he could remember, to warrant the supposition of constitutional syphilis. An antivenereal treatment produced the complete disappearance of all these symptoms in three months, except the marks left from the cicatrices. Pills of Sedillot, preparation of gold, sudorifics in high doses.

The patient was not aware of what importance it was for his recovery to be able to assign a determining cause. He had taken a long journey to put himself under the care of a master in whom he had the greatest confidence, but all the different modes of treatment that had been tried proved ineffectual, and still he could not recal any circumstance that would warrant him to believe in the existence of constitutional syphilis. We must admit that the infection here took place, as in the preceding cases; the primitive symptoms being trifling and superficial, and disappearing almost immediately without leaving any trace.

Medical men have long been obliged to admit the existence of buboes *d'emblée*. By this term is meant, that the buboes appear where there is no external ulceration, or pustule on the penis, &c. It may have been preceded solely by slight superficial excoriations, which have healed quickly by emollients, and cleanliness. Ulcerations on the skin, pustules, &c., come on after connection. Sometimes twelve or fifteen days pass by between the period of infection and the appearance of primary symptoms, which are always the effect, not the cause. In this way we can understand how their presence is not always necessary to form a correct diagnosis, for the constitution may be infected without the patient being warned by any external phenomenon exciting attention. What we have just said of the genital organs, may be applied with much more truth to the tongue, mouth, lips, in a word to all parts of the body, where the absorption of the virus may take place.

The practical results that may be drawn from these facts, are, that in venereal affections, particularly in the secondary constitutional ones, we must attach more importance to the aspect of the symptoms than to the antecedent history; for patients may be completely unaware how they became infected, even when of no consequence to dissemble. When the symptoms are well characterised, we must not pay attention to the denials of the patients, though in other matters their word is not to be doubted: we should act according to the present indication, particularly when we take into account the anterior courses of treatment they may have undergone without benefit.

Case.—*Indirect Transmission of Syphilis among Three Children.*—In a regiment, garrisoned at Montpellier, three children were entrusted to the care of a sapper, who was labouring under venereal pustules in his mouth. These children made use of a glass and spoon which he was daily in the habit of using; all three presented in a short time pustules on the lips, which quickly assumed a bad character, and only yielded to antivenereal treatment. This mode of transmission being well known, we shall record no more cases of it.

Case.—*Congenital Syphilis; Venereal Ulcers on both Feet; Mercurial Frictions; Recovery.*—A woman came to the hospital of Saint Eloi in February, 1842, to undergo treatment for an attack of intermittent fever. She brought with her at the same time her daughter, aged two years, who for the last six months had ulcers of quite a venereal aspect on both feet. Notwithstanding the frequent denials of the mother, who pretended never to have had syphilis, the child was put under a mercurial course of friction, and the ulcers quickly healed.

Case.—*Syphilitic Ulceration of the Right Side of the Face and Forehead in the Mother—Ulceration on the Child's Buttock at the Age of Ten Years.*—In the month of July, 1844, a woman came to the Clinique, having a large ulcer, which had eaten away the upper part of the right side of the face, from the alæ of the nose to the scalp. The surface was red, bleeding, covered with granulations of a bad appearance, and which poured out a sanious suppuration, and gave at the first aspect the idea of the existence of cancer or lupus. The history, however, proved a venereal origin for these disorders. The patient had syphilis at several different times, and the treatment was ineffectual, because incomplete; after having suffered excessive pain in the head, a small pimple appeared on the face; it ulcerated, grew larger, and gradually covered a surface about the size of the hand. At the same time this woman showed us a little girl, ten years of age, of a lively and intelligent appearance, and of vigorous constitution, who had on the buttock an enormous ulcer, with everted and irregular edges, and a greyish aspect, and at the same time had ulcerations on the labia majora. Six months ago, a small pimple came on the buttock, the child scratched it, and in a short time afterwards the disease had made rapid progress. A furfuraceous eruption of the vulva about the same period was followed by a copious discharge, with excoriations which quickly ran into characteristic ulcers. An attentive examination of the genital organs of the mother, connected with the history and character of the woman, left no doubt about the existence of congenital syphilis, which remained during ten years in a latent state. The mother was treated with Sedillot's pills—afterwards with the iodide of potassium, night and morning, with sudorifics. Emollient poultices were applied to the ulceration, and leeches in the vicinity. The child was also submitted to the pills of Sedillot and to sudorifics, with local injections of a solution of bichloride of mercury. When I gave up the cases to Dr. Franc (August, 1844), these two patients had already experienced a considerable improvement, and the ulcers gave every promise of a speedy cicatrisation.

[Dr. Waters is indebted for these lectures to the labours of M. Hermann Kaula, to whom the profession is under no slight obligations for thus furnishing it with the latest views on surgical medicine taught by his distinguished friend and preceptor. Perhaps it should be added, that the forms of disease here treated on, are those to which M. Lallemand has given such special and successful attention.—Ed.]

ON STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By LEROY D'ETIOLLES, M.D., Member of the Academies of Brussels, Madrid, and St. Petersburgh; of the Imperial Society of Physicians at Vienna; of the Royal Medical Society of Edinburgh; of the Medico-Chirurgical Society of Berlin; of the Society of Medical Sciences at Lisbon; of the Royal Society of Arts and Sciences at Nancy; of the Medical Societies of Antwerp, Bruges, Ghent, Guadalaxara, Lyons, Malines, Munich, Nancy, Willebroek, and Paris; and of the Council of Health at Brussels.

Condensed from the original by JOHN FOOTE, Esq., Member of the Royal College of Surgeons of London; Senior Honorary Secretary of the Royal Medico-Botanical Society of London; Corresponding Member of the Sociedade Pharmaceutica Lusitana; of the Société Industrielle at Angers, &c &c.

(Illustrated by wood-engravings.)

Strictures of the urethra deserve the utmost attention from surgeons, on account of their frequency and severity. They may prove dangerous when they are neglected, not only by causing occlusion of the canal, but also by becoming the primary cause of numerous changes of structure, which, misunderstood and neglected, often place life in danger. The most common consequences of the difficulty in the emission of urine which they cause are, ulcerations of the urethra in that portion of the canal which is immediately behind them, urinary abscesses and fistulæ, inflammation of the prostate, stone, catarrh of the bladder, and nephritis. Other alterations may also be produced, but those which we have enumerated are more than sufficient to demonstrate the importance of the study we are about to undertake.

Before touching, however, upon that part of my inquiry, it will not be altogether useless to begin by examining the normal condition of the urethra, in order that its pathological state may be afterwards better understood.

Anatomical considerations.—The urethra is generally divided into the spongy, membranous, and prostatic portions. Some, however, consider the bulb as a fourth part, while others propose to divide it into two parts only—the one fixed, limited by the sub-pubic ligament anteriorly, and by the neck of the bladder posteriorly; the moveable portion extending from the sub-pubic region to the extremity of the penis. This division is erroneous, inasmuch as the pathological changes which take place in the form and length of the canal occur most frequently in that part which is wrongly described as fixed. This part, in fact, often undergoes an elongation of from one to five centimetres, from hypertrophy of the prostate, which, at the same time, causes an increase of the curvature, and it is also often pressed out of its natural direction by the abnormal development of one of the prostatic lobes. The first division into three regions ought, therefore, to be preferred, because, in fact, these three portions are well-marked by the texture of the tissues which surround them.

The urethra presents three curvatures according to some, but only two according to others; but with respect to catheterism, one only is to be regarded, since, in consequence of the extension of the penis, the urethra is straight as far as the bulb, where the curvature commences, which terminates at the neck of the bladder. Besides its natural inflexions, however, the urethra may present accidental ones, having for cause, for example, the unequal increase of the lobes of the prostate, the unequal development of the corpora cavernosa, tumours developed in the perinæum, fistulous canals, the sequelæ of urinary abscesses, and old and large herniæ and hydroceles. There is yet another cause of the deviation of the canal, which is yet worse than the other,—I mean the false passages made during previous catheterism.

Surgeons differ as to the length of the urethra; thus, Boyer assigns it from eleven to twelve inches, whilst Malgaigne looks upon six inches as the

maximum. These differences of opinion may perhaps be explained by the peculiar circumstances in which the observers were placed. M. Malgaigne, for example, having experimented on the dead body, found the urethra to be very short, for, on almost all bodies, the emaciation which precedes death, and the contraction of the tissues which follows it, so contract the urethra that we may, in a large number of the bodies of men, practise catheterism with the female catheter. The length of the urethra can be ascertained only on the living subject, and the best means to do so is to judge by the depth at which the urine can be drawn off by a gum elastic catheter —a proceeding which every good surgeon employs to learn at what depth a catheter should be fixed to draw off the urine without injuring the parietes of the bladder. The distance from the part corresponding to the meatus urinarius to the eye of the instrument, will give the length of the urethra, the penis being in the flaccid state the while. Civiale, who measured the urethra in this manner, gives it a medium length of six inches and a half in the living, and five and a half in the dead, and Velpeau says, "at six inches the bladder is entered." If this were the case, the greater number of strictures would be at the neck of the bladder, for they say, and say truly, that they are mostly situated at from five inches and a half to six from the meatus urinarius. Watheley gives a medium of eight inches, five lines, as the result of fifteen observations on the living subject. In my opinion, founded on more than a hundred observations made on the living, the medium length of the urethra is about eight inches.

It seems to me that the differences of races produces notable differences in the length of the urethra; I was struck with the shortness of the instruments and catheters of Jacobson, the surgeon, of Copenhagen, and since then, in the greater number of the Northmen I have had occasion to catheterise, I have found the urethra rather shorter than in the inhabitants of the South. I have, however, rarely found it to be less than seven inches, and, on the contrary, have often found it to be ten or eleven inches long, and even more. A short time ago I sounded four patients in one day, whose urethræ presented the latter dimensions.

As we are not generally called upon to catheterise the healthy urethra, it is of more importance to study the dimensions of this canal in the state of disease than in that of health, and especially on the dead body. As the prostate of old men is much larger than at the other periods of life, the urethra is consequently so much the longer; when retention of urine occurs, which is very common in old age, it is generally dependant on a greater degree of hypertrophy, or on the development of the pathological lobe, whence there results another increase in the length and curvature of the canal. Whilst the prostate, enlarging as old age comes on, raises the neck of the bladder, the symphyses pubis and the sub-pubic ligament also acquire a greater height, thus depressing the commencement of the membranous portion of the urethra, and adding to the curvature of the canal. The following are the medium results of the measurement of the height or antero-posterior diameter of the symphysis and sub-pubic ligament, which I made and published eighteen years ago:—

Age.	Men. (millimetres.)	Women. (millimetres.)
12	31	31
14	33	33
20	36	36
28	40	36
34	42	36
45	45	38
60	50	43
70—80	50	50

This table also shows that the height of the symphysis, which is the same in both sexes in infancy, presents differences at the adult period of life, which diminish in extreme old age; these differences, and still more the existence of the prostate in man, destroy the resemblance which was supposed to exist with regard to catheterism between the intra-pelvic portions of the urethra in both sexes.

A marked degree of embonpoint often gives rise, long before old age, to an increase in the length and curvature of the urethra, through the interposition of the fatty tissues around the rectum and neck of the bladder. I have often noticed this in fat, calculous subjects, in whom the increased length of the canal could only be attributed to the elongation of the penis, which generally disappears in the midst of the fat of the pubes. The curvature is sometimes enormously increased, so that in the greater number of cases of enlargement of the prostate, and in very fat men, catheterism is most readily practised with catheters having a curvature of three inches and a half. This curvature of the membranous and prostatic portions, however great it may be, is nevertheless effaced when the straight portion of the sound has passed through the neck of the bladder, but this depression is not effected without violence; so that the measures of the depressibility of the neck obtained on the dead body by M. Malgaigne are not applicable to the living. After having introduced a straight sound into the bladders of several dead bodies, he found that the medium of the inclinations furnished by these experiments gave an angle of 45° with the axis of the body, lying flat on the back. The angle is generally much more acute in the living; the direction of the catheter is often parallel with that of the body, and when engorgement of the prostate is conjoined with great embonpoint, the external portion of the instrument is often below the horizon.

If the entire length of the urethra differs, as has been already shown, it will be readily conceived that the length of each of its regions may vary. That of the spongy portion is from five inches and a half to six inches; the membranous portion is generally one inch; and the prostatic from twelve to fifteen lines. But the natural length of the penis causes notable differences in the spongy portion, and pathological changes cause equal differences in the prostatic portion. Among the morbid preparations which I have presented to the Musée Dupuytren, there is one in which the prostatic portion is three inches long, and the spongy portion four inches only.

Opinions differ also with regard to the diameter of the urethra; the elasticity of the canal renders it difficult to ascertain it correctly. The only way to effect this object is to inject the canal with a substance which will harden in it, and form a mould, and even that, as the tissues of the canal are extensile, will be less a test of its diameter than of its elasticity. The results of experiments thus conducted show that the narrowest parts of the urethra and the least dilatable are—the meatus urinarius, the commencement of the membranous portion, and the point which corresponds to the anterior third of the spongy portion. Nevertheless it is worth notice with regard to the meatus urinarius, that its form presents various anomalies; sometimes the contraction exists only at the orifice of the urethra, and the canal is suddenly dilated afterwards; a second contraction sometimes exists seven or eleven lines further on, the intervening space being called the fossa navicularis; sometimes the narrowing exists in a continuous manner for four or five lines, and there are then no traces of the fossa navicularis, and the orifice of the urethra occasionally presents the appearance of a funnel, the wide part opening outwards, the narrowest point being at the depth of three or four lines. These different conditions of the meatus urinarius are of importance with respect to catheterism, the treatment of stricture of the urethra, and to lithotrity.

The vesical extremity of the urethra is occasionally suddenly contracted by the prostatic projection, which M. Amussat has incorrectly called the pyloric valve. The neck of the bladder sometimes, instead of being contracted, presents an infundibuliform evasement; this happens when the portion of urethra, behind very old strictures, has been dilated by the retention of urine. There is generally then incontinence of urine.

The natural dilatation of the neck varies at different periods of life; it is very great in the child, whence results the ready and frequent admission in it of calculi, or of fragments of calculi, thus constituting one of the principal obstacles to the use of lithotrity in infancy. The dilatability of the neck is lessened when the prostate is hypertrophied; nevertheless, even under those circumstances, it may admit bodies of half an inch diameter, of which I have assured myself several times during the hypogastric operation of lithotomy, by introducing my finger into the neck without difficulty, either to remove fragments of calculi, or to seek for the cause of a retention of urine, complicating the case, and to relieve it.

The urethra is much larger in two situations than in the other portions of its extent. These two points are the bulb and the centre of the prostate. Their extensibility exists not only on the dead body, but also on the living, so that, frequently, after lithotrity, fragments of the calculus are stopped there, without in any way interfering with the passage of large sounds. The enlargement of the bulb exists principally in the under part of the canal, where it causes a sort of *cul de sac*, in which Wilson supposes the semen to be retained for an instant before it is expelled by the contraction of the bulbo-cavernous muscles. A practical consideration resulting from this is, that false passages must be more common at this part, on account of the sudden contraction of the membranous portion following the enlarged bulb, and because the urethra here begins to bend upwards. This membranous portion, which, at first sight, might be regarded as the most extensile, on account of the muscular tissue which surrounds it, nevertheless resists a sudden, but not a slow and sustained dilatation. It is not a rare thing to see calculi which have been stopped here, become very large, or, when a stricture exists at the junction of the bulb and the membranous portion, to find the part of the bulb behind the stricture acquire a considerable size by its distension by the retained urine; so that both Wilson and Civiale were right, the one in stating that the membranous portion was very slightly distensile, and the other that it was very much so. They ought, however, to have noticed the slowness and the rapidity of action of the dilating agent.

In all works on surgery, when treating on the anatomy of the urethra, it is recommended to pass the catheter along the upper paries of the canal, because all the obstacles to its passage are met with on the lower, such as the cavity of the bulb preceding the sudden contraction of the commencement of the membranous portion, the projection of the verumontanum, the prostatic excavation, and the bar at the neck. This rule is of the greatest utility as respects the point of junction of the bulb with the membranous portion, there being a difference of two or three lines in their level, so that if the point of the catheter were passed into the cavity of the bulb, and force employed, a false passage would be made; it is, therefore, requisite to raise the point of the instrument towards the upper paries; but too much force must not then be used, as it may be caught against the sub-pubic ligament, and the urethra bruised, or even lacerated.

The structure of the urethra varies in its different regions, all of which are lined by a mucous membrane, which, although a continuation of that of the bladder, is smoother, more resisting, and more vascular. It forms little folds, which, during catheterism, must be effaced by extending the penis, as otherwise, with a conical, or very small catheter, the point may be caught in them, and thus simulate stricture. Natural valves have been met with in this membrane, which are not effaceable by extension of the penis, but they are not so frequent as they are supposed to be, and the bridles and projections of small cicatrices have probably been mistaken for them. They are generally met with at the junction of the membranous portion with the prostatic, and at the deep edge of the fossa navicularis, an inch from the meatus urinarius. Lacunæ, known by the name of the *sinuses of Morgagni*, are also met with in this membrane, and are sometimes so large as to catch the point of a small catheter, and give rise to the belief in the existence of a stricture. They are most numerous about the bulb. Canals also open into the urethra, and if their orifices are patent the catheter may enter them, and give rise to error; when the verumontanum and the crista galli are much developed, if they do not prevent the passage of the catheter, they may render it difficult.

Some authors admit the existence of muscular fibres throughout the whole length of the urethra; among these are J. Hunter, Bauer, Wilson, E. Home, and Guthrie; others, such as Bell, Shaw, Moreschi, and Panniza, deny it. They are not found in man, but are supposed to exist by analogy with the greater animals, as in the horse, in whom muscular

fibres, apparently a continuation of the bulbo-cavernous, extend over the whole length of the free surface of the urethra; but these are external to the corpus spongiosum, and their action is to retract the penis within its sheath. There are not any muscular fibres around the mucous membrane, any more than in man, as M. Leblanc, M. Pégu, and myself, have ascertained. The urethra nevertheless aids in the expulsion of the urine, and occasionally expels catheters when not secured; this may be explained by the turgescence of the spongy tissue, without admitting the existence of muscular fibres. The catheter, instead of being expelled, is sometimes drawn into the bladder by a sort of aspiration, as it were, caused by the contraction of the longitudinal fibres of the bladder, which extend as far as the commencement of the membranous portion of the urethra; it rarely happens except when the organ is diseased and empty.

The urethra does not possess any proper muscular fibres, and the spongy portion is entirely without any; but in the prostatic and membranous portions the mucous membrane is enclosed by a muscular layer, the prolongation of the fibres of the bladder, which terminate in a sort of fibrous ring; it is confounded with the tendinous fibres of the muscles attached to the bulb, so that it may almost be said that the first neck of the bladder exists immediately behind the bulb. In fact, when in catheterism the instrument has reached this point, an inclination to pass water is immediately felt. The muscular contraction seems also to make the commencement of the membranous portion a door of the bladder, as it were, since, if it does not prevent the escape of liquids from within, it at least opposes their entrance from without. Who has not observed, when using injections into the urethra, that the liquid returns without passing beyond the bulb, even when it is carried so far by a catheter; but if the eye of the catheter pass the commencement of the muscular part, even by a single line, the liquid passes into the bladder, and overcomes the resistance of the true neck without difficulty. This fibro-muscular orifice does not prevent the entrance of injected liquids only; soft and flexible catheters are in some cases passed through it with difficulty; they must be provided with a stylet, and their point pressed against the orifice until the slight but sustained pressure has overcome the obstacle. This muscular contraction is caused, not only by the terminal ring of the fibres of the bladder, but also by the bulbo-cavernous, the transverse perineal, and the external sphincter of the anus, which, passing from different origins, are attached to the commencement of the membranous portion of the urethra, and draw it in different directions. Thus is produced that obstacle to the passage of instruments, which is called spasm of the urethra. Its occurrence has been explained by the presumed existence of circular fibres from the bladder accompanying the longitudinal, but their existence is entirely fictitious, nor is it necessary to explain the cause of the spasm, which always takes place at the commencement of the membranous portion. There are certainly almost annular fibres in another part of this region, but they belong to Wilson's muscle; they are external to the muscular layer, which forms an envelope to the two deep-seated regions of the urethra, and spasm is not often observed in the part where it is found.

The prostate gland, which sometimes completely, and at others incompletely, surrounds the vesical extremity of the urethra, is subject to an enormous increase of size, to partial pathological developments, which deform the canal, cause it to deviate from its position, or to become narrow, close, or mask the vesical opening, affect the emission of urine, and often completely suppress it, constitutes one of the most serious complications of stricture. These changes of structure in the prostate will be the subject of a special monograph.

From the bulb to the meatus urinarius, the urethra is principally formed by an erectile spongy tube, to which the mucous membrane is united by a fine and close cellular tissue, which does not appear to admit of extended gliding motion; so that the very great mobility of strictures must be attributed to the elasticity of all the tissues which enter into the composition of the urethra, and not to the gliding of the mucous membrane, for when the latter has been torn, or destroyed by syphilitic ulceration, or by caustic,—when the spongy tissue which enters into the formation of the cicatrix is intimately united with it, the mobility is still the same. The spongy tissue imparts to strictures something of its nature, so that they partake at the same time of the nature of inodular and of erectile tissues; these are the most difficult to cure.

The dimensions and shape of the prepuce, and the size of its opening, have a great influence on the production and treatment of stricture; balanitis, gonorrhœa preputii, and phymosis, are caused by narrowness of the opening; inflammation sometimes diminishes it to a point, so as to admit only a very fine probe, and gives rise to retention of urine. I have seen many such cases, and by and by I will give several remarkable examples.

Among the malformations of the urethra, there is one which it is important to study, on account of its frequency,—of the impediment it offers to the urinary and generative functions, and because it complicates the treatment of stricture; I am speaking of hypospadias. With regard to the other malformations, such as epispadias, and double urethræ, it is sufficient to allude to the possibility of the occurrence of such singularities.

The sensibility of the canal is not the same in all the regions. This it is especially necessary to bear in mind, for we might sometimes suppose we were touching a diseased part from the severity of the pain, whereas in fact the part is healthy, but possessed of great sensibility. This is especially remarkable at the meatus urinarius, the neck of the bladder, and at the bulb. It is hardly requisite to say that the degree of sensibility and the manner of complaining will vary in different persons. The sensibility of the canal is, however, soon blunted, so that certain operations can be performed, which at first sight seemed to be impracticable. Sympathetic irritation is also experienced at the meatus urinarius, and has been regarded as indicative of irritation at the neck of the bladder, caused by the contact of a calculus. It is, however, equally sympathetic of irritation in all parts of the bladder; it occurs where there are encysted calculi, when the neck is in no way in contact with the foreign body; gravel and even calculi in the kidney occasionally produce it. This sympathetic pain is modified according to the kind of irritation of which the bladder is the seat; it is felt after passing water, and resembles a painful itching when there is a calculus; it is a burning sensation, and occurs principally at the commencement of the evacuation, when there is vesical catarrh. In this respect there is a sort of reciprocity; emollient applications to the end of the penis and local baths diminish or calm the pain of stone in the bladder; in the operation of lithotrity, where a large instrument, by which the meatus is distended, is used, we may expect to find the bladder affected with contractions which impede the manœuvre, and may compromise its success.

(To be continued.)

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

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(Continued from page 406.)

The commencement, as well as the continuation of the second stage of phthisis, is more marked than any other period of the affection by intercurrent bronchitis or pneumonia. These temporary accessions of more active disease may continue for only a few hours, or a few days—they may occur only once, or may return many times during the progress of the original malady. They are generally distinguished, though in a somewhat modified degree, by correspondent changes in the sputum, but these should only be relied upon when assisted by the services of the stethoscope. Individually, these sources of diagnosis are faulty, when an acute disease, like inflammation, supervenes upon a chronic one, like phthisis; unitedly, they are of more substantial value. The peculiarities of sputum which indicate bronchitis or pneumonia, have been already detailed to the full.[1] If along with either of these we find an aggravation of cough, an increased difficulty of respiration, especially on lying down, an augmentation of pain, and a sense of infarction in the chest, bronchial breathing in its lower portions, and a mucous, muco-crepitant, or actually crepitant râle, bronchitis or pneumonia may be pronounced. Nor is it uncommon, whilst the superior portions of the lungs are being destroyed by a slow process of tuberculisation, for the inferior parts of these organs to become once, or oftentimes, the seat of active inflammation. In some cases, indeed, a sudden bronchitis or pneumonia will anticipate the career of consumption, and carry off its victim at a few days' warning.[2]

The softening of tubercles in the lungs, which commences the third stage of consumption, is chiefly characterised by an aggravation of all the previous symptoms. The patient becomes more feeble and feverish at intervals; he is generally irritable and fretful; he perspires profusely, and is frequently seized with rigors; he coughs oftener, more urgently, and seldom without accompanying pain, referred either to the top of the sternum or to underneath one or both of the clavicles. Sometimes, in a paroxysm of coughing, a vomica will suddenly burst and discharge its contents almost at a single gush. If a blood-vessel of any size be implicated in the rupture, the patient may bleed to death in a few seconds. This is not an uncommon occurrence. Again, only a small quantity of blood may be expectorated along with the matter of vomica, and hemoptysis may follow at intervals during the remainder of the patient's life; but vomicæ often burst without any accompanying or subsequent pulmonary hemorrhage. The length of time which tubercles take in softening, and the period which intervenes between their complete disintegration and their expulsion from the lungs, are very variable, and dependent upon a number of circumstances. Hence, the evacuated matter is liable to much difference, both of nature and appearance. Most commonly it consists of pus, mucus, shreds of membrane, the debris of tubercle, and blood. I have seen it when these several substances were perfectly natural-looking, distinct from each other, and entirely free from offensiveness; and, again, I have met with it consisting of a mass of corrupt materials, grumous and filthy, and discovering no traces of genuine pus or tubercle. In such cases, the matter has obviously lain long enough, not only to soften, but to advance considerably in decomposition. I have almost invariably observed, in instances of this sort, that the patient has sunk rapidly after the rupture of the vomica, and the parietes of the latter have consisted of corroded, ragged pulmonary tissue. Vomicæ, on the contrary, that are left by the evacuation of less corrupt substances, are generally afterwards lined by a membrane which protects the contiguous pulmonary structure, and in some measure relieves the bronchi of irritation and of excessive secernent action, by itself becoming the future source of discharge of pus or tubercle.

The physical signs which indicate tubercular softening in the lungs, are, increased depression in the infra-clavicular, supra-clavicular, claviculo-

[1] I have generally observed, however, that in pneumonia intercurring with phthisis, either in its earliest or its latest stages, the expectoration, additionally to being *rusty* from a *uniform* admixture of blood with its mucus, has also been more or less marked by *free* blood either in patches or streaks; just the bloody expectoration, in fact, that we find in phthisis unconnected with any inflammatory condition. I have known this bloody sputum to be consequent upon pneumonia intercurrent with commencing phthisis, and, after the subsidence of the inflammation, never again to make its appearance during the protracted continuance of the fatal disease.

[2] I have just attended, with Mr. Carter of this town, a patient, a female ætat. 18, who died in three days, of pneumonia suddenly intercurrent with phthisis of four months' standing. The immediate cause of death was asphyxia, as might naturally be expected, for what portions of the lungs were untouched by tubercle were solidified by inflammation, so that respiration, slowly increasing in difficulty, at last became impossible.

axillary, and supra-scapular regions (I have enumerated them in the order of their frequency); diminished motion of the ribs, especially observable at the summit of the chest; stroke-sound of the chest, superiorly, dull, short, and less resistant than previously; auscultation under the clavicle, and in the claviculo-axillary space, discovering all sorts of confused sounds—humid, crackling, bubbling, blowing, and semi-cavernous. The heart's action is generally audible as before, but with less intensity and distinctness, being irregular, and, as it were, muffled. Bronchophony and bronchial cough increased, but the sounds more irregular and variable.

It has been attempted by more than one writer to give a clear and positive catalogue of percussive and auscultatory sounds distinguishing the stage of tubercular softening. My experience leads me to doubt the practicability of any such thing. We are acquainted, and somewhat precisely, with the physical signs which denote the first and the last stages of phthisis; and were the stage of tubercular softening an intermediate one, specific and invariable in its features, we might then pronounce with certainty concerning it. But such is not the case. At the very commencement of softening, the sounds are scarcely distinguishable from those of the preceding stage, whilst at its termination they approach, nearly or entirely, to those of the last stage. Between these two there is every variety of sound, according to the extent and completeness of the softening and disintegration, the degree, the irregularity, and the amount, of liquidity of the tubercular matter.

As the softening of pulmonary tubercular matter commences the third stage of phthisis, so also does the evacuation of that matter complete this stage, in so far as the affected portion of lung is concerned. But with the formation of a single cavity, the diseased action is not always terminated; for though, in some rare cases, the cicatrisation of the cavity, or the lining of it by a membrane which after a time ceases to secrete, may be a means of prolonging the patient's life, or of saving it from a sacrifice by this disease (phthisis); and in other cases, and more commonly, the patient sinks after the first occurrence of tubercular softening, and the post-mortem discovers a solitary vomica; yet it more usually happens that, one cavity having been formed, others shortly succeed it, or miliary tubercles that were stationary advance to maturation, or fresh crops of tubercle are deposited. According as one, or other, or all, of these morbid states and functions prevail, will the physical and other local indications of disease vary and be multiplied.

It remains for us only to notice the signs and symptoms which distinguish a pulmonary cavity, or cavities. The sputa are liable to some variation. Whilst the expectoration of tubercular matter is not necessarily a proof that tubercles exist in the lungs, or that these organs are in anywise diseased, so is the absence of purulent or tubercular sputum not a certain assurance that the lungs are free from cavities. I have known a man, with a cavity at the summit of each lung, to expectorate nothing but mucus for weeks together. This chiefly happens when the membrane lining the vomica ceases to secrete, and becomes, as is not unusual, tough, dry, and coriaceous. If the lungs be not further injured or diseased, and the system not materially debilitated or depraved, the bronchi are apt merely to discharge in increased quantity their natural fluid. If the lining membrane of the vomica be entire, and continuous in secernent functions, then the sputa will consist, for the most part, of genuine pus, with, perhaps, occasionally a little crude or softened tubercle, and, more frequently, a little frothy mucus derived from the trachea or bronchi. All these substances may be discharged together, or any one of them perpetually, or at intervals. If the vomica be destitute of a lining, wholly or in part, the pus, if any be expectorated, is derived chiefly from the bronchial membrane; but in these cases genuine pus is rarely spit; the matter is mostly ichorous, or sanious, and issues from the ragged and unprotected pulmonary tissue left by the discharge of the softened tubercle.

The breaking up of tubercular matter in the lungs, and the consequent formation of a cavity or cavities, gives rise, as I have said, to a great number of curious and complicated auscultatory sounds. As the cavity becomes perfected, and emptied of its contents, these sounds become fewer and more constant, and finally pass from a humid, gurgling, clicking, blowing, or cavernous rhonchus, to complete pectoriloquy—chiefly heard in the infra-clavicular, claviculo-axillary, or supra-scapular region. The sound is generally very circumscribed, but is sometimes of large extent, and of variable intensity and distinctness, from the communication of cavities formed simultaneously or in succession, or from the burrowing and spread of the original cavity.[3] Distinct pectoriloquy, however, is often masked by the presence of fluid (pus or mucus) in a vomica, which fluid necessarily complicates with the proper sound a variety of rhonchi. The integuments covering the affected parts are observed to be more flaccid and sunken than before,[4] they resist percussion more firmly, and give the same dead sound as previously, but it is of shorter duration. In very rare cases, the sound elicited by percussion is even more loud and hollow than natural. If this be not connected with puerile respiration over the situation of the cavity, it will be found that the latter is very large, and the noise produced by striking over it will be clinking or amphoric.

Pathology.—We have already sufficiently discussed the pathology of tubercle, both as regards the perverted function to which the genesis of tubercular matter is owing, and the constitutional circumstances with which it is connected. The morbid appearances of pulmonary consumption are, of course, very variable. If complicated with tracheal or laryngeal phthisis, in the trachea or larynx will be found more or less ulceration, and, perhaps, redness and tumefaction of the membrane, diffused or in patches. The lungs generally display one or more cavities, softened tubercles, crude tubercles, and miliary tubercles. Sometimes vesicular emphysema is met with, here and there, in the neighbourhood of cavities, and oftener, there will be seen circumscribed portions of lung, congested or emphysematous. Very rarely, a cavity will be found in one, or in each lung, and not any other indication of tuberculous disease exist throughout the pulmonary organs. I have seen more than one case of this kind. Again, miliary tubercles alone will be found occupying a greater or less extent of the tissue of the lungs, or only matured (crude) tubercles may be discoverable. Adhesions of the pericardium, or pleura, and effusions into the cavity of the chest, with other like adventitious morbid appearances, of course depend upon circumstances. There can be no doubt that patients afflicted with phthisis often die from mere asphyxia, the consequence, simply, of the minute bronchi being obstructed with tuberculous substance, or of the greater portion of the parenchyma of the lungs being loaded with it. In the latter case, the amount of tubercle must be very great, and its diffusion very general, because the lungs, owing to the supplemental aid which they can receive from the liver and skin, are capable of sustaining life by only a small portion of their natural amount of substance. I possess a section of the lower lobe of the right lung of a man who died of phthisis; it is a complete mass of tuberculous matter, as also was the whole lung itself. The left lung was pervious to only a small extent. The patient died comatose. Such cases are not uncommon; but it more frequently happens that the patient is destroyed, not by the injury inflicted upon his lungs, or a diminution of the accustomed function of the latter, but from that constitutional deterioration which both commences and completes the ravages of phthisis.

Treatment.—The treatment of consumption, whether commencing or confirmed, is of two kinds, local and general; but only in the incipient stage of the disease do remedial measures seem to have any chance of success. In the advanced stage we can do little more than offer a palliative to relieve the tedium and agony of lingering dissolution. True, it has happened that the most desperate and seemingly hopeless cases of tubercular consumption have rallied for a time, or have even recovered; that is, existence, though grievously infirm, has been unaccountably prolonged, and the patient, after a lapse of some years, has died of another disease. These are miracles of nature, not of art. It may happen, in the course of an extensive practice, that a man may meet with such a case as this, or, indeed, more than one; but if he be a wise man, he will not flatter himself that any of the credit of the cure is his own property. From the most extreme state, Nature will often raise and relieve herself, and we, in officiously helping her, are too apt to think that our knowledge and nostrums have been the source of her salvation.

Miliary tubercles may be deposited, more or less extensively, in the lungs, and give rise to all the concomitant signs and symptoms of phthisis, and instead of maturating and softening, may either be absorbed, or so hardened and semi-petrified by an accession of calcareous matter, as to remain dormant and harmless for any length of time. It is not a strange fact in morbid anatomy for a body, quite unsuspected of any phthisical taint, to discover traces of cartilaginous-looking, or calcareous tubercles in the lungs. In other instances, miliary tubercles will be aggregated in some portion of the pulmonary tissue, will maturate, soften, and leave a cavity. This cavity will at length become lined by a membrane, condensed and organised from the lymph effusion of the exposed vessels, and the membrane, at first secreting pus, will finally, from the subsidence of inflammation and congestion around it, secrete only mucus, or discontinue to secrete altogether. The patient, under every apprehension and prospect of phthisis, will mysteriously get well. Another case, similar in its outset, will spontaneously recover by a cicatrisation of the cavity, or a closure of it by bands of condensed lymph. Such cases are rare, and rarer still are those in which more than one cavity in the lungs has been thus healed, or rendered harmless, and its threatened victim saved, even against hope. Sometimes, after the deposition of tubercular matter in the lungs, or after the formation of a cavity by the softening and escape of this matter, further pulmonary mischief will be prevented by a derivative morbid action. Tubercular substance will aggregate in remote places; it may be where little comparative injury results from its presence, as in the mesentery, or where the consequences are fatal, as in the implication of some organ essential to life. In most such cases, however, the progress of morbid action in the lungs is seen to have been completely arrested. The following example, one of the most remarkable I ever met with, occurred in the course of my dispensary practice, about two years and a half ago. The patient, previously to my attendance, had been for some months under the care of Mr. Carter, the resident surgeon of the Birmingham General Dispensary:—

Henry Jeffries, a thin, pale, and weakly lad, became the subject of cough and profuse expectoration at the age of seventeen; he was also troubled with pain in the chest and in the left side, night perspirations, and loss of substance and strength. After these symptoms had continued some months, he was seized with occasional pains in his head; he became irritable, and sought retirement; his appetite was regular and good, but he frequently vomited his food, with scarcely any nausea, and without pain. His ailments persisted, with a slight increase of severity, for eight years, when his right side became paralysed, and he lost the sight of his left eye. His cough, which had before been almost constant, now decreased in severity and frequency, and the habitual purulent expectoration was exchanged for an occasional discharge of pus, alternating with an abundant frothy mucus. For three years previously, his paralysis had been threatened by temporary and partial loss of sensation and motion in his right side, and dim, irregular vision in his left eye. At the time of my seeing him, four months before his death, he was completely paralysed on his right side, and blind of his left eye, the pupil of which was widely dilated and immovable; the corresponding side of his face was drawn, and the opposite eye afforded only indistinct and con-

[3] *Bruit de Pot Fêlé* of Laennec.

[4] This is not always the case. I am now attending a female in the last stage of phthisis—there is a large cavity at the summit of each lung—and yet, a line stretched from either nipple, to the centre of the corresponding clavicle, touches uniformly the intermediate portion of the chest.

fused vision. He was fretful and irrational at times, but was never totally insensible until thirty hours before his death, when he became comatose, and never recovered his intelligence. He coughed frequently, and spat frothy mucus, and very rarely a little pus. Pectoriloquy was clearly heard under each clavicle and in the left supra-scapular region; bronchial respiration and voice were recognised in places over the greater part of his chest; and in other situations there was an unusual hollowness on percussion, and puerile respiration, with prolonged expiratory sound, and various rhonchi—humid, crackling, sibilous, and sonorous. His pulse was quick, feeble, and intermittent. Remedies were unavailing, and he died apoplectic on the 27th of October, 1842.

ON MERCURY IN SECONDARY SYPHILIS, WITH GREAT CONSTITUTIONAL DISTURBANCE.

By GEORGE SAYLE, M.R.C.S., &c., King's Lynn, Norfolk, formerly Curator of the Anatomical Museum in St. George's Hospital School.

Medical men are nearly all agreed, that an emaciated, irritable constitution from secondary syphilis, the system having been under the influence of mercury for the primary disease, will scarcely admit of that medicine being administered, or, at any rate, carried far enough to produce ptyalism. Taking a complete view of the following case, there can be little doubt of its true venereal character; and it also strongly illustrates a fact I have often before observed, that, in secondary syphilis, the eruption commences with the most simple, and rings the changes up to the worst form, unless previously checked by proper remedies.

I do not intend to consider the propriety of administering mercury in primary or secondary syphilis, but, unless constitutional symptoms forbid, I always place my patients gradually under its influence, and keep them so for a fortnight or three weeks after the chancre is cured, according to the severity or tendency of the latter to heal. This practice appears to produce no injurious effects upon the patient's constitution, and I am equally glad to state that very few are troubled with secondary attacks; and I firmly believe, in those cases where it does happen, that it is in consequence of the mercury not being continued for a longer time. Sir Astley Cooper says Mr. Hunter's opinion was untenable, when he insists upon mercury being required for the cure of chancre, but afterwards goes on to state the practice in syphilis was much better twenty years before he wrote, merely from the circumstance of every patient undergoing a proper course of mercury. Afterwards, on the action of mercury, he says, "if a man be feeble or irritable, it then often induces sloughing and severe constitutional irritation," but strongly insists upon its administration in the secondary attack, *if* it has been omitted in the primary. Mr. Wallace has recommended mercury in some forms of phagadena, but Mr. S. Cooper, in his Dictionary, remarks—"I introduce Mr. Wallace's view of bringing the patient quickly under the influence of mercury, in certain states of phagadenic ulceration, not with any intention, however, of joining in its praise; for such is my conviction of the fatal mischief which I have repeatedly seen result from mercury in such cases, that I have long abandoned it, and find every reason to be satisfied with the results." Mr. Carmichael, and a host of other celebrated surgeons, agree with Mr. Cooper.

There can be no doubt that some cases of eruptive syphilitic disease will disappear without mercurial influence; but whenever it returns again, after omitting the medicines, I feel convinced no permanent cure can be effected without it. In the following case, mercury was exhibited at first; its action established and kept up, as I imagined, long enough to destroy any venereal virus remaining behind; then, again, in the form of Plummer's pill, after the secondary symptoms had set in. The disease still running on under its administration, I was induced to discontinue it, from a supposition that the hindrance to the patient's restoration was caused by it. After the lapse of some weeks, and every thing else had failed, I determined, as a last resource, in opposition to the general rule, to give him this medicine again, in the form of Donovan's solution. The following report will prove the result.

Case.—George Eggleton, ætat. 25, excavator, admitted into the infirmary, under my care, on the 11th of October, 1844, with a sore on prepuce, partaking of the venereal character. Has been standing about three weeks; nothing has been done for it. Robust appearance; good general health; accustomed to drink freely of beer. Ordered house diet; black wash to sore.

R. Pil. hydrarg. gr. iv, Pulv. opii. gr. ½ in pil., sumat ij omni mane et j nocte.

From this time to the 30th of November he gradually improved, and on that day left the infirmary as cured. His system was under the influence of mercury prior to, and about a fortnight after the sore had healed. Had just recovered from its effects when dismissed.

December 8.—Readmitted, with brownish spots sprinkled about the body, and an erythematous blush about midway on the upper part of left thigh, and just below the calf of right leg. Ordered nutritious diet; half a pint of porter.

R. Potass. iodid. gr. ij, Decoc. sarsæ ℥j, ter. die sum. Pil. Plummer. gr. v. omni nocte.

January 1, 1845.—The spots have disappeared. The cuticle, affected with erythematous blush at last report, became brown and scaly, falling off, and leaving complete rupial sores. The scalp is affected with sores of the same character. Poultice to sores, and occasionally bathed with a weak solution of nitric acid. Adde ferri ammon. tart. gr. x, ad haust.

February 24.—Ung. hydrarg. nit. oxyidi, to be applied to the sores.

March 1.—The sores have somewhat improved, and also his general health; but as it is very slow, he is advised to leave the infirmary, and try change of air. To continue the same directions.

8.—Again admitted. The sores increased in size; his health worse; loss of appetite; pulse weak, quick, and irritable; skin pale and bloodless. Omit. omnia. One pint of porter. Poultice and nitric acid wash.

R. Quinæ disulph. gr. ij, Acid. sulph. dil. *m*. viij, Tinc. aurant. ʒj, Aquæ ad ℥iss, ft. haust. sumat. ter. die. Bowels regulated by mild aperients.

March 29.—Sore on right leg three and a half inches in diameter; very unhealthy appearance; ragged edges; the soleus muscle and tendon sloughing; branch of external cutaneous nerve exposed, which causes considerable pain in outer part of instep; scalp considerably worse; eyelids very much swollen; loss of appetite. Continue porter and a glass of wine daily. Adde ferri ammon. tart. gr. x, ad haust.

April 10.—Gradually getting worse.

R. Solut. hydrarg. et arsenic. iodid. ʒiij, Ferri ammon. tart. ʒiij, Decoc. sarsæ Oj, ft. mist. sumat. coch. ij ter. die.

23.—Mouth tender; appetite improved; sores put on healthy action; general health improved. Omit solut. iodid. &c. ʒiss in mist.

May 17.—Slight tendency to relapse; gums scarcely tender. Auge solut. iodid. &c. ad ʒij in mist.

24.—From this time to the 5th of July the mercurial influence was gently kept up, and on that day he left the infirmary quite cured. He has remained well, also, since that time.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, August 22, 1845.

Academy of Medicine.—Sitting of August 19.—M. Caventou in the chair.

Corresponding Members.—A report was read by M. Girardin, relative to the nomination of French corresponding members. The reporter proposes that, before the close of the present year, twenty corresponding members be elected.—Unanimously agreed to.

Mineral Waters.—Exhibition of Arsenic in Ague.—After communicating to the meeting an elaborate report on the chemical composition of the ferruginous waters of Forges, M. Henry mentions the recent discovery of a sulphureous thermal spring in the province of Algeria. The waters contain minute quantity of arseniate of soda.

A discussion here ensued on the therapeutic action of arsenical preparations in intermittent fever. The following is an abstract of the debate:—M. Bally stated, as the result of long personal experience, that he had found arsenic of no decided advantage in the treatment of ague.—M. Desportes argued, it was not only powerless against the intermittent, but was prejudicial by its tendency to produce ascites and other abdominal complications.—Professor Piorry did not attribute the ascites observed to the arsenical preparations employed, but considered it as the natural result of the enlargement of the spleen, the constant companion of ague. He could not understand how the use of so dangerous a drug as arsenic was persisted in, when Science has demonstrated the perfect innocuity and heroic results of the exhibition of the salt of quinine.—M. Guéneau de Mussy brought forward the case of a woman who had been under his care at the Hotel Dieu. This person was affected with intercostal neuralgia and intermittent fever. Opium and various preparations of bark had been unsuccessfully exhibited, whereas she was cured within *three days* by the daily administration of a solution of one-twelfth of a grain of arsenious acid in half an ounce of water. A trifling relapse having occurred, one-twenty-fourth of a grain of the same substance completed the cure.

Academy of Sciences.—Sitting of August 18, 1845.—M. Elie de Beaumont in the chair.

Dangers attending the present Mode of Declaration of Births in France, by Dr. Loir.—"Declaration of the birth of a child shall be made within three days after accouchement, to the municipal officers of the district, to whom the infant shall be presented." Such is the enactment of the 53rd article of the Civil Code, and it is to the evil effects of the present execution of that law that Dr. Loir directs the attention of the Academy.

In all seasons the newly-born child *must* be carried to the mayoralty, and the fatal consequences of the exposure may be easily conceived. The statistical tables drawn up by Drs. Villermé and Milne Edwards demonstrate beyond refutation both the terrific mortality of infants and the influence of exposure to cold upon that mortality. Further inquiry shows that the deaths increase in number in direct ratio with the distance which separates the dwellings of parents from the offices of the municipality. The author concludes by proposing the following modification to the present mode of declaration, viz., "That in future the birth and sex of the child shall be ascertained at the mother's residence."

Plastic Operations on the Eyeball.—Dr. Plouviez, of Lille, made an interesting communication on this subject. The possibility of removing a portion of the cornea in cases where it has ceased to be transparent, and of substituting in its place the cornea of an animal, has been abundantly proved by recent experiments. The utility of the practice is not, however, so well demonstrated, inasmuch as Dr. P. himself acknowledges having performed the operation *very frequently* without *even once* obtaining perfect transparency of the engrafted membrane. In his *most successful* cases the borrowed cornea remained more or less opaline. Dr. P. mentions a young girl of twenty-three, who lost the use of her eyes, at the age of three, from small-pox. The opaque layers of the cornea were extracted, and in their place Dr. P. inserted the cornea of a young dog, who was killed for the purpose. Four stitches maintained the juxta-position, and adhesion was speedily obtained; but the only benefit derived from the operation was to permit the patient to distinguish day from night a little better than she did before.—Professor Flourens observed that M Feldmann, who has been pursuing for some time a series of experiments on this point of operative surgery, has reported more satisfactory results.

Ceratology.—M. I. Geoffroy St. Hilaire mentioned a singular anomaly in a ram lately presented to the Museum of Natural History. The male organs of generation are fully developed in the animal, but the teats, particularly on the right side, are enormously distended with milk. The secretion presents no remarkable difference from common goat's milk, and M. Chevreul has undertaken to examine further into its chemical composition.

Inhabitants of the Marquesas Islands.—Professor Dubreuil, of the Faculty of Montpellier, communicates to the Academy, through M. I. Geoffroy St. Hilaire, the results of his observations on the skulls of two natives of Nukaïva, in the Marquesas. These heads were discovered in a Morai, and brought to France by M. Commerins, a naval surgeon. One of these heads belonged to a man, the other to a young woman. A striking point in the former is the extreme length of the antero-posterior diameter, particularly when compared to the transverse measure of the skull. The face is rather long, the malar bones protrude, and the nasal arc elevated. The inferior maxilla is remarkable by the absence of its angle, the rami forming, as in the child, almost a straight line with the body of the bone. The female head is regular in shape, and even graceful in its contour—in neither does the facial angle approach 80°, a degree of aperture which M. Lebâtard attests he has commonly found in these latitudes. The examination of these two heads confirms Dr. Pritchard's remark on the resemblance between the islanders of the Southern Ocean and the Caucasian variety of the human family; they are also classed with the Caucasian race by Dr. Monro.

Anatomical Society; Meeting of August 22, 1845. Professor Cruveilhier in the chair.

A Romance of Real Life.—The following is not alone interesting by the singularity of the facts it reveals, but also by the results of the post-mortem examination of the body of the person to whom the history refers. An individual, of about fifty years of age, known in society in Paris under the name of Sir Edward Douglass, died on the 13th of August of acute peritonitis. He had married in France a lady, who subsequently eloped with a military officer; the deceased was said to be the natural son of a noble earl, who held a high office in the household of George III. On examination of the body, it was found to be that of a woman. The autopsy was performed, and the following alterations were discovered in the abdominal cavity:—The peritoneum was the seat of abundant serous liquid secretion, and a considerable quantity of sanguineous effusion, the result of acute disorder, existed in the abdomen. Two large fibrous tumours, attached to the margin of the uterus, were extracted with the womb, and presented to the Anatomical Society by Dr. Levaillant. The largest, situated on the left side of the uterus, with which it was connected by a pedicle inserted close to the left Fallopian duct, had acquired almost the size of the head of an adult, measuring from eight to nine inches in its length, and seven to eight in its breadth. The second tumour was rather more than half the size of the first; both offered the fibrous texture, and had become, in a great measure, the seat of bony deposit. The body of the uterus presented only one fibrous nucleus, and from the os uteri depended the pedicle of a mucous polypus, two inches and a half in length. The membrana hymenea was entire.

Syphilis of Deep-seated Organs.—M. Gabalda, interné of the Venereal Hospital (Midi), presented a remarkable case of tertiary disease of the cellular structure of the heart.

A man entered the hospital on the 10th of August labouring under advanced syphilitic symptoms. The patient had been previously affected with indurated chancre and secondary eruptions. He was, on entering the wards, found to be afflicted with cutaneous tubercles of the shoulder, and tertiary ulcerated sore of the penis, which presented to the unpractised eye the appearance of primary chancre; but its secretions were not inoculable. The ulcer had, however, given rise to lymphatic inflammation in its immediate vicinity, and a fistular passage had formed, extending to the pubes. One drachm of hydriodate of potash was exhibited daily, when on the 17th instant, the patient suddenly died.

Autopsy.—The internal organs were loaded with venous blood, but, except this congestive condition, no other cause of death was discovered. The heart was the seat of an uncommon alteration: it was evidently hypertrophied, and chronic endocarditis existed in the right ventricle only; but in the structure of the walls of the viscus, at least a dozen of those syphilitic tubercles, called by the French authors tumeurs gommeuses, had formed, and showed themselves at various degrees of evolution, from a slight ecchymotic hardness to a solid induration, and incipient ramollissement. An analogous tumour was detected in the basis of the left lung. The history of these tumours, particularly in the lungs, is practically most interesting. They give rise to all the physical signs of tubercular consumption. Their presence in the organ causes dullness on percussion, and diminution of the respiratory murmur. When they soften and ulcerate, the broncho-cavernous respiration and pectoriloquy are present. The constitution of the patient giving way at the same time, leads to the almost inevitable, but erroneous conclusion, that he is labouring under the fatal influence of phthisis; and the diagnosis can only be assisted by an accurate appreciation of the history of the case and a correct knowledge of the connection of the syphilitic symptoms with each other. The immediate influence of hydriodate of potash in the cure of tertiary syphilis affords a fair chance of recovery, if no accidental complaint interferes with the natural progress of the case. Instances of cure, referable to this form of complaint, were published by Dr. Monk in 1841 (see *Medical Gazette*), and his cases, as well as Dr. Ricord's, may perhaps be considered analogous to those which Morton denominated "syphilitic phthisis."

Absence of External Organs of Generation—Imperforate Anus—Dissections; by Dr. Jamain.—On the 19th instant a child was born who lived only a few minutes. The body was reported by the midwife to be that of a female child, but further inquiry showed that the external organs of generation were absent. The body was obtained for Dupuytren's museum by Dr. Jamain, who brought it to the society. The anus is imperforate: in front of the coccyx lies a scar, which seems to cover a bifurcation of the sacrum. The skin of the perinæum is smooth, and presents on the left of the mesial line *one* thin and empty fold; the cutaneous surface being removed, is found to cover only a large quantity of cellular tissue. The disposition of the abdominal viscera is very irregular. The *rectum*, distended by meconium to the size of a hen's egg, is terminated by a cul de sac, and floats in the pelvis, attached to the sacrum by a loose meso rectum. The *renal* capsules are enormous: the *kidneys* are absent; *the right testis*, the larger of the two, lies on the sacro-iliac symphysis, the left on the side of the second lumbar vertebra: each is furnished with its gubernaculum. The *ureters* are absent. The pelvis is occupied by a small body supposed to be the *bladder*. The dissection to be continued.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interné of the Hospitals of Paris.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in two numbers of the *Lancet*.]

GANGRENA SENILIS.—Mr. Taylor recommends, in cases of gangrena senilis, wrapping up the diseased part in lamb's-wool, and narrates a case in which it appeared to be beneficial. He considers that, in treating this disease, the main indication should be to preserve the capillary circulation of the part in sufficient activity. Constitutional treatment is also to be employed consentaneously.

DIFFICULT LABOUR.—Dr. J. Hall Davis was called in consultation to a case of protracted labour in a female thirty-eight years of age, where the head of the child was fairly wedged in the brim of the pelvis, and the bladder much distended with water. The contents of the latter were drawn off by means of the gum-elastic male catheter, and free bleeding was prescribed; after which, the woman was delivered by embryotomy, the osteotomist being used. The child had been dead several hours. The woman recovered. Dr. J. Hall Davis was also consulted in a case of difficult labour occurring in a primipara, thirty-six years of age, in whom the dilatation of the os uteri had gone on rightly, with the exception of a small portion in front, which continued rigid. The head was arrested at the brim of the pelvis. As the case was complicated with very severe pain, different from, and occasional to, the pains of labour, Dr. J. H. Davis decided on abstracting blood freely, which was done with relief. A few hours later, the rigid portion of the os uteri being obliterated, the long forceps were applied, and a dead child born. The mother did well.

POISONING BY OIL OF BITTER ALMONDS.—Dr. Letheby records a case of poisoning by the oil of bitter almonds, in which the following post-mortem appearances were met with:—The face was still placid, but pale; the eyes half open; a little foam adhered to the mouth, and it had the smell of bitter almonds. The dependent parts of the body were livid; the lungs were congested, and the right side of the heart was gorged with dark fluid blood; the abdominal cavity gave out the odour of the poison, but this was not noticed in any other part of the body; the stomach contained twelve ounces and a half of a pulpy, semi-fluid matter, in process of digestion; it had a powerful odour of bitter almonds. The internal coat of the stomach was generally pale, but here and there, especially along the greater curvature, some red petechial patches were observed. On subjecting the fluid to distillation, and saturating with nitrate of silver, Dr. Letheby procured one grain of cyanide of silver, indicating about two-tenths of a grain of pure hydrocyanic acid, a quantity contained in ten drops of the dilute acid of the Pharmacopœia; a further distillation enabled him to collect the volatile oil of the bitter almonds, freed, however, from prussic acid. The points of medical interest were, that the child was not convulsed, that he did not speak after he was seen, nor was there any scream or evacuation of the stomach, the bladder, or the rectum. He appeared to die from a paralysis of the respiratory muscles, the breathing becoming slower and slower.

FEVER, WITH SUPPURATION OF THE SPLEEN.—Mr. Chiappini was called to a case of fever, of four days' duration, in which the symptoms seemed principally to indicate head affection. The man was bled several times, both locally and generally; had saline and purgative medicines, and was afterwards placed under the influence of mercury. On the eighth day evidences of splenitis, with typhoid depression, showed themselves, followed by the usual indications of suppuration, and death on the fifteenth day. The examination of the body was made the next day. On opening the cavity of the abdomen an effusion of dreadfully offensive dirty-looking fluid was found, to the amount of a couple of pints. The upper part of the gastro-colic and the splenic omentum was violently inflamed; so was the peritoneal surface of the diaphragm on its left side, to which large shreds of coagulable lymph were adherent. The spleen was firmly adherent to the omentum, and to the peritoneal surface of the diaphragm (which was very much indented by it), to the cardiac extremity of the stomach, and to the posterior surface of the left lobe of the liver, corresponding to the cardiac orifice of the stomach. The capsule of the spleen was very much thickened and disorganised, and the organ itself was enlarged to at least ten times its natural size. On its convex surface, towards the ribs, were two large ragged-looking cavities containing a purulent sanies, and running into each other; in the upper part of its concave surface there was also a very large abscess, besides several smaller ones in the lower portion of the organ. The upper part of the parenchyma was completely soft and pulpy. The stomach and bowels were healthy. The liver and left kidney were sound, but in the tubular substance of the right kidney, and in the pancreas, there was purulent infiltration to the extent of about three drachms in each. There was not the slightest trace of any inflammatory action having existed in either of these organs, so that the pus found in them must have been a secondary deposit of the morbid fluid absorbed into and circulating with the blood. The peritonitis appeared to have been perfectly circumscribed, from the transparency and natural appearance of the membrane in the right hypochondrium and lower part of the abdomen. On opening the cavity of the chest, an effusion of plastic lymph was found along the sides of the mediastinum. Between four and five ounces of limpid fluid were effused into the pericardium: the upper lobe of the right lung was in a state of sanguineous infiltration; the middle and lower lobes were black and putrid, possessing a highly fetid gangrenous smell; their whole substance seemed to be

broken down into a putrilage, similar in appearance to that seen lining the mucous membrane of the uterus in some cases of puerperal fever. Both lobes of the left lung were in a similar state, though not quite to the same extent. In the upper part of the left side of the chest there were extensive adhesions of the pleuræ, and the lower part of the cavity was perfectly filled with a muddy sanies, evidently pleuritic effusion, mixed with the putrilage from the lungs. On the right side, the pleuræ were also violently inflamed, with extensive effusion of thick flocculi of coagulable lymph.

UNUSUAL PHENOMENA OBSERVED DURING AN EPILEPTIC FIT.—Mr. Tripe records the case of a female, twenty-two years of age, of plethoric habit, subject to epilepsy for years, and formerly accustomed to drink freely, to whom he was summoned while she was labouring under a very severe attack of epileptiform convulsions, which were ever and anon succeeded by coma. Venesection was practised, but very little blood was obtained. The temporal artery was then opened, from which flowed, with a per saltum motion, a stream of arterial-coloured blood, but in a short time another fit supervened, when some unexpected phenomena presented themselves. On the first occurrence of the convulsions, the stream issued more forcibly from the orifice, but gradually became altered both in colour and motion, the arterial tint slowly changing to a dark venous, and the leaping motion to a continuous stream, so that the blood appeared as if flowing from a vein, and with increased rapidity. This lasted during the height of the paroxysm (about one minute and a half), after which it subsided with the convulsive movements. The pulse during the comatose state was weak and fluttering, but when the struggling commenced it rose in force and fulness; and as they increased it gradually became imperceptible, and as they diminished, so it returned to the state first described. The action of the heart, at first irregular, unequal, and laboured, became more powerful when the convulsions first occurred, but lessened as they increased, though it still continued whilst the blood was flowing in a continuous stream from the temporal artery. The respiratory movements also ceased during the greater part of the paroxysm (about two minutes and a half), the chest being fixed, the diaphragm motionless, and the glottis closed. During the flow of the blood, which lasted nearly twenty minutes, three fits occurred, each of which was attended by similar phenomena. The patient recovered.

STRANGULATED INGUINAL HERNIA.—Mr. Bottomley describes a case of strangulated inguinal hernia, which he operated successfully, although the patient was at the time apparently nearly dying.

ABDOMINAL PULSATION.—Mr. Wolff describes a case of obscure abdominal pulsation, evidently of a chloroto-anemic origin, which was supposed by a physician to be produced by aneurism. It was cured by tonics.

IMPERFORATE VAGINA.—Mr. Vawdrey was consulted in a case presenting the usual symptoms of retention of the menses, caused by an imperforate vagina. On examination this was found to be the case, and an incision made in the obstructing membrane was followed by the discharge of about two quarts of a black-looking sanguineous fluid, not mixed with coagula, and free from any disagreeable odour. The patient went on well till the eighth day, when symptoms closely resembling puerperal peritonitis came on, but were speedily checked by bleeding, free leeching, and the internal exhibition of calomel and opium, pushed so as to affect the gums.

APPARENT OCCLUSION OF THE VAGINA.—Dr. Carter narrates a case of pregnancy in a woman who had been previously delivered by instruments, and undergone extensive laceration of the perineum, the vagina and rectum having been made one sulcus. Following the direction of the vagina, about three inches from its orifice, the finger was arrested in a pointed cul de sac; withdrawn about an inch and a half, and directed backwards, it entered the rectum, the anterior edge of which was here sharp and thin, but surrounded a little higher up by distinct muscular fibres, which, when irritated by the finger, contracted, supplying, in some measure, the place of the sphincter. The os uteri could not be detected either by the rectum or through the walls of the cul de sac. A very careful examination was now made with a silver catheter by Dr. C., to discover, if possible, any foramen or canal which the finger could not detect, but none existed. During a pain he distinctly ascertained the presence of fluid behind the fleshy septum, and cautiously introduced a bistoury, which immediately produced a gush of liquor amnii. A couple of fingers were then introduced into the cavity of the uterus, and the head of the child was found presenting, but situated above the brim of the pelvis, which was unusually narrow both in its lateral and antero-posterior diameters. The head afterwards descended lower into the pelvis, but was tightly encircled by the rigid os uteri and remains of the vagina, which tension could only be relieved by several slight incisions with a bistoury around the circumference. Anteriorly, the head was impeded by a fleshy mass, which proved to be the bladder, displaced and thrown forwards in the former labour. The woman was delivered with the forceps, and the placenta extracted by manual interference.

ORCHITIS.—A case of acute orchitis is reported from the Manchester Infirmary, in treating which strips of adhesive plaster were bound firmly around the testicle, as is practised by some surgeons in cases of chronic enlargement. The symptoms were much aggravated in consequence, and the strapping was necessarily removed. The reporter says, "on a superficial view of the case, it will be seen that the pressure had been the cause of the augmentation of pain and the violation (?) of the symptoms"—thus constituting, in his wisdom, a new crime for our legislators to condemn.

USE OF NITRIC ACID.—Mr. Wilkinson employs nitric acid internally as a tonic and corrective in many cases, and appears to have derived advantage from its use. He exhibits it in larger doses than are generally given.

ULCERATION OF THE CERVIX UTERI FOLLOWING THE REMOVAL OF UTERINE POLYPUS.—Dr. J. H. Bennett narrates two cases in which ulceration of the cervix uteri accompanied or followed the removal of a polypus from the womb, and required appropriate treatment for its cure. He advises, therefore, that in every case, when a polypus has been removed, the speculum should be used a few days afterwards, to ascertain the state of the cervix uteri.

SPONTANEOUS GANGRENE.—Mr. Bottomley describes a case of spontaneous gangrene of the foot, occurring in a woman who was more than half-starved, in which he performed amputation above the knee. The patient recovered.

PURPURA HEMORRHAGICA.—Dr. Hogg attended a maiden lady, labouring under a very severe attack of this disease, in treating which the acetate of lead seemed to be the most effectual remedy. Towards the end of the case excessive hemoptysis set in, and was relieved by venesection. The tinnitus aurium, which also supervened, is attributed by Dr. Hogg to the action of the lead, but was more probably produced by the very great loss of blood. Dr. Hogg would have done well to have had the blood examined chemically and microscopically; there cannot be a doubt but that it was deteriorated.

FOREIGN BODY IN THE RIGHT BRONCHUS.—Dr. Sheppard was called to an aged gentleman, who had gone to sleep with a piece of ginger in his mouth, which had slipped into the trachea, and descended into the bronchus. Inflammation set in, as evidenced by the symptoms, and the patient died the next day. On examining the body, the lungs were found inflamed, and loaded with semi-purulent mucus. The ginger lay at the upper part of the right bronchus, near the bifurcation. It was much swollen and soft, and measured an inch and a quarter in length, half an inch across at its widest part, and about three-eighths at its narrowest, which was also its middle.

AMPUTATION AT THE KNEE.—A case of disease of the knee-joint is reported from King's College Hospital, in which Mr. Fergusson amputated in the following manner:—The operator, standing on the outside of the limb, placed the heel of a common flap amputating-knife upon the skin on the inner side of the joint, immediately over the condyle, and made a semi-lunar sweep across the front, extending below the apex of the patella until the point of the blade was opposite the external hamstring, when it was thrust straight across the limb through the popliteal space, and made to appear at the part where the incision in front had commenced; the blade was then carried downwards, so as to form a large flap, from the muscles on the calf of the leg; the skin in front was now drawn above the level of the upper margin of the patella; the quadriceps extensor was next divided; a circular sweep was then made round the bone immediately above the condyles, and the saw used to complete the separation of the limb. A tourniquet had been applied previously to the operation, and little blood was lost during the incisions; a good deal was lost, however, before all the bleeding vessels could be secured, and this seemed principally on account of the difficulty of applying a ligature to the popliteal artery, which, owing to the thickened and hardened condition of the tissues around it, could not be seized and drawn out with the forceps in the ordinary manner. At last, after the application of several ligatures, the bleeding here seemed arrested, and the other smaller vessels were next secured; the large posterior flap was then brought forward, and a few stitches were employed to hold the surfaces and margins together. The patient, at the date of the report, was doing well. In some clinical remarks, which he made on this case, Mr. Fergusson stated that he had been induced to select the site of this operation chiefly by the published recommendation of Mr. Syme, of Edinburgh, in its favour. That gentleman had performed it on several occasions, and his reports were so favourable, and the proceeding at the same time offered so many seeming advantages, that he deemed the practice well worthy of imitation. The operation at the knee-joint, although successful occasionally, had hitherto proved so unsatisfactory, that few surgeons in this country were inclined to perform it; but this proceeding, it would be remarked, was not actually in the joint, for the saw was carried through the condyles of the femur above, though close to, the articular surfaces, the patella being removed with the lower part of the limb. Whether the narrower extent of bone thus left would be accompanied with less hazard to the patient than when the condyles were allowed to remain, would have to be proved by the results; but it would at once appear that the end of the femur could be more readily covered in the one case than in the other. Mr. Syme favoured this operation chiefly on the supposition that in consequence of the femur being cut across so close to the epiphyses, there would be less risk of inflammation of the medullary canal, and consequent necrosis of the bone; and as it was well known that this result (necrosis) was more likely to follow an injury of the hard portion of the shaft than of its spongy extremity, there was on this account great inducement to apply the saw thus low down. But there were other good reasons for choosing such an operation, and not the least of these was, that amputation for certain injuries and diseases in the leg, necessitating the section above the knee, might nevertheless be done so low down—so far from the trunk, comparatively, as to lessen the risk on that account as well; for it was a maxim, that the danger of amputations increased as they approached the trunk. Hitherto, when an operation of this kind had been done above the knee, the knife had been so applied as to reserve all the soft parts to form the stump from the thigh alone; but here it would be remarked, that the flap for a stump of the thigh had been taken from the leg, where, in such an instance as that which was at present under notice, there was ample material for making a flap of any extent that might have seemed desirable. In accidents, and in all diseases of the leg, when amputation in the thigh was requisite, it was not improbable that such a proceeding as this might prove a valuable acquisition to surgery; and even in most of the diseases of the knee-joint necessitating this last resource, it might possibly be proved to be a preferable proceeding to the section higher up. The swelling of a joint, wherein the articular surfaces and ends were in a state of ulceration and caries, had been proved to depend entirely on these diseased conditions, as had been evinced by excision of such parts, and it was a doctrine of modern surgery, that in removing caries there was no necessity for reaching beyond the actual seat of the disease. There were many examples of incurable affection of the knee-joint which might possibly be best treated by such a mode as had been followed in this in-

stance. One objection to the operation was apparent at the time it was done, and that was the difficulty of securing the popliteal artery. The vessel was so surrounded by effused lymph, and condensed cellular tissue, that he had to slit up the tissues ere he could seize the vessel with the forceps, and even then, it was with no inconsiderable trouble that he could get a ligature placed so as to stop the flow of blood. That had been done, however, after several unsuccessful attempts, and the pupils had all had the opportunity of seeing how completely the swelling of the soft parts had subsided since the removal of the source of irritation. The stump was now an excellent one for its age, and the results in this case had been such as to encourage him to follow a similar proceeding in the next eligible case that might fall under his notice.

Nævus Maternus.—Mr. Davis treats nævus maternus by making several small punctures in the tumour, and injecting a saturated solution of alum by means of Anel's syringe, until the nævus becomes somewhat hard and swollen. No other treatment is required; the inflammation caused by the injection gradually subsides, and the nævus disappears in the course of time.

Dislocation of the Astragalus.—At a meeting of the Newton branch of the Provincial Medical Association, Mr. Jordan mentioned the case of a man who was admitted under him at the infirmary, with luxated astragalus, where the reduction was more easily accomplished than is usual in such accidents. The individual, who was about forty years of age, fell from a height of two yards, not knowing upon which part of his foot he alighted. On his admission, the lower part of the fibula was found projecting, and on its anterior and inner part was a large hard projection; the foot was turned downwards and inwards. Three grains of tartarised antimony were given to the man, and the pulltes applied above the knee. A strong man passed one hand round the os calcis and the other on the fore-part of the foot, and continued steadily extending it for some time. Mr. Jordan then passed the two forefingers of each hand round the ankle, while the thumbs rested upon the projecting astragalus, pressing firmly downwards. After ten minutes' extension, Dr. Ainsworth passed his hand under the os calcis, the astragalus slipped into its place, and the man recovered without an unfavourable symptom.

Hæmoptysis in a Child.—Dr. Walker describes, in the *Provincial Medical Journal*, a cause of hæmoptysis, which occurred in a scrofulous child, four years of age, and terminated fatally.

Chronic Gastritis and Perforation of the Stomach.—In the *Provincial Medical Journal*, Mr. Collyns narrates the case of a man of intemperate habits, who, after having for some time suffered from chronic gastritis, was suddenly seized with severe pain in the left hypochondrium, which extended over the abdomen, and became more and more intense. The man died sixteen hours after the attack. The abdomen was examined about six hours after death; it presented all the appearances of the most acute recent peritonitis. It contained rather more than three quarts of a turbid yellowish fluid, with flakes of recent lymph floating in it; coagulable lymph was also deposited on the peritoneal surfaces of the various abdominal viscera, while here and there, on different points of the intestines, was a thin layer of pus. In the stomach, a small circular aperture, about one-third of an inch in diameter, was seen on its anterior surface, about two inches from the cardiac orifice; and just below the smaller curvature, and around this point, the appearances were more indicative of intense peritoneal inflammation than elsewhere, several firm layers of coagulable lymph being deposited on the coats of this organ, which could be stripped off one from the other with the finger nail. On opening the stomach, which was empty, a large surface of ulceration, the size of a crown-piece, was found in the mucous coat, with considerable heaping up around it of submucous tissue, causing the appearance from within outwards of a funnel-shaped cavity, more than an inch in depth, at the bottom of which was the small circular opening through the peritoneum. The appearances of chronic inflammation around the circle of ulceration were very strongly marked, the mucous membrane being thickened and injected for a considerable space around the spot, where it had become destroyed by the ulceration. On looking further, it was apparent that another and previous attempt at perforation had been made at the posterior wall of the stomach, its coats having been eaten through in the same manner as in the anterior wall; the pancreas, however, had blocked up the opening, the ulceration having extended slightly into the surface of this viscus, at the point where it had become adherent. The general structure of the pancreas was thicker and harder than natural, but did not give any idea of scirrhous disease, nor did the diseased appearance of the stomach present the characters of scirrhus, but rather of simple chronic inflammation, with submucous thickening. The pyloric half of the organ, the pylorus itself, and the duodenum, were perfecty healthy; the liver was pale, smooth, and reduced in size; the spleen was small but healthy.

Poisoning by Prussic Acid.—Mr. Nunneley, in a recent number of the *Provincial Medical Journal*, has recorded a case of poisoning by prussic acid, in which the patient survived the ingestion of the poison nearly three quarters of an hour. The cold affusion, ammonia and chlorine, and the mustard pediluvium, were employed, but unavailingly. In a succeeding number of the same journal, Mr. Nunneley narrates another case of poisoning by prussic acid; forty minims of the acid were taken, but by prompt aid the man's life was saved. The cold affusion, ammonia, a sulphate of zinc emetic, and bleeding, constitued the plan of treatment which was adopted, and successfully, by Mr. Bishop, the practitioner who was first sent for to see the man.

Mean Composition of the Blood in the Phlegmasiæ, according to M. Becquerel:—

	Men.	Women.
Density of blood deprived of its fibrine	1056·3	1054·5
——— of serum	1027·	1026·8
Water	791·5	801·
Globules	128·	118·6
Albumen	66·	65·8
Fibrine	5·8	5·7
Extractive matters and free salts	7·	7·2
Fatty matters	1·742	1·669
Seroline	0·020	0·021
Phosphorated matter	0·602	0·601
Cholesterine	0·136	0·130
Soap	0·984	0·914
In 1000 grammes of Calcined Blood.		
Chloride of sodium	3·1	3·0
Soluble salts	2·4	2·7
Phosphates	8·448	0·344
Iron	0·490	0·480

ON THE DIAGNOSIS, PARASITIC GROWTH, TREATMENT, &c. OF PORRIGO, OR SCALD HEAD.

By D. J. Corrigan, Esq., M.D., Physician to the Whitworth and Hardwicke Hospitals.

In a paper on this subject, appearing in the *Hospital Gazette*, Dr. Corrigan first notices the confusion arising from the varieties in description and treatment applied to the affection; the mild and intractable forms of disease of the scalp being confounded together, from want of accuracy in diagnosis; and the difference of nomenclature of one and the same disease, adopted by French and English writers, creating so great a perplexity in this class of affections, that any one of them may be spoken of by any two writers, or two persons in conversation, each person having at the moment an entirely different disease in view.

The author's leading object is, he observes, to induce us to look on the disease as possessing a single and fixed character, incapable of subdivisions, which are as useless as they are unfounded. Whether the affection attacks a limb, or appears as a solitary areola on the scalp, or covers its whole surface, or involves a large portion of the surface of the body, its characters are unvarying. The modifications assumed to exist by Bateman, and named by him porrigo larvalis, porrigo granulata, and porrigo scutulata, are all presented by impetigo while porrigo decalvans and furfura are not pustular diseases at all. We have then remaining only the porrigo lupinosa of Bateman, or the genuine scall, possessing characters so distinct, that, Dr. Corrigan observes, it is matter of surprise how it could ever have been confounded with any other disease. In order to distinguish the peculiar incrustation of porrigo from the scales of eczyma, which sometimes accumulate to such a degree as to resemble the scab of porrigo—the difficulty being occasionally increased, too, by the coexistence of those two diseases—the author recommends the head to be shaved and poulticed until the entire scab disappears; the scalp to be then washed clean with soap and water, so as to present a clear, smooth, red surface; upon which, within some days, a few, often not more than three or four, minute particles appear, not prominent, but like dots of transparent matter imbedded in its surface; a period of from seven to fourteen days will be sufficient to trace the progress of their growth; in twenty-four hours after their first appearance they become solid, depressed in the centre, and of a pale yellow or sulphur colour, having frequently a hair in the centre, presenting the cup-shaped surface of the peculiar pustule or favus of porrigo, the contained matter being so dry as to be almost friable. The growth of this cheesy, friable substance, now goes on very rapidly, the colour changing to a grayish-white, and at length accumulates to such a degree as to resemble lumps of mortar sticking on the head, with a peculiar odour resembling that from urine; but the singularity of its development is, that if a portion of the scab be removed, by slight traction or poultices, there is merely the red surface beneath,—no ulceration of the skin, no formation of purulent matter, which, in drying, might form the thick scabs lying on the surface—thus evincing a mode of growth in the incrustation itself entirely independent of any ulcerative process or suppuration in the skin. If an eczymatous scalp be similarly treated, the scalls are observed to form gradually on the inflamed skin, the peculiar favi of porrigo never appearing; or, if the disease be impetigo, the cleared surface is seen to pour out, like an oozing, a semi-transparent, honey-coloured secretion, which soon dries into a soft, greenish-coloured scab; but here, as in eczyma, and all the other diseases of the scalp, the peculiar pustule of porrigo, running through the above-described stages, is absent.

We have, however, Dr. Corrigan observes, a still more accurate means of diagnosis in the ordinary achromatic microscope for medical purposes, with a magnifying power of 300 diameters, which furnishes a means of instantaneously and with certainty distinguishing the disease under consideration. Three drawings were made at the moment of examination by the microscope, by his friend, and clinical clerk, resident at the hospital, Mr. Rambaut, the first being a representation of the pus globules in recent matter taken from a case of impetigo, and presenting the same appearance as those of ordinary pus.

The second represents a portion of the dried scab of impetigo, which, being moistened with a little water, and placed under the microscope, exhibited the appearance of an amorphous mass, the portions comprising it being somewhat like the scabs of the epidermis or mucous membrane. The third drawing exhibits the appearances observed in a portion of the moistened scab of genuine porrigo—appearances so closely resembling those of a cryptogamic plant, that any one who has seen them, Dr. Corrigan observes, cannot hesitate to consider porrigo as consisting in the growth of fungi in the human skin. To Dr. Bennet, of Edinburgh, who has published perfect drawings of this parasitical vegetable, in a paper contained among the transactions of the Edinburgh Royal Society, he states that he is indebted for the first demonstration of this singular fact, the discovery itself being due to Ehrenberg, of Vienna.

Dr. Bennet has discovered the cryptogamic plant of porrigo in the common house mouse; and this, Dr. Corrigan observes, may have more to do with the peculiar odour of the disease than might at present be suspected, and may serve to illustrate some intimate connection between man and the lower animals in the propagation of disease. The nature of porrigo, he adds, may now, perhaps, serve to explain its peculiarity of growth accumulating

rapidly upon the surface, independent of any secretion of pus to form the mass of the scabs; the growth of a single favus of porrigo, too, if observed, will be seen to take place at the circumference, its height being acquired at the edges, all round the circumference, while it remains hollow in the centre, this being in accordance with what is observed in many cryptogamous plants, which, having exhausted their pabulum in the centre, continue to grow out in a circle. Dr. Corrigan concludes by observing that the disease, as he has always seen it, is chronic, and is not confined exclusively to the scalp, having observed it now and then on almost all parts of the body, in some cases consisting of only two or three favi on the back of the neck.

He does not believe it to be contagious, and is strengthed in this opinion by the failure of attempts made by Bennet and others to inoculate with the disease; its non-contagious nature, he observes, contrasts strongly with impetigo, which spreads so rapidly among children.

As evidence of the rarity of the disease in Ireland, he observes that all the cases he has ever seen would hardly amount to 30, an additional contrast to impetigo, eczyma, pityriasis, &c. of the scalp, which are so common. He has never seen it in private practice, or in respectable life, and suggests the possibility of its being propagated from an inferior animal, like cow-pox, the odour of this mouse (a well-marked diagnostic sign) being so strong in the disease as to strengthen the supposition of its being derived from that animal, on which Dr. Bennet has discovered the same parasitic plant as in porrigo; poverty or sickliness reducing the living body to a state fit to constitute a nidus for a parasitic plant.

Reflecting on the nature of the disease suggested to Dr. Corrigan the employment of an ointment composed of five or ten grains of oxymuriate of mercury to an ounce of ungt. cetacei, a remedy on which he places much reliance; in the latter proportion it sometimes gives pain. A small portion of the ointment is rubbed on the affected part every day, and it has not produced salivation in any instance. The author records three cases in which the remedy was attended with marked success, but in one only, he observes, has the relief experienced lasted sufficiently long to admit of its being considered a cure; the disease has again and again disappeared after having been repeatedly subjected to various modes of treatment by Dr. Corrigan, and by gentlemen at other hospitals, but continued to reappear until put under the use of the foregoing ointment, in February last, since when the patient, who lives in the neighbourhood of Whitworth Hospital, has been entirely free from the disease.

REVIEWS.

Lectures on Subjects connected with Clinical Medicine, comprising Diseases of the Heart. By P. M. Latham, M. D., Fellow of the Royal College of Physicians, Physician Extraordinary to the Queen, and late Physician to St. Bartholomew's Hospital. In 2 vols. London: Longman and Co. 1845.

(Continued from page 412.)

The abnormal sounds of the heart, to all of which Dr Latham applies the name of "murmur," and, inasmuch as they are always produced by conditions found either within the cavities or upon the external surface of the heart, that is, either inside or outside of it, distinguishes as endocardial or exocardial, are treated of in the second and third lectures.

The distinction is first drawn between these two kinds of murmurs, or, rather, some brief but excellent indications are pointed out, by which a murmur may be recognised as either endocardial or exocardial, although, at the same time, great and necessary stress is laid upon the fact, that every man must become acquainted with these murmurs by the teaching of his own ear. The endocardial murmur is not only different in kind from the natural sounds of the heart, but it takes their place, and is heard in their stead. It comes exactly where the first, or second, or both sounds should be. It keeps strict time with the systole or diastole of the heart, or with both. It has, also, more frequently a single sound, but sometimes it is double; moreover, it is commonly more inward and deeper, and further from the ear, and conveys to the ear the idea of blowing. The exocardial murmur, on the other hand, does not take the place of the natural sounds of the heart; in proportion as it is louder, it obscures or overpowers them, but still they are apt to reach the ear through the exocardial murmur, and, when they do not, it is because they are imperceptible under the circumstances, not because they cease to exist. The exocardial murmur is rarely less than a double sound, and is more outward, nearer to the surface, and closer to the ear. It gives the idea of two bodies moving in contact with each other.

The endocardial murmur results principally and most frequently from unusual vibrations, communicated to the particles of the blood by obstacles which it encounters in its passage through the heart; which obstacles are seated, generally, in certain portions of the endocardial membrane rendered unsound by disease, to wit, where it is of a denser structure, either in itself or from an admixture of other structures, whether cellular or fibrous, with its own.

"This character of a denser texture belongs to it where it forms the tough white circles which surround the apertures of communication between the auricles and ventricles; also where it is reflected upon itself, and forms the loose duplicatures of membrane which are given off, as it were from the internal surface of the heart, either at the fibrous circles intermediate between the auricles and ventricles constituting the tricuspid and mitral valves, or at the commencement of the pulmonary artery and the aorta, constituting the semilunar valves.

"It is remarkable how curiously disease is apt to limit itself to the spaces just pointed out. Of the fibrous circle between the auricle and ventricle, of the valves which originate from it, and of the tendinous cords which connect the valves with the carneæ columnæ, there will not perhaps be the smallest space free from disease; but the disease will abruptly stop where the tendinous cords cease and the carneæ columnæ begin. The membrane, however, where it covers the fleshy columns of the heart, is not exempt from the possibility of disease; but, when disease actually affects it, it has seldom originated there, but has generally spread from other parts of the same membrane, although (as we have just remarked) it is apt to stop short before it reaches it."

At the same time, it is possible for the blood spontaneously, or, at least, independent of any known obstacle which it encounters, to allow vibrations among its particles, from which the true endocardial murmur may arise. Cases showing the fact are not of unfrequent occurrence. Endocardial murmurs, caused, as has been already implied, by disease of the valves, are produced either by the obstacle being offered to the direct passage of the blood through the orifice at which the obstruction exists, or else by the regurgitation of the blood through the orifice where the valve is diseasedly deficient, or they may be produced by both causes at once. The facts which led to the belief in the doctrine of the regurgitation of the blood being productive of endocardial murmurs—a cause which was not admitted by Laennec, who held the erroneous doctrine that each cavity of the heart was instrumental, by its contractions, in producing the murmur which proceeded from the injured valve immediately beyond itself, and, consequently, referred the murmur which existed when the aortic valve was diseased, to the systole of the left ventricle forcing the blood through the narrowed aortic orifice, and, when the mitral valve was diseased, to the systole of the left auricle forcing the blood through the narrowed auriculo-ventricular orifice—are as follow:—

"In numerous well-watched cases, where a single murmur, constantly and uniformly coincident with *the systole* of the heart, had been heard during life, the valve at the entrance of the aorta, and this valve only, was found diseased after death. Here the murmur marked the time of the blood passing *onwards* from the ventricle into the aorta, through an orifice only half open, which should be open altogether. This was no murmur of regurgitation.

"Again, in numerous cases, where a single murmur had been heard during life, but constantly and uniformly coincident with the *diastole* and not with the systole of the heart, still this same valve at the entrance of the aorta, and this valve only, was found diseased after death. Here the murmur marked the time of the blood recoiling *backwards* from the aorta towards the ventricle, and partially re-entering it through an orifice only half-closed, which should be closed altogether. This was the genuine murmur of regurgitation.

"Again, in numerous cases, where two murmurs had been heard during life, one coincident with the systole, the other with the diastole of the heart, still this valve at the entrance of the aorta, and this valve only, was found diseased after death. Of these two murmurs, proceeding from one and the same orifice, the latter was the genuine murmur of regurgitation, and not the former.

"It appeared, then, that the aortic valve, in its states of disease, was capable of becoming the seat of two murmurs, one regurgitating and the other not; of either separately in different cases, or of both together in one and the same case.

"Yet, again, in numerous cases, where a single murmur, constantly and uniformly coincident with the systole of the heart, had been heard during life, the mitral valve, and it alone, was found diseased after death, while the aortic valve was perfectly healthy.

"But how could this be explained? In its natural course it is during the diastole, that the blood passes through the orifice guarded by the mitral valve from the auricle into the ventricle. Here, however, the mitral valve being diseased, the murmur does not mark the time of the blood passing *into* the ventricle by the mitral orifice, but the time of its passing *from* the ventricle by the aortic orifice; yet there was no disease of the aortic valve to cause it. The only material thing, capable of producing it, was still the diseased mitral valve. But how could this produce it? Even by admitting the regurgitation of blood back into the auricle. And the very point of time, at which the murmur takes place, marks this for the cause, and this for the manner of its production.

"The same systole of the ventricle, which carries the blood forwards into the aorta, without impediment and without a murmur, where there is no disease, throws it back partially, and with a murmur, into the auricle through the half-closed mitral orifice, which now admits its regurgitation.

"It has been said that the aortic orifice of the heart may be the seat of two murmurs, in consequence of disease of its valve; one systolic, from the blood in its direct course, the other diastolic, from the blood during regurgitation. Either murmur may occur alone in different cases, or both may occur together in the same case. But it would almost seem that the mitral orifice could be the seat of only one murmur, and that murmur the systolic. Remember, the systolic murmur proceeding from the mitral valve always implies regurgitation.

"Yet the condition of disease in the mitral valve is often found to be such as must have raised certain impediment to the passage of blood from the auricle into the ventricle. Why, then, is the murmur, which would indicate such impediment, and which would be coincident with the diastole of the heart, a thing not found in practice, when the mitral valve alone is diseased?

"It is probable that, as in health, when the mitral orifice is entirely free, the blood glides from the auricle into the ventricle without any impelling force from behind; so in disease, when the orifice is narrowed, the resistance does not produce any extraordinary effort on the part of the auricle to overcome it. And thus in disease as well as in health, through a narrow passage as well as a free one, the onward current of blood from auricle to ventricle is still without noise. That it is otherwise with the regurgitating current through the same passage, and that the murmur of the blood rushing backward from ventricle to auricle should be often signally loud, must be owing to the force of the ventricle, now engaged in impelling it."

The knowledge that the endocardial murmurs are

thus produced by valvular disease, the direct cause being either the passage of the blood onwards through the orifice, or its regurgitation, or both, impaired the previous apparent facility of diagnosis. It became thus impossible to tell, prior to death, whether the disease was seated in the aortic or mitral valve, but two general facts have since been obtained, which will materially aid the diagnosis. The first fact is, that endocardial murmurs are most plainly audible at that part of the præcordial region, which is nearest to the orifice from which they proceed. The second is, that endocardial murmurs are conveyed sometimes in one direction and sometimes in another, and that the orifice from which they proceed determines, in each particular case, what that direction shall be. Of these two facts, Dr. Latham inclines to lay greater stress upon the latter than upon the former, because the portion of the præcordial space, in which is contained the valves and their orifices, is so small that the mouth of an ordinarily-sized stethoscope would surely cover them all within the circle of an inch and a half or less, and thus the murmur of one orifice cannot be segregated from that of another.

"What then, if 'endocardial murmurs *are* most plainly audible in that part of the præcordial region which is nearest to the orifice from which they proceed!' This general fact, taken alone, cannot help us much in determining which of them is affected in a particular case, when they all lie clustered together at the same, or nearly at the same part of the præcordial region.

"But suppose we raise our ear, or the stethoscope, from this exact spot, and shift it an inch or two higher or an inch or two lower. Higher we may hear the endocardial murmur still, and lower we may lose it altogether. Or higher we may lose it altogether, and lower we may hear it still. Or both higher and lower we may still distinctly hear it. By this procedure we are following the endocardial murmur in the direction it takes after it leaves the orifice from which it is propagated, and we find how various the direction is, upwards in one case, downwards in another, and both upwards and downwards in a third. But still it is the orifice, from which it is propagated, that gives the murmur its particular direction; and this (it is said) may be taken for a general fact.

"Accordingly, when the endocardial murmur is conveyed in an upward direction, even above the basis of the heart, and still along the course of the aorta, and further still, as sometimes happens, along the subclavian and carotid arteries, the aortic orifice is its point of departure, and the valve, there situated, is the valve diseased. When it is conveyed in a downward direction, and to the apex of the heart, the auriculo-ventricular orifice is its point of departure, and the valve, there situated, is the valve diseased. And when it is conveyed both in an upward and downward direction, both in the course of the aorta, and to the apex of the heart, then it has two points of departure, and both the aortic and the mitral valves are diseased. Here the murmur, which is *one* to the ear, may be *two* in fact. The two are made one by being both synchronous with the systole of the ventricle. In this case the murmur from the aortic orifice is direct, and that from the mitral is regurgitating. Or the murmurs thus conveyed in different directions, as they are two in fact, may be two to the ear. But then one must be synchronous with the diastole, the other with the systole of the heart. In that case the diastolic murmur comes almost always from the aortic, and the systolic from the mitral orifice; and the diastolic and aortic murmur is not direct but regurgitating, and the systolic and mitral murmur is regurgitating still."

The passage of the endocardial murmur in certain directions, according to the seat of the valvular disease, will also aid us in forming a differential diagnosis of diseases of the same order of valves on the two sides of the heart, as regards the aortic and pulmonary valves. But Dr. Latham is doubtful whether the same rule would apply to the mitral and tricuspid:

"When the murmur, audible in the space between the two horizontal lines above described, is conveyed upwards and beyond the basis of the heart, the disease may be either of the aortic or of the pulmonic valves. The direction that it takes from this point must determine which of the two; for it may take more than one direction. When it is heard passing upwards for the space of two inches, and between the second and third ribs of the right side, then it is taking the course of the aorta, and the disease is of the aortic valve; and still more surely, if it be heard in the carotid arteries. But when it is heard passing upwards between the second and third ribs, not of the right but of the left side, then it is taking the course of the pulmonary artery, and the disease is of the pulmonic valve; and still more surely, if it be not at all heard at the same time in the carotids."

Valvular disease of the heart is generally confined to the left side, or, if both sides be affected, the left is by far more than the other; and the endocardial murmurs, generally, are produced on that side. Diseased valves of the right side alone are very rare, so much so as to prevent the medical practitioner being familiar with the peculiarities which belong to them.

The following are the conditions which tend to interfere with the course of the endocardial murmur, and perplex the diagnosis:—

"1st. The presence within the chest, and exterior to the heart, of substances having a more solid consistence than its natural contents, such as morbid growths of various kinds, or aneurismal tumours, or condensed portions of lung. These are able to conduct the abnormal murmurs, no less than the natural sounds, of the heart, to a greater distance, and in any direction, according to the place they occupy.

"2dly, The enlarged capacity of the heart itself, which is the most frequent consequence and concomitant of its diseased valves. The large dilated heart spreads its sounds abroad laterally. And thus, whether the murmur be traced in the course of the aorta, or not at all above the basis of the heart, it is often as loudly audible from mamma to mamma, and everywhere in front of the chest below the fourth ribs, as in the præcordial region itself; and often even far round towards the left axilla.

"3dly. The mere loudness of the endocardial murmur. The abnormal murmurs, as well as the natural sounds, of the heart, are heard to greater distance in proportion to their mere loudness, and that not only in the directions to which the current of the blood conducts them, but in all directions.

"Now, when these three conditions meet; the loud endocardial murmur, itself very widely audible, and the enlarged heart, ready to spread it still further abroad, and some solid substance within the chest ready, according to what its seat may be, to conduct it in any new direction, no wonder that the tendency of a diseased valve to convey and to restrict the same murmur within a particular channel should be sometimes counteracted and disturbed.

"To these several conditions I may add a fourth, viz. a peculiar quality of the endocardial murmur, giving it a high musical note. Such a murmur will sometimes refuse to suffer restriction to any certain space within the body. It will even carry itself outwards, and reach the ears of bystanders at a short distance."

Endocardial murmurs have been relied on, also, for estimating the magnitude and amount of impediment raised by the diseased valve to the passage of the blood, and for determining the kind of structural change which has been produced. The loudness of the murmur has been deemed to indicate the amount of disease, and of the consequent impediment; but this is true up to a certain point only, because, after the disease has proceeded to a certain extent, the murmur gradually lessens in intensity, and may ultimately cease altogether. This, Dr. Latham explains by observing, that the unusual sound is produced by unusual vibrations among the particles of the blood, the vibration being caused by the obstacle offered by the diseased valve:

"Now the sound must be in proportion to the vibration; and the vibration is in proportion to the amount of the obstacle and the quantity of blood and the rate at which it circulates taken together. Thus the endocardial murmur becomes louder and louder while the valvular disease is upon the increase, as long as the heart by its increasing thickness is still able to force a large current of blood through a moderately contracted orifice. But the endocardial murmur becomes fainter and fainter, and at length ceases altogether, as the valvular disease by its further increase, goes on still to narrow the orifice, and the ventricle with all its increasing thickness can only force the blood through it in a more and more slender stream."

With regard to the kind and quality of the endocardial murmur, indicated by the apparent resemblance to the sounds of the bellows, saw, rasp, or file, or to whistling or cooing, Dr. Latham is of opinion that these subdivisions, for such they are, only serve to confuse and perplex the student. The only practical point worth notice is, that the mere murmur can only tell whether it is produced from the inside or outside of the part; to form a more exact diagnosis as to its origin from valvular disease, and from which valves and at which orifice, then to the mere endocardial murmur must be added a reckoning of the time at which it occurs, and a reckoning, too, of the space within the præcordial region at which it is chiefly heard, and of the direction in which it is conveyed. The general history of the case, and of the sufferings of the constitution which preceded and attended the endocardial murmur, will serve to complete the diagnosis in respect to the essence and nature of the diseased condition of the heart.

In the third lecture, the subject of the endocardial murmur is pursued, and those cases in which its presence is not always indicative of valvular disease are examined:

"There are cases of endocardial murmur in which valvular disease is at least doubtful; and cases of endocardial murmur in which there is mechanical impediment, but no valvular disease; and cases in which there is neither mechanical impediment nor valvular disease; and there are cases, too, in which the ear itself is apt to be deceived into the belief of a murmur proceeding from the heart, when there is no such murmur in fact"

In some cases the murmur is not always present; it comes and goes, and the attendant circumstances must be examined, to ascertain its cause and nature. A person may complain of uneasiness and occasional palpitation about the heart, the impulse of which may be found to be slightly in excess, and the sounds louder and more diffused than natural. These are the common accompaniments of nervous disorder; but if the patient be made to walk briskly for a short time, the impulse of the heart will be considerably augmented, and there will be an unquestionable murmur. A few moments' rest will quiet this state, which may be again produced by exertion. In such a case it is reasonable to believe that there exists a slight mechanical impediment at the orifice of the heart to the circulation of the blood; and this view is supported by what obtains in some cases of rheumatic endocarditis, where, before the entire cessation of the murmur, it is for a time absent during repose, and present on exertion.

In some few cases, again, where the act of dying is slow and lingering, the endocardial murmur has been perceptible for a few days before death, but not until the dissolution may be said to have already commenced. This state Dr. Latham conjectures to be due to a commencing coagulation of blood in the ventricle, or even to inflammation of the endocardium, with the deposition of lymph, such as may take place at the very going out of life. The Doctor, unfortunately, had not had it in his power to verify this opinion by the results of an autopsy, but in a case, the details of which Dr. Maclachlan, of Chelsea Hospital, furnished him, in which the bruit de soufflet was very distinctly heard, no such cause was discovered. The pericardium was unusually thin and dry, and contained much less than the usual quantity of fluid. It was not rough, nor did it present any evidence of inflammation. The heart felt firm, was preternaturally small, and the left ventricle presented a beautiful specimen of concentric hypertrophy, the walls exceeding an

inch in thickness, and the cavity scarcely admitting an ordinarily-sized nutmeg. The right ventricle was healthy, and all the valves sound.

There are also other causes of the presence of the endocardial murmur. It may be produced by the force of the heart's contraction; this is a rare thing in adults, but common enough among children. Deformity of the chest may prove the mechanical impediment to the passage of the blood, and thus cause the murmur, in a manner similar to that in which valvular disease acts. Again, external pressure on the parietes of the chest may act as a mechanical cause of impediment to the circulation; Dr. Latham has known the murmur produced by the stethoscope being pressed too firmly on the parietes of the chest in a child, not nine years of age, so as to cause the ribs to sink a little below their natural level. Pressure thus exerted has often produced some unusual kind of endocardial murmur, but Dr. Latham has only known it once simulate the murmur of valvular disease, when the chest was free from deformity. In chicken-breast, again, the diagnosis is impeded by the change of relation of the heart to the walls of the chest:

"It often thrusts it forward, and brings its whole anterior surface in contact with the sternum and ribs. Hence in such cases the question, whether the heart be sound or unsound, becomes puzzling enough. Sound or unsound, its impulse is to be felt and seen in all the space at which it lies in contact with the chest, and the same space is dull to percussion. Extensive præcordial impulse and extensive præcordial dulness are the very signs of hypertrophy; and if to these be superadded the endocardial murmur, you have the complete signs denoting the commonest form of complex unsoundness which the heart is apt to undergo, viz. hypertrophy with valvular disease. But beware, now especially, beware, of creating the endocardial murmur by the application of the ear on the stethoscope to the præcordial region."

The murmur of respiration, which bears a degree of resemblance to the bellows' sound of a diseased heart, may in some cases be mistaken for it, and in some instances it has been carried into the ear with an impulse, as if it came from the heart. The method of clearing up the doubt is to auscult the heart, while the respiration is suspended for a quarter of a minute.

Dr. Latham has also noticed in persons who were undeniably consumptive, or were justly suspected to be so, a murmur which to the ear claims kindred with endocardial murmurs. But although the heart may be instrumental in producing it, it is not at all perceived within the præcordial region, but in a certain definite and circumscribed space beyond it. The following is Dr. Latham's description of the part in which it is audible:

"Fancy a line drawn from the left side of the sternum along the upper edge of the second costal cartilage, and continued an inch along the second rib; and another line drawn from the sternum along the lower edge of the third costal cartilage, and continued an inch along the third rib. Between these two lines a space is included, in the whole or in part of which a murmur is often audible coincident with the systole of the heart, when no such murmur can be perceived either in the præcordial region, or in the course of the aorta, or in the carotids, or in any part of the arterial system, but here and here only. It is a gentle bellows-murmur, quite obvious to the ear, and unmistakable in its character."

The pathological explanation of this fact Dr. Latham is unable to give; he has only a clinical experience of the matter, but he asks—supposing the pulmonary artery in its first division to be the seat of the murmur, does it become such in consequence of its own disease, or by reason of pressure or impediment reaching it from the diseased lung? Although the pathological cause of this phenomenon is as yet hid in obscurity, yet the fact of itself is one of great importance, as affording an additional sign in the diagnosis of suspected phthisis.

The endocardial murmurs, which remain to be noticed, are those "synchronous with the systole of the ventricles, audible in the præcordial region, and extensively diffused through the arteries, resembling the bellows-sound, and so having the commonest quality of endocardial murmurs, not distinguishable by the ear from those which proceed from mechanical impediment to the passage of blood, yet themselves springing from a different cause, which form a class by themselves, and a most important class it is."

These are dependent on a change in the relative proportions of the constituent elements of the blood —an impoverishment of the blood—or the state in which its red globules are deficient, and its serum in excess. That this is the real cause is shown both by its disappearance when the blood becomes richer, and is made to abound more in red globules, and by its presence in persons from whom blood has been freely abstracted in the treatment of disease, or who have suffered from excessive hemorrhage. The same state obtains in chlorotic anemia, in which there is a defect or failure of the assimilatory functions, whence the mass of blood is not replenished in due proportion to the expenditure upon the uses of the economy.

Accompanying this murmur in cases of anemia, or of exhaustion from great loss of blood, is a peculiar humming sound, which is not formed either in the heart or arteries, but was traced by Dr. Ogier Ward to the veins, and shown by him to proceed from the movement of blood within them:

"The vein, which offers itself most readily to the application of the stethoscope, and admits all the easy experiments which serve to certify the fact, is the internal jugular. Place the instrument upon the neck by the side of the trachea, and pretty close to it, and at the same time rest your finger upon the space between the angle of the jaw and the mastoid process; and when your ear has caught a continuous humming sound, and listened for a while and made sure of it, then press your finger firmly down upon the vein, and the sound, if it be the true venous murmur, will immediately cease; then raise your finger, and, if it be the true venous murmur, it will immediately return.

"A little management and address are needed to find this venous murmur, and then keep it within hearing when you have found it. I have seen it found by accident, heard for a minute, and then lost and never heard again. The instrument has been laid carelessly upon the neck, and the murmur has been audible immediately; and then, in expectation of making it heard to more advantage, the neck has been put upon the stretch, the chin raised and the head thrown back, or turned far round to the opposite side, whereupon the murmur has ceased. Then the neck has been relaxed, the head brought forward, and the chin inclined towards the sternum, but the murmur has not returned. The truth is, a very free current of blood is essential to the production of the venous murmur. A slight degree of pressure upon the vein will alter its character, and pressure very far short of that which would arrest the current of blood will abolish it altogether. And thus the neck being put upon the stretch, the muscles, which lie parallel with the vein and across it, are made to exercise pressure enough upon it to interfere with the free current of blood, and to stop the sound; or the neck being relaxed, the vein and the integuments get folded together, and so pressure is produced in another way, and this equally stops the sound. Try different degrees of pressure upon the internal jugular vein with the stethoscope when the venous murmur is distinctly audible, and you will find how lightly you must hold the instrument to keep it constantly within hearing, how inconsiderable an amount of pressure will obliterate it, and how each degree short of that which obliterates it will give it sundry varieties, and make it musical."

The occurrence of the endocardial murmur combined with the venous humming sound, is at once indicative of the impoverished state of the blood, and consequently at once points to the mode of cure. These murmurs are also accompanied by other symptoms significant of the condition of the circulating fluid.

The endocardial sounds which are produced by the pericardium in a state of disease are entirely new sounds, generated by the effect of the disease itself, and not exaggerated conditions of previously existing sounds, inasmuch as the pericardium in the healthy state is perfectly incapable of producing any sound or murmur. The cause, then, of the endocardial sound consists of strange substances separated from the blood and deposited on the pericardial surfaces, spoiling their natural smoothness and lubricity, interrupting their noiseless play upon each other, and causing them to grate together with a sound.

(To be continued.)

Travels in North America, with Geological Observations. By CHARLES LYELL, Esq., F.R.S. 2 vols. Murray.

Mr. Lyell is not the mere literary lion travelling for materials for gossiping pages, and vending his company for the privilege of more intimate access into those scenes which he is bent at the time, or afterwards determined to make scandal of. That is the misfortune of novelist-historians; their imaginations rule them more than their judgment, and truth, by habit, is strained or destroyed for the sake of effect. Men of science, on the other hand, if they are qualified by knowledge of the world and tolerably read in history, are perhaps the safest commentators on the characters and manners of a people to be met with. Their habitual searching after truth in matters scientific gives their minds a tendency to come at it in everything. And what are embellishments of style, happy turns of expression, smart sallies of wit, if this grand quality be wanting?

Mr. Lyell has not confined himself to the geology of America, he broaches opinions on the statistics and manners of the country, and it is not more than justice to say that they are reasonable, straightforward, and full of interest. The reflections of a sensible, honest-minded man, are peculiarly delightful by contrast with the ephemeral and conceited books hitherto written on America, in which the motive of criticism is palpably not truth, but, sometimes, wounded vanity, sometimes the bigotry which cannot see any good in what is *new*, and sometimes the vagrant humour of the literary coxcomb. We therefore invite all who value ingenuous and sound opinions to read these volumes.

The Diagnosis, Prevention, and Treatment of Diseases of the Heart and of Aneurism, with Observations on Rheumatism. By J. T. FURNIVAL, M.D., &c., late Physician to the General Infirmary, Hertford. London: 1845. 8vo., pp. 216.

Dr. Furnival's treatise contains some valuable observations on the more important affections of the heart, and shows that he has paid very considerable attention to the more frequent lesions of the central organ of the circulatory system; but we question the propriety of his having attempted to give a systematic bibliopole character to his limited remarks by the aid of extracts from Forget, Hope, Watson, and others. However valuable such foreign helps may have appeared to Dr. Furnival, they are misplaced in a page book of this kind; nor do they do our author himself justice, since the results of his experience in a rather obscure class of maladies would have told better had they been laid before the public in the form of a smaller volume, or, as we should have thought better, a series of *Clinical Observations* in one of our periodicals, in which all would have been the author's, and not half the property of somebody else. Dr. Furnival pays much attention to the *prognosis* of the various diseases treated of. For this we highly commend him, as too often it is a point which is lost sight of by authors attempting to improve our knowledge of a particular disease. Our author adopts the theory of Schönlein (see *Medical Times*, vol. x.), that in rheumatism there is lithic acid in the blood, which must be eliminated through the secretions, or obviated in treatment through the use of alkalies, in order that the disease be cured. By his assuming that this acid may exist in the form of *lithate of soda*, he obviates the difficulty that might be urged against the presence of any free acid, as the blood being an electro-negative body, will not allow of it. Our readers are well aware that Andral has shown that an excess of fibrine is present in the circulating fluid of acute and sub-acute rheumatism, but that it returns to its natural standard in the de-

cidedly chronic forms. This predominance of fibrine and acid are, according to Dr. Furnival, the cause of endocarditis and hypertrophy, as relations of the more acute forms of rheumatism, and to combat there the free use of alkalies is to be adopted; the liquor or bicarbonas potassæ being advised.

"This remedy may correct the two chief morbid states of the blood, and prevent irritation of the muscular ventricular fibres, and of the serous membrane as well. Such is my conviction of the value of alkalies in the diseases now under consideration, that I do not think either endocarditis or rheumatic hypertrophy of the left ventricle ought to be, or can be effectively treated without them."

Aconite is the great sedative of our author—the opiate of the heart—and which he strongly recommends in place of digitalis, &c. We fear, however, he sees something in monkshood that few find, when he asserts,—"I hope to see it take its place as an antiphlogistic, and also to see the lancet superseded by it in all cases of inflammatory excitement with want of vital power in the patient, when I am confident there will be fewer deaths from the nimia diligentia medici."

According to Bouillaud, endocarditis accompanies every case of rheumatic inflammation of the joints: Watson states one-third of rheumatic cases to be connected with some cardiac affection; M'Leod says more than one-fifth; Dr. Latham about two-thirds so suffer; but our author, who has prescribed alkalies for fourteen years, has met in no single instance with heart disease caused by rheumatism when his treatment has been fairly followed. We trust our readers may be as successful with this class of remedies as Dr. Furnival has been, if they think fit to try it.

As regards our own practical knowledge, we feel that it will not allow of our coinciding in *all* that our author says when speaking of the treatment of pericarditis: "bold venesections on the first day, then cupping and leeching as freely as possible—this is supposing there is no endocarditis;" let this *boldness* be somewhat softened down, and we agree in everything else.

Some useful remarks by Mr. Gibson, of the Nottingham Hospital, on the healthy and some morbid physiological relationships of the heart, &c., will be found added to the book, as also well selected illustrative cases of each form of cardiac malady treated by the author. In one point we differ materially from Dr. Furnival: his notion of his own characteristics. He fancies that he especially eschews theory, while we fancy that he is not only a theorist, but a very good one.

The History, Diagnosis, and Treatment of Typhoid and of Typhus Fever; with an Essay on the Diagnosis of Bilious, Remittent, and of Yellow Fever. By ELISHA BARTLETT, M.D., Professor of the Theory and Practice of Medicine in Transylvania University. Philadelphia: 1 vol. 8vo., pp. 393 1842.

Great admirers of our country, and of the many clever men it has produced, we do not shut our eyes to the talented productions of other nations. In chemistry, the continentals have, unquestionably, the advance of us, and it will require something more than a jog-trot pace on our part to keep up with them in other departments of scientific research. The work before us is "American born," but, if we may be allowed to prophesy, we should say it will soon gain its letters patent of naturalisation in the mother country. It is, without exception, one of the best books on the practice of medicine that we have seen for many years past; elegantly got up, beautifully written, displaying deep research and extensive reading, with a great amount of practical experience. The style reminds us strongly of some of our most esteemed ancient writers; and we could fancy Hippocrates (if now living) writing such a work—and really not so considerably its superior—with all the experience of the bygone centuries before him. The arrangement of the work is as follows:—Part I. Typhoid fever; II. Typhus; III. Bilious, remittent, and yellow fevers. If we give an outline of the author's plan in treating typhoid fever, it will serve as an example for the rest, which are arranged after the same manner. Chapter 1—Names and descriptions of the disease. 2. Symptoms: Mode of access, febrile symptoms, chills, heat, state of the skin, pulse. Thoracic symptoms: Respiration, cough, physical signs. Cerebro-spinal symptoms: Headache, pains in back and limbs: Mind, physiognomy, somnolence, vigilance, state of senses, state of muscles. Digestive and abdominal symptoms: Tongue and mouth, appetite and thirst, nausea and vomiting, state of bowels, abdominal pains, tympanitis. Miscellaneous symptoms: Emaciation, state of urine, epistaxis, eruptions, eschars, sequelæ. Chap. 3. Anatomical lesions: Of the circulatory apparatus, respiratory apparatus, brain and its membranes, digestive and abdominal organs. Chap. 4. Causes: Age, recency of residence, contagion, locality, season, sex, &c. Chap. 5. Varieties and forms. Chap. 6. Duration, march, and complications, peritonitis, relapses. Chap. 7. Diagnosis. Chap. 8. Mortality and prognosis. Chap. 9. Theory. Chap. 10. Treatment: Drs. Jackson, Nathan, Chomel, Louis, Bouillaud, De Larroque; miscellaneous. Chap. 11. Definition of typhoid fever.

It must strike every one acquainted with the subject, that this arrangement is masterly; and we can assure our readers that each department is treated with, at least, an equal excellence. Embarrassed, where so much is good, to select a specimen, perhaps the definition of typhoid fever may serve that end as well as any other:

"Typhoid fever is an acute affection; occurring, most frequently, between the ages of fifteen and thirty years, sufficiently often previous to the former period, and but very rarely after the fortieth year of life; attacking, at least in cities and amongst adults, in a majority of instances, persons who are recent residents; occasionally, and under certain conditions, the nature of which is unknown, capable of transmission from one individual to another; rarely occurring twice in the same person; more common in certain countries than in others, but not confined, so far as is known, to any geographical localities or regions; prevailing at all seasons of the year, and in all climates; sometimes sudden, sometimes gradual in its access; attended, at its commencement, with chills or rigors, not commonly very severe, and usually repeated, at uncertain intervals, for the first few days; then, with more or less feverish heat of the skin; generally, with increased quickness of the pulse; somewhat accelerated respiration; slight, dry cough; an extensive sonorous or sibilant ronchus; with pain in the head, back, and limbs; loss of the vigour, and, in grave cases, perversion of the faculties of the mind; dull expression of the countenance; more or less somnolence or watchfulness; giddiness or dizziness; ringing, roaring, or buzzing in the ears; occasional epistaxis; great loss of muscular strength; in grave cases, with spasmodic twitchings of the muscles,* especially those of the fore-arms and hands; with entire loss of appetite, and with thirst; sometimes with nearly a natural appearance of the tongue, and, at others, with a red, dark, dry, glutinous, cracked, trembling state of this organ; sordes upon the teeth and gums; occasional nausea and vomiting; frequent diarrhœa; abdominal pains and tenderness; these latter not unfrequently marked in the right iliac region; dulness on percussion over the spleen; meteoric distension or rigidity of the abdomen; the skin, particularly of the front part of the body, being usually the seat, in the course of the second and third weeks of the disease, of a peculiar eruption, not commonly abundant, consisting of small circular or oval spots, of a bright rose colour, slightly elevated above the surrounding surface, and readily disappearing under pressure; the blood, when drawn from the body, having its proportion of fibrine diminished in a degree closely corresponding to the gravity of the affection:—which symptoms differ, very widely, in their duration, in their march, in their severity, and in their combinations, in different cases; no one of which is invariably met with, and several of which are frequently wanting; but enough of which are almost always present to characterise the disease:—which symptoms, furthermore, may either gradually diminish in severity, and finally disappear between the twelfth and the thirtieth day of the disease; or may increase in severity, and terminate in death, between the seventh and the fortieth day from their access:—the bodies of patients exhibiting, on examination after death, in only a certain proportion of cases, enlargement, or softening, or both, of the spleen; and, in all cases, thickening, or redness, or a morbid transformation, or ulceration, or all these changes, of the elliptical plates of the ileum; with enlargement, redness, and softening of the mesenteric glands, corresponding, in their position, to the altered intestinal follicles:—which disease, thus characterised and defined, differs essentially from all others in its causes, in its symptoms, in its lesions; and is, in the present state of our knowledge, only to a limited extent under the influence or control of art."

We shall be excused for this long quotation by its excellence, which, after all, is not a partial, but pervading quality of the work. Dr. Bartlett is an admirer and follower of Louis, in his descriptive arguments; with the latter it would be well if the profession generally were better acquainted. On the access, symptoms, and morbid lesions, Dr. Bartlett displays an amount of practical experience seldom met with. The chapter on causes (including the important question of contagion) is a masterly piece of reasoning. The author, after examining a large amount of evidence from the highest sources, inclines to the opinion that it is contagious; not, however, very strongly contagious. At the conclusion of his remarks on contagion, the following observations, too good to be omitted, occur: "There is one other circumstance, bearing upon this question, which it is important to notice: I mean the immunity from a second attack, which seems to be conferred by the occurrence of the disease. M. Gendron gives a remarkable instance of this exemption. The village of Petit-Gênes, containing only fifteen persons, was visited by typhoid fever in 1826. Twelve of these persons suffered from the fever, and of the three who escaped, two had had it previously. In March, 1829, the disease reappeared in the village, apparently introduced by contagion, and was confined to a single family who had taken up their residence here subsequent to the year 1826. Five members of this family had the fever, and although they were constantly visited and nursed during the nights by their neighbours (the subjects of the disease in 1826), the fever did not extend beyond the family. Chomel says, that of 130 patients at the Hôtel Dieu, no one, so far as this point could be ascertained, had previously had the disease. Nathan Smith says, 'My own personal experience is strongly in favour of the opinion I have advanced of the non-liability of the same individual to a second attack of typhus; for, during the twenty-five years since I first attended patients in this disease, and in that time I have visited many hundreds, and have witnessed its prevalence several times in the same village, I have never known or heard of its recurrence in the same person. I once attended a numerous family, every member of which was sick of typhus except two, who escaped at that time; but, two years afterwards, when the disease again appeared in that neighbourhood, those two individuals of the family, and those alone, were attacked. In another family which I attended, consisting of eight persons, five of the eight had the disease during the autumn, and early part of the winter, and recovered. The next summer, the remaining three, and another person who had been added to the family after the former sickness, were attacked by it, while all those previously affected escaped.'"

It need hardly be said that this character of typhoid fever, if fully established, although not in itself positive evidence, does nevertheless constitute a strong ground of belief, resting on analogy, for the contagious nature of the disease. We have given this quotation simply because we believe, with a little ingenuity, it might be used as a ground of argument for either side of the question.

The chapter on the symptoms is elaborate, as is also that part of the work on the lesions connected with typhus. On the theory we will not dwell, yet in this part the author gives a very impartial view of all we know, or has been advanced on the subject.

Before concluding with our strong recommendation of this work, a few words on the treatment will not be deemed amiss. We are first given the plans

of Jackson, Nathan, Chomel, Louis, Bouillaud, De Larroque, Barthez, Fouquier, Dobler, Skoda, Gerhard, &c. With regard to alum, as proposed by some German writers, the author is of opinion there is yet no satisfactory proof of its success in arresting intestinal lesions. The author further states—

"I have already spoken of the unsettled and discordant state of the professional mind in regard to the therapeutics of typhoid fever. It would be no difficult matter to multiply and strengthen the proofs of this truth, already sufficiently shown by the foregoing details. This, however, would be but an unprofitable labour; in the present state of our knowledge, of no practical value. Under the circumstances in which we are placed, amidst the claims and pretensions of conflicting opinions, it seems to me that we are not now justified in the use of any ultra or exclusive system of treatment; like that, for instance, of Bouillaud or De Larroque. For the present, our management of the disease must be eclectic and rational, not exclusive and specific. In its early stages, unless in cases where there may be special contra-indications, it seems to be generally conceded, that a moderate antiphlogistic course is the best that can be adopted; and that active emetico-cathartics, if used at all, ought to be used at this same early period. In the subsequent progress of the disease, a mild, alterative and rational plan, keeping the bowels moderately loose by laxatives, when this is necessary, and meeting particular symptoms with such remedies as experience has shown to be most suitable, would appear to be most appropriate and most successful. After the first few days, in cases of moderate or average severity, with no special or urgent indication, it is quite clear, I think, that all treatment, in any way decidedly active, or perturbating, is to be avoided. The tendency of the disease, in all such cases, is towards a natural termination in health, and there is no evidence that the dangerous complications, which are liable to occur, can be prevented by any active interference. I may remark, in this connection, notwithstanding what has been said, that carelessness, or indifference, in the management of the disease, growing out of the unsettled state of opinion in relation to its treatment, and of the limited control which we possess over it, would be as criminal a dereliction of duty, as it would be unbecoming in a cultivator of a science, and a practitioner of the art of medicine.

"We may hope that our treatment of this disease will yet become more successful, and more uniform; more exact in its application, and more positive in its results. Many 'ministers and interpreters of nature,' faithful to their high vocation, and competent to its duties, are zealously and patiently occupied in endeavouring to accomplish this end. Guided by a sound philosophy; relying upon the one great means of ascertaining the properties and relations of all forms of matter, inorganic and organic, that of observation, they or their successors may yet find, by persevering experiment, or fortunate discovery, methods of modifying the living organization, and of correcting its disordered actions, which shall give us a much greater control over the disease than we are now able to exert."

We recommend Dr. Bartlett's book to our readers for general and careful perusal. We are certain that their time cannot be more profitably employed.

Rational Orthopedy; or, the Treatment and Cure of Spinal Curvatures and other Deviations. By A. M. Bureaud Riofrey, M.D. London. Hippolyte Bailliere. Paris: J. B. Bailliere. pp. 39.

This pamphlet contains nearly as much matter as one page of the *Medical Times*. In this small space the author has expressed his opinion in contradiction to that of all other orthopedists, though certainly in a sufficiently obscure manner. Two or three extracts from Dr. Arnott's "Elements of Physic," and Dr. Combe's "Physiology Applied to Health and Education;" a case with woodcuts, and a sweeping condemnation of every other practitioner's mode of treatment, *et voilà tout*. We must, however, do the doctor the justice to say, that his apparatus, as shown in his woodcuts, appears ingenious and we think applicable to many cases of spinal curvatures. We also agree with him in his remarks on the injurious influence of stays and pressure in the treatment of these diseases.

NOTICES TO CORRESPONDENTS.

Important.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

A Reader.—*Mr. Kelly's Post Office Directory is got up immediately under the sanction and with the aid of the Post Office authorities; and on this ground, therefore, is more likely to be correct in its list of medical men than any other source. It was, indeed, this authenticity that induced one of the members for Finsbury (Mr. Duncombe) to attack Mr. Kelly's work in the House of Commons, hence his influence to preclude from it further Government assistance. Mr. Wakley did not join in the attempt.*

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.*

A Subscriber, Newcastle.—*The diploma of the University of St. Andrew's will certainly be recognised by the new Medical Bill, if it becomes the law of the land in its present form.*

A Student, *by referring to our advertising columns, will see a notice from the Society of Apothecaries to the effect that, in future, there will be no preliminary examinations. Hitherto the Pharmacopœia and Physicians' prescriptions have been reserved for the general examination, and the four first books of Celsus, and twenty-three chapters of Gregory have formed the preliminary, which might be passed at any period of the student's education.*

We regret to inform M. Tzerlecki *that we have not received any copies of the journal edited by him, in exchange for the regular weekly copy of the* Medical Times. *We therefore wish respectfully to decline, for the future, this one-sided mode of exchange.*

The conclusion of M. Parlset's éloge *on the life of the celebrated Philip Pinel, shall be given in our next number.*

Cautus *should have addressed his peculiar communication to Mr. Cooke, who has the sole management of the printing department.*

A Reformer.—*Two members of the Society of Apothecaries formed part of the deputation, consisting of five, acting for the body of general practitioners. They were present because they had the high and handsome duty to perform of abnegating the privileges of the society on the best possible terms for the general practitioners.*

A.—*We regret we cannot give our correspondent the medical opinions he solicits. The concession would be against our rule.*

M. N., *who asks us the meaning of paying "money into court," should consult an attorney on the subject. We may, however, give a definition by example. When the judge (Baron Platt) showed his opinion of the recent action against this journal, by saying that Mr. Wakley was "very thinskinned," and by ordering that the damages, and £30 costs, should not be paid to him, but to an officer of the Exchequer Court, he was ordering "money to be paid into court."*

Dr. Knox, of Belfast, thus writes to us:—

"In a notice of the 'Irish watering places,' inserted in the *Medical Times*, I believe of the 12th July, I find a statement to the effect, that one of the Irish mineral springs, most celebrated for the certainty and speed of their cures, 'derived its virtues *to* (from) the daily addition of a hundred weight of Glauber's salts.' May, I request therefore, that you will have the goodness to point out in what page of the volume it is stated that any of the Irish springs derive their efficacy from this source. The most cursory perusal of the work will show, on the contrary, that whilst Ireland can boast of great advantages in her watering places, and the variety and number of her mineral springs, it is candidly and directly stated that purgative waters are almost entirely wanting, and the few springs that possess an aperient quality derive it not from the presence of sulphate of soda, but the admixture of sea water. Whilst admitting to the fullest extent my liability to all fair criticism, whether favourable or unfavourable, I claim, as a simple act of justice, the insertion of this letter in the next number of the *Medical Times*, or, if that be inadmissible, the correction of a statement so injurious in any way that may seem most appropriate."

Dr. Knox seeks to correct a truth by two errors. Our passage is "derived from," not "derived to." The review does not say that his book mentions the two hypothetical spas, but that "it is reported *of two spas," &c. One of the spas was the Kilkenny College Spa, the other the Spa of Drumcondra.*

J. K., *who sends us the case of extreme coronatorial indelicacy and misconduct occurring near Limerick, has no remedy save a mandamus, which is out of the question.*

Mr. Kay *has our warm thanks.*

Senex, *if wise, will pay no attention to the Paul Pry notices and foolish fabrications of such a journal. They are below everything but contempt, and not worth much of that. The letter is left in the office.*

The communications on the Edinburgh University from Dr. Lewins and Philo-O. P. Q. will appear in our next. The other communications we have received on this subject shall have consideration.

We have received the report of the Association for promoting Cleanliness among the Poor. (Glasshouse-street, East Smithfield.) It appears to be doing much service to the poor of the vicinity, who aid it by a very welcome reception of its benefits.

J. Z.—*The conditions of the Medical Times prizes shall be reported shortly.*

The report in the Times was not *accurate.*

☞ Defaulters.—*We regret to announce that Dr. M. Manson, of Dunrossness, Shetland, and Dr. Harvey, of Edgar's-buildings, Bath, can receive from us no more of the Medical Times.* We cannot afford *to send journals on their system of non-payment.*

THE MEDICAL TIMES.

Saturday, August 30th, 1845.

His praise is lost who stays till all commend.—Pope.

Defeat, discomfiture, and disgrace, being great prompters to action, there can be no doubt that the present recess will be marked by renewed attempts to produce a factious division in the now united ranks of the Medical Profession. Ultimate failure is of course certain: it is but one link more in the chain of a very disastrous fatality; but to preclude that momentary appearance of even partial success, which falsehood and deception may create, let us exactly see in what position the cause of Medical Reform now stands.

The resistance of the College authorities, aided by the machinations, after dissension, of a few characterless and disappointed malcontents, having lost the Medical Profession a bill, by which old corporate interests were made largely to suffer for the good of the body of Medical Practitioners, we have now before us, in the Report of the Deputation of General Practitioners, the draft of a somewhat altered scheme, to which the National Association has assented, and which, after much difficulty, has secured the assent—though not the approval—of the two Colleges of Physicians and Pure Surgeons.

Now what is this scheme, considered solely in reference to the General Practitioners?

First. It annihilates the Apothecaries' Society at one blow. Thus the General Practitioner will no longer be badged before the public as "an apothecary," and no longer be *forced* to take his designation from the humblest, but from the highest, of his functions. The system of apprenticeship which identified a profession with a trade, will thus also disappear; and we shall be delivered from an evil always objected to—a powerful medical government with no responsibility, and a national institution of medical science without any encouragements to cientific enterprise

Secondly. The General Practitioner has a Royal College of Surgery and Medicine created for him, and placed under his own guidance. He commands his own funds, appoints his own officers, does exactly what he conceives to be useful to his own order, and its domain of Medical Science; fixes his own curricula of studies and *modes* of examination to his own candidates (five years' professional preparation being the minimum); and, finally, has the free power of extending to the distinguished members of his own body all the emoluments and honours which belong to a Royal College having from 12,000 to 20,000 members!

Thirdly. No man, for the future, will be received into his body who is not at least a member of the College of Surgeons, and has not undergone a second examination, testing alike his competency and respectability, by the Colleges of Physicians and Surgeons. For the future no man will thus be a General Practitioner who, in addition to a medical education, has not attested twice a thorough surgical competency.

Fourthly. The body of General Practitioners will be a united whole—comprising in one College all legitimate Practitioners—from all of whom a complete and uniform education will be insisted on.

Fifthly. The present privilege of repressing quackery will be transferred from an irresponsible corporation to the Profession itself. The members of the New College will decide for themselves with what vigour they will punish illicit practice.

Sixthly. Those portions of the former schemes, by which General Practitioners had education deteriorated for their class—their members placed on an equality with two years' students (inceptors of medicine)—their appointments to public institutions limited according to the will and pleasure of the Council of Health—these, and enactments in a similar spirit, are wholly abrogated.

Such are the changes generally which have at length been negotiated for the General Practitioner by the Deputation of the National Association. What have they given for them? One concession. The College of Surgeons, instead of getting from us twenty pounds for its customary examination and diploma, will get fifteen pounds for joining with the physicians in accrediting us with an extra diploma. To us the arrangement is not pleasant, but in what particular is it worse than that which now exists? Besides, it is obvious the arrangement cannot last longer than will be convenient to the New College, which, by the time it can spare the *éclat* of the second diploma, will have the power of dispensing with it.

Now this is the COMPACT OF GOVERNMENT with the representatives of the National Association; and it is by this *compact*, and nothing else, the National Association and the Profession will stand or fall. It required from us a compromise, as it did from the two other parties concerned; but, being agreed on, we stand to it ourselves, and insist that it shall be adhered to by others.

In what way, then, do we regard the discrepancies between this compact and the newly reported bill? We regard them as the result of an official oversight. We have the best authority for saying that they are so regarded in the quarter where the oversights can be immediately altered, and that an understanding already exists that they will be altered.

But suppose they are not altered? We have but one course to pursue:—to give the Bill our most determined opposition. That is our advice—and that we have no doubt will be the policy sustained by the National Association. They have proclaimed already that they have gone to the utmost verge in their career of concession, and we have no doubt that if the final compact be broken, they will, in the words of their own address, assume that position of determined hostility to the opposing corporations that has been so madly forced on them—and accomplish our project of a voluntary Faculty of Medicine, including ultimately within its folds nineteen-twentieths of the Medical Profession of this country.

Taking this view of the National Association's conduct in reference to the Bill, it was not without pain that we noticed an article in the *Times*—from certainly a very clever pen—insinuating, from a comparison of dates, that the Report of the Deputation was published with some collusive project of favouring or helping the faulty scheme of the Minister.

There could be no greater mistake, either as regards facts or interests. The report was published several days before the Bill *was* printed, though not several days before it was ordered to be printed; and the Committee of the National Association, so far from supporting the Bill with its present omissions, will, we have every reason to be sure of, give it a very sturdy resistance. The *Times* has really done great services to the cause of Medical Reform: let us trust that it is not going now to undo them. It would ill become the *Times* to play the *rôle* of the large animal, giving much milk and then upsetting the pail.

THE MEDICAL TIMES AND MEDICAL PROFESSION.

The Medical Times can indulge no "whinings" about professional ingratitude; no complaints about its being unappreciated. We have no very defined idea of how much we are entitled to from the Profession, though, with a common vanity, we conjecture it to be no trifle; but, whatever it be, we are sure of this, we receive our deserts and more. Medical men are not the begrudging paymasters, the lukewarm supporters of an *honest* advocate, it suits the adverse fortunes of some of our contemporaries to represent them. Testimonials, spontaneous and hearty, are reaching us every day, of esteem and kindness from some professional brother or literary contemporary; and, to escape that appearance of neglect or ingratitude which the impossibility of private replies might cause, we take the present public occasion to offer to each and all of our panegyrists our warmest and most grateful acknowledgment.

Unquestionably, the most important of these manifestations of regard and support is that for which we are indebted to the National Association of General Practitioners. Numbering more members than any half-dozen medical associations this country has yet seen; having a committee of more than a hundred gentlemen of the largest practice and standing in the Profession, and exercising an influence on legislation which has saved the whole medical body of Great Britain from being reconstructed on the crude notions of a few College functionaries—from such a body—so prudent, so potent, so wholesomely influential—it was, indeed, a high gratification and rich reward to receive an assurance like that contained in the following resolution:

"Moved by J. BIRD, Esq., Hon. Sec., and seconded by H. ANCELL, Esq., Hon. Sec.

"That the Committee desire, at the close of the present Session of Parliament, and previous to adjourning their own sittings for the recess, to express the obligation under which they feel to certain portions of the Daily and Medical Press for their most efficient advocacy of the cause of Medical Reform, and particularly their sense of the talent and zeal with which the interests of the General Practitioners have been advocated in the pages of the *Medical Times*."

If anything can add to the pleasure of such a resolution, passed by such a body unanimously, it is the significant fact that it was proposed by the two gentlemen who—where immense self-devotion was an attribute common to all—*pre-eminently* distinguished themselves in accomplishing their mighty organisation;—we mean the two Honorary Secretaries of the Association. Acquainted, as they are, with the whole question of Medical Reform, and the effect of the different agencies that have been brought to bear on it, the handsome way in which, backed by the responsibility of their official position, they have volunteered to testify to the utility of our humble and independent labours, is indeed gratifying. We do not vex language in the attempt to express our acknowledgments to them, to the Committee, and to the Association, simply because they will accept with more pleasure the practical gratitude contained in a still more earnest attention to those professional interests of which they have shown themselves such efficient guardians.

Passing from this index of the *Profession's* opinions, we will give *one* specimen of the unsolicited suffrages which are every day reaching us from one or other of our respected literary contemporaries. The following is from the *Devonport and Plymouth Journal*—a journal of whose respectability and large circulation we have frequently heard, but with whose management we are entirely unacquainted:—

"Little as we profess to be versed in the healing art, we open the pages of the *Medical Times* with an interest that, to ourselves at least, scarcely attaches to any other professional publication. There is in the articles generally a spirit—a rich 'sauciness,' which, in many cases, serves to disguise or conceal the too often nauseous, though essential truths, which such publications are intended to convey; and even the general reader cannot fail to be struck at the rare, though agreeable, combination of first-rate literary talent with profound scientific and professional research, which this work displays.

"*We conceive that the medical world must be much indebted to its projectors. At a price below that of most weekly newspapers, they are supplied, not only with the current intelligence of 'the Profession,' but with first-rate original matter, in the form of Hospital Reports, Lectures, &c.*, while copious gleanings from the British and Foreign Medical Press afford all that is essential in order to keep pace with the many improvements of the day; in fact, in periodical literature, of medicine and surgery, no other work can be needed.

"We have besides the testimony of professional friends, on whose judgment we rely, supporting our own previously formed convictions, that the merit of this work is not confined to its spirited style and general good management; it is in every sense a most valuable *professional* work, and as such we cordially recommend it."

A fact or two are touched on here that are well worth consideration. Till the *Medical Times* assumed its full development, under the present management, medical men were compelled either to abstain from reading medical journals altogether, or to pay one shilling for *less* information (and far worse digested) than is contained in little more than the half of the twenty-four pages of a single number of the *Medical Times;* in other words, they had to pay a shilling for what now they procure for about one-fourth of that sum. As our contemporary hints, we give weekly a volume of original scientific matter from superior pens, for less than the price of a common weekly newspaper, *i. e.*, do more, and in a difficult path of literature, for less money than any journal, probably, in Europe. We have thus completely broken up the old forms of medical journalism; we have *enforced*, in the

region, a practical revolution, which must be of immense convenience to Practitioners, and of the utmost service to the progress of our science. The fate of those who usually make themselves the benefactors of a class, is to be praised and neglected. "Laudatur et alget." Their improvements are accepted, and themselves left unsupported. It is our happy experience to find another result. The whole Profession has rallied round us with gratifying unity. Wherever there is a medical man, there—save in some ungainly exception—is a reader of The Medical Times. Some, indeed, of our countless friends carry their support of us so far as to discountenance every journal that expresses against us the hostility of its wounded jealousy or vanity; and rivals that might have flourished aiding us, are perishing opposing us.

REGISTRATION OF DEATHS.

We have received several letters in reference to the plan adopted by the Registrar-General, of securing a registration of all deaths, with their causes, occurring in the United Kingdom. Our correspondents in general, we regret to perceive, look on the innovation with very unfavourable eyes. Let us, therefore, say one word on the subject.

The statistics of death of a nation is one of the most valuable contributions that can be made to medicine. It will throw light on a thousand points, obscure and dark without it; and lead to inductions, both in the prevention and treatment of disease, which may make our art doubly and trebly a boon to society. Till the statistics of deaths are better unfolded, there can be no faultless legislation on the sanatory condition of the people.

There can be no stronger appeal *to us* in favour of this admirable scheme of registration; it recommends itself to us on the grounds of a very enlarged philanthropy and high professional standing. But there is another.

The Registrar-General has made this innovation a salutary and not ineffectual check of quackery. The blank forms of certificates are sent only to qualified practitioners. The district Registrars will receive no certificates from any person (quack, chemist, druggist, student, or what not), without a diploma. In this way the irregular practitioner is exposed and denounced to his district, while the educated doctor is pointed out as the only person enjoying the confidence of the Government.

We are glad to see the Government thus honourably, and for a useful public purpose, asking the services of members of our Profession, and we cannot in this case join in the complaint that the Registrar-General (Mr. Graham) has not made the services he asks matter of remuneration. A blank form may be filled up in a second, and few qualified Practitioners have a dozen deaths per annum, we can hope, to register. What payment would meet such a service? The plan of payment would indeed offer such an impossibility, that, if necessary, the idea of registration *must* be abandoned.

Let us trust, therefore, that our readers, including our malcontent correspondents, will look at this improvement, with its small trouble, as a boon both to society and to science, and that they will gladly lend themselves to carry out the aim so worthily sought by the Registrar-General.

The council of the Sydenham Society have determined on reprinting the three volumes issued during the first year, namely, "Hecher's Epidemics," "Louis on Phthisis," and Sydenham's works in Latin.

SUPPOSED CASE OF POISONING.

A coroner's inquest was held at Bath on Friday, August 15th, and adjourned to Saturday, 23rd August, on the body of Lieut.-General George Dick, which was exhumed for the purpose, after having been buried nearly eighteen months. It appears that the general died suddenly on the 13th March, 1844, and that his death was attributed to apoplexy, and certificates to that effect were given by two medical men, neither of whom had seen the patient during life. We extract from the *Times* the principal evidence which is of any interest to our readers.

Joseph Cuff stated that he was butler to the deceased; the general died on the 13th of March, 1844; at the time of his death he was living at 4, Catherine-place, Bath. The general died at a quarter-past 12 o'clock; he had appeared to be in his usual health till half-past 11 or 12 o'clock. Witness took him his breakfast at half-past 8 o'clock, of which he partook, and the general at half-past 10 o'clock read prayers as usual; he had no difficulty in reading. Witness took him a cup of chocolate at a quarter-past 11; he usually took chocolate at that time. Witness did not prepare the chocolate, but merely put the sugar in it; the general did not take milk The cook gave him the chocolate. He left the chocolate with the general; he was then in the bedroom of Mr. Thomas, his grandson, usually called the back parlour, and adjoining the dining-room. At half-past 12 o'clock Captain Henderson called, and Mrs. Brickdale, the general's daughter, requested him to inform the general of the fact. He accordingly went to the general, and found that he had altered in appearance. He was paler than usual, and appeared to be inclined for sleep, with his mouth a little open, and his eyes a little dim. He was not accustomed to sleep at that hour of the day. He told the general of the captain's arrival, and he replied, "Very well, Cuff, I will go and see him." He did not then stir. Miss Dick, his daughter, was then in the room lying upon the bed; she was generally in attendance on her father. The general smoked a cigar that morning; he very frequently smoked; he had part of the cigar in his hand at the time the visit of Captain Henderson was announced. He left the general and went down stairs. Mrs. Brickdale and Mr. Thomas, her son, were then in the dining-room. He almost directly went up stairs again, with the tray to lay out the luncheon. There was no one in the dining-room then, but Mr. Thomas was with the general, and called witness to assist him. He went to Mr. Thomas, and found the general at the bedside, on his hands and knees, and Mr. Thomas trying to lift him up. Mr. Thomas said, "The general has had a fit." He assisted in lifting the general up, and laid him on his knees, he sitting in the chair. The general gave one long sigh, his head fell back over witness's shoulder, and he died. The general was not accustomed to fits during the time he was in his service. There was no one in the room then besides Mr. Thomas, the general, and witness. He supposed Miss Dick left on the captain being announced. Mr. Thomas ran for a doctor, and the first person who entered the room was Dr. Spry, who said that the general was a dead man. Mr. Thomas and Dr. Daniell immediately followed. [Here a slight interruption took place, in consequence of the witness fainting, induced, probably, by the heat of the room, and fatigue in walking very quickly into Bath. Having revived, he thus continued.] None of the servants knew of the death of the general until half an hour after it occurred. Dr. Spry bled the deceased in the temples and in the arm, but no blood flowed; he did not think a drop came from either part. Shortly after Dr. Daniell, Captain Henderson came into the room. No one else entered the room for two hours afterwards; the family were only told that the general was ill; the death of the general was kept from the servants, because it was thought they would tell the ladies, and it was agreed that they should not be told suddenly of his decease. Mr. Thomas proposed that the general should be buried without an inquest being held, as he did not wish to disturb the house. Witness did not know the occasion of Mr. Thomas's remark. He saw no bottle in the general's room. [By a Juror: He had no notice to leave the family till after the general's death.] He did not think the deceased had been sick that morning. The general did not drink the chocolate in his presence; he afterwards washed the empty cup. The general was not in the habit of taking medicine.

Mr. Thomas Barrett, surgeon, of Bath, deposed that on Friday, the 15th day of August, he attended at the Abbey Cemetery and saw a body exhumed, which was pointed out to him as that of General Dick. The coffin was opened, and then taken into the crypt, where the examination commenced. The face evinced a little sign of decomposition, but was instantly recognised by the parties present. Decomposition had made but little progress in the body. Witness opened the chest and found the viscera in the condition to admit of an anatomical examination. The lungs were very much shrunk, but still crepitant or containing air, and exhibiting to a certain extent their structure. There had been a slight old adhesion of the pleura, and the right side of the chest contained about half an ounce of bloody serum. The heart was shrunk; it was examined with very great care, but exhibited no disease. It was perfectly healthy throughout its structure, as also was the aorta, the principal artery of the body, which he traced for several inches and found quite free from disease. The abdominal viscera were removed with great care and delivered to Mr. Herapath, having been properly sealed, &c. The brain was lessened in size, and from the position of the body was found more particularly in the posterior part of the skull. The dura mater, or membrane covering the brain, presented its usual firm character; the brain itself was reduced to a soft pulpy mass; still, however, its anatomical parts admitted of demonstration. The bloodvessels carrying red blood were still visible in the membranes and in the brain itself; no disease could be detected in the brain. There was no bloody effusion; there was serum found in the ventricles, but not more than would be found in a healthy brain; indeed, he should say rather less. He was prepared to say that death was not caused by sanguineous apoplexy; whether it was caused by serous apoplexy might be matter of opinion. All he could say was, there was no serous effusion.

The coroner said, it would be very satisfactory if the witness could give an opinion on this point, as the certificate sent to him at the time stated the death to have resulted from serous apoplexy.

Witness said the case was a very unusual one, from the length of time which had expired since the death and interment of the deceased; he did not feel himself in a position to say whether the death might have resulted from serous apoplexy; all that he could say was, that he found no serum in the brain to favour the suspicion that such had been the case.

Examination resumed.—On Saturday last, in the presence of Dr. Daniell, Dr. Paris Dick, Mr. Coucher, surgeon, Mr. Maule, and Mr. Herapath, he examined the stomach and intestines, and the abdominal viscera generally. The stomach externally presented a purplish-red appearance, the vessels being considerably congested; the intestines externally, with the exception of a point, to which he would refer presently, exhibited no unusual appearance; they were loaded with fat, as were the viscera generally. The liver was shrunk, but firm. The intestines were so free from decomposition, that they admitted of perfect investigation. The gall-bladder was empty, but quite sound. The spleen had degenerated into a cheesy, fatty mass. The pancreas was little altered. Internally the stomach presented great vascularity at its larger end, extending up to the œsophagus, or gullet. The inner membrane of the stomach was entire, but rather soft, and the other portion of the stomach was soft and pale throughout. On the first part of the duodenum, the first of the small intestines, he found a patch (nearly two inches by about an inch and a half) of inflamed intestine, having the appearance of extravasation, of irregular shape, and deeply tinged with a bright yellow; striæ, or little rays of a dark colour, were seen running from this bright-coloured patch to its circumference. The yellow colour had infiltrated through the membranes, and presented externally the same appearances. On the internal surface this patch was circumscribed by inflamed intestine; the same appearances presented themselves lower down in the intestines at the junction of the

duodenum with the jejunum, only wanting the yellow tinge; still lower down in the intestines, where the jejunum passes into the ilium, the intestines exhibited for several inches great inflammatory action; the large intestines showed no morbid appearances.

Mr. W. Herapath, of Bristol, philosophical chemist and lecturer on toxicology, was next sworn, and deposed as follows:—He made an examination of the stomach, intestinal canal, and liver of the deceased. He commenced the chemical examination with the contents of the stomach, and then proceeded with the contents of the intestines. He then examined the texture of the stomach itself; then the substance of the intestines, and lastly, he examined the liver. The result was, that no metallic or mineral poison could be found. He particularly examined the yellow spots which had been so accurately described by Mr. Barrett. He dissected them out, and, after a most rigid analysis by three or four different processes, he succeeded in finding that the yellow stain was entirely occasioned by the colouring matter of the bile; the appearances of those spots were so very suspicious that of course he devoted considerable time and trouble to ascertain, not only that they were not caused by poison, but what they were caused by. There were some poisons which he could not have found: prussic acid nor morphine, if it had been absorbed. It might have been absorbed in less than twenty-four hours, from the circumstances of opium being very rapidly absorbed into the system. Any organic poison soluble in water he should not have expected to find, because the fluids of the stomach and intestines had passed away.

The coroner feared there would be considerable difficulty in arriving at the symptoms which immediately preceded death, as the only members of the family who were with the deceased at the time were Mr. Thomas, Mrs. Brickdale, and Miss Dick, who were not in Bath.

Mr. Barrett was again questioned as to the cause of death. He said that he found sufficient morbid appearances in the stomach and bowels to cause death, but not as suddenly as had been described, unless accompanied by a shock to the nervous system. There were many causes which might have led to the appearances of the stomach and bowels. They might have arisen idiopathically or symptomatically; they might have arisen from some diseased state of the system, or from the effect of some irritant applied to them. No medical man would be in a condition to say positively that they were caused by an irritant unless he knew that an irritant had been applied. If it had arisen from an irritant the time it would have required to cause death would depend on the character of the irritant, and the quantity applied.

The witness was further examined at great length by Mr. Greaves and the jury.

The Coroner inquired whether the approach of death must not have been felt some time before?

The witness said, it would be very difficult for him or for any other medical man to say that such inflammation could exist for a long time without pain, unless that pain was masked by the influence of very powerful narcotics, or by greater pain existing in another part of the body. A great amount of inflammation might exist in some surfaces, such as the mucous lining of the stomach and the intestines, and not produce such an amount of pain as the same degree of inflammation would cause if it existed in a serous membrane.

The coroner.—Was there sufficient inflammation to cause death in the absence of any nervous shock?

Mr. Barrett certainly thought that there was sufficient to cause death, and that a nervous shock would only accelerate it.

The witness was again pressed to state what, in his opinion, was the cause of death. After explaining the difficulty of giving any more than a general opinion, he said he found no disease of any note, but the inflammation of the mucous membrane of the stomach and bowels.

Dr. Daniell was next sworn, and stated that he was called in to see the deceased on the morning of his death, at about 11 o'clock, by Miss Thomas, the deceased's grand-daughter, who informed him that her grandfather had been taken dangerously ill. Upon arriving in the room he found the general raised in an arm chair; he was dead. From what he could ascertain, after a lengthened inquiry, he came to the opinion, that his death had been caused by serous apoplexy, and wrote a certificate with Dr. Spry to that effect. Mrs. Brickdale, Miss Dick, and Mr. Thomas informed him what the symptoms had been,—that he had giddiness and nausea, and complained that when he tried to read the letters went round and round. They said they had given him some peppermint-water, but he did not swallow it. Witness almost entirely coincided with what Mr. Barrett had said, except that he had seen cases of spontaneous inflammation where there had been no previous disease, which had caused so great a shock to the nervous system as to produce syncope and death—death quite as sudden as that of general Dick. He had seen cases of that kind in his own practice; at the same time, he should say that serous apoplexy might also have produced death in the same sudden manner. The persons in whom he had seen inflammation giving a shock to the nervous system produce death, were aged persons and in quite as good health as General Dick; many cases of the kind were recorded by Dr. Abercrombie.

A juror.—Did you in your examination of the body see any thing to induce you to change your former opinion?

Witness.—Nothing. I was not present when the brain was examined, and had only taken that from Mr. Barrett's very accurate description. Had no doubt whatever in my own mind that, to the best of my belief, he died a natural death.

The coroner summed up at great length, observing, that if they were of opinion that the death was natural from serous apoplexy, they would return a verdict of died by the visitation of God, but if they were not satisfied, they could find that he died suddenly from some cause unknown.

The jury having consulted for a few minutes, came into court and returned the following verdict:—"Died from inflammation of the stomach and bowels, but how produced there is no evidence to show."

THE LATE MIDWIFERY CASE.

In answer to our numerous correspondents on the subject of the late unfortunate midwifery case, we give below particulars which transpired at the inquest. Any remarks on the matter would be ill-timed until Mr. Hawkins has taken his trial; should we find it necessary at a future period, however, we shall offer our readers a few strictures on these cases, which, unfortunately, seem neither few nor far between. The following are the facts as they appeared in evidence:—Mr. Hawkins, surgeon, of 54, Hatton-garden, was called to attend Elisabeth Anne Crowder* on the morning of Wednesday, 6th August, during her confinement. About eleven o'clock the deceased was delivered of a male child, and shortly after she was seized with violent pain, and expressed an opinion that she was about to give birth to another child, at the same time asking Mr. Hawkins if he did not require further assistance. Mr. H. replied, that if twenty medical men were present they could do no more than he, that there was not another child, and that there merely remained a portion of the placenta to come away. Mr. Hawkins remained with deceased up to five o'clock on the following morning, when he left to procure some medicine for her. During this period much violence was used, and the deceased complained much of the excruciating agony she suffered. Ultimately the intestines protruded through the vagina.

This we gain from the witness Sarah Thornton.

Mrs. Elisabeth Smith proved, that she was called up at half-past five o'clock on Thursday morning to attend the deceased, and that she remained with her until her death, which took place the same evening at half-past six. Shortly before her death she stated to witness, as well as to the clergyman who attended her, her conviction that Mr. Hawkins "had murdered her."

Mr. John Thorn, of No. 4, Mylne-street, Pentonville, stated that he saw the deceased on the morning of the Thursday, about nine o'clock. He found large portions of the intestines protruding, and the head of a child presenting; the deceased's face was pallid, and the pulse feeble. Witness lost no time in delivering the deceased of the second child, which he effected with the whalebone fillet.

Mr. Gibson, another surgeon, also arrived, removed the second placenta, and returned the protruding intestines. A large laceration was formed in the posterior wall of the vagina.

Mr. Gibson and Mr. Bartlett also corroborated the material points of the evidence.

Dr. J. Hall Davis, of Russell-street, Fitzroy-square, lecturer on midwifery, made a post-mortem examination of the body in the presence of Dr. Forbes, Mr. Thorn, and Mr. Gibson. Mr. Hawkins did not attend, although he had a written notice sent him of the time it was to take place. The witness described the lacerations before alluded to, more particularly the rent in the posterior portion of the vagina. Witness had no doubt that the latter injury was done with the hands in endeavouring to separate what was considered by the medical man to be the placenta. The injuries received were the cause of death.

The evidence having been summed up, the jury found, "that the death of Elisabeth Ann Crowder was produced by the ignorance and unskilful conduct of James Hawkins." This being in fact a verdict of manslaughter, Mr. Hawkins was committed to Newgate to take his trial on the coroner's warrant.

THE FAKEERS OF INDIA.

(To the Editor of the Medical Times.)

Sir,—In the course of last winter I gave some attention to the inquiry regarding the jogi or fakeers of India, who have been represented as capable of reducing themselves to a state of apparently suspended animation or trance, (which I conceive may be most aptly likened to the state of hybernation of some of the lower animals,) during which they have suffered themselves to be buried for considerable periods of time, and come to life again, after exhumation. I was aware that much scepticism had existed on the subject, most parties having alleged the existence of collusion, whereby they had been enabled to perform these apparently extraordinary feats.

On a careful investigation, however, of all the particulars which I could meet with regarding these cases, compared with my personal experience of self-induced hypnotism, and the well-attested case of the late Col. Townsend, I came to the conclusion that there was far more reason to infer that the said feats were real, than that they had been accomplished by collusion, as alleged. With the view of arriving at the truth with the greater certainty, through the kindness of friends to the inquiry, I had the subjoined queries printed and circulated throughout India; and I have already had some most important and direct information, which leaves no doubt of the fact that such feat *has been done with success, under circumstances which rendered collusion impossible.*

Before publishing a detailed report of the facts to which I refer, I am desirous of obtaining all the additional information I can bearing on this curious physiological question, as to the possibility of man acquiring by art the power of throwing himself into a state of apparently suspended animation or trance, similar to the hybernation, or winter sleep of animals. Will you therefore have the kindness to publish the subjoined queries in your Journal, and permit me respectfully to solicit from your intelligent readers the favour of any information they can communicate relative to the feats of these *eastern devotees*; and also in regard to well-attested cases of *trance and catalepsy* which have occurred in Europe, or elsewhere? The favour of being allowed to authenticate any information, by publishing the names of parties communicating it, would be most desirable; but where parties, from particular circumstances, have any delicacy on this point, I shall be glad to receive information and observations *privately authenticated*, and with the express understanding that their names shall *not be made public*. I hope the general interest and importance of the inquiry, in a scientific point

of view, will be deemed a sufficient apology for me, in making this appeal.

I remain, Sir,
Your most obedient servant,
JAMES BRAID.

3, St. Peter's square, Manchester,
August 22, 1845.

Queries.—1st. In reference to the fakeers who have submitted to be buried alive for various periods of time, and have survived on being dug out of their graves or places of confinement—reports of which have been published by the Hon. Capt. Osborne, Lieut. Boileau, and others,—be pleased to state whether, consistently with your knowledge, there has been any positive proof adduced to warrant a belief that these feats were accomplished by collusion.

2nd. If you know of any positive proofs of this nature, will you be good enough to state them, and to indicate where they may have been recorded, and to what particular fakeer the impeachment refers?

3rd. What are the grounds on which, from personal evidence, or from the testimony of trustworthy individuals, eye-witnesses of the fact, you are satisfied there was no imposture or collusion, but that the fakeer really possessed the power of suspending his respiration, and remaining for any given length of time without food or air, under ground, in the manner described by Capt. Osborne and others?

4th. If you are satisfied that the fakeer was actually buried in the way described, do you believe that he remained under ground all the time till he was disinterred, or that (as alleged in query 1,) there was collusion with other parties, by whose means he was intermediately relieved from his confinement, or supplied with food, and replaced shortly before the time fixed on for his disinterment? State also whether, from the precautions taken, it was practicable for any confederate to disinter the fakeer, or supply him with food, without being discovered. Be pleased to state the grounds of your belief, that such acts of collusion were not practised.

5th. In conclusion, be pleased to state, with reference to the details already published, any further particulars with which you may be acquainted of the burial and disinterment of the fakeer at Lahore; and of his personal appearance before and after; as also any other circumstances which to you appeared conclusive in favour of the reality of the fact, or otherwise. State also any and what grounds of suspicion in regard to the fact might exist, from any thing observed at the time of interment and disinterment—such, for example, as his breathing, pulse, heat of his body, his manner and looks, and mode of recovering, &c. &c.

JAMES BRAID.

MISCELLANEOUS CORRESPONDENCE.

BELLADONNA.—In Dr. Williams' lecture, reported in the *Medical Times* of the 9th August, I observed a very serious mistake regarding the exhibition of belladonna, which I supposed would have been corrected in the last number; this not having been done, permit me to direct attention to it. Dr. Williams' words are, "some persons think that scarlatina may be prevented by small doses of belladonna. This notion originated among homœopathists, but it may be useful, independently of that doctrine, *in doses of from three to four grains, twice or three times a-day.*" I have prescribed the extract of belladonna for a great many persons, and often as a prophylactic against scarlet fever, with, in my belief, signal success, but I never exceeded the dose of one grain for an adult; and I am of opinion that the consequences of a dose of "*three or four grains*" would be, if not fatal, extremely perilous. The symptoms produced by its administration to healthy individuals are very various. A young lady was seized with a bad form of scarlet fever; and, in order to prevent its extension in the family, consisting of five servants, ten children, and the parents, I gave them a mixture of the strength of one grain of the extract of belladonna, dissolved in two ounces of distilled water; the dose was, for the adults, half an ounce, and under the age of fourteen, to vary from a dessert to half a teaspoonful, every morning, at eleven o'clock. The first dose was taken in the evening before going to bed. Mrs. —— was quite delirious and unable to sleep during the whole night; she declared her determination to take no more belladonna. The following day, after the second dose in the morning, a maid-servant, sixteen years old, was observed to be first asleep standing with one hand upon the mangle, and it required a violent shake to arouse her; when waiting upon her mistress she took the liberty to seat herself and drop asleep; when asked what was the matter with her, she thus explained the mystery,—"belladonna—it's all that belladonna." Every day, two or three hours after the medicine was given to this girl, she was thrown into a sort of trance and exhibited precisely the same symptoms. A boy ten years old was similarly affected; but although the whole family took the belladonna for the space of a week, no one else showed any very marked effect. Not one individual of this family had the scarlet fever. I could relate numerous striking instances of the prophylactic powers of belladonna, but I have no time to dwell further upon the subject. I am told Dr. Locock is in the invariable habit of employing it for this purpose.—W. BAINBRIDGE, Upper Tooting. [Neligan fixes the dose of the extract from gr. ss. to gr. iv.; Paris from gr. j. to gr. v.; Barry's extract is much more powerful than the common extract.—ED.]

O. P. Q. AND THE EDINBURGH UNIVERSITY.—That O. P. Q. is a very able man I have no doubt, whoever he may be. Your readers must, however, see that he is a sophist of the canine species—a cynic, so much so, that I fear he is capable only of that damnatory subdivision of the critical art. I think myself a brave man to run a tilt with a writer who can prove all to be "scoundrels and cheats" that differ from him, and who can be so heartless as to hurl his thunder on men who, "when they get to India, assemble and toast Dr. Munro and the University of Edinburgh." If we are to take O. P. Q.'s word, the University of Edinburgh is a "humbug" (bugs they say are common in Scotland), "the thing at the other end of the rail is below notice," and the University of London is "Stincomalee," because it is a "Scotch thing." Now King's College is on the same plan, plus a clergyman, who makes no great difference with such grey beards as young doctors. Every other medical school in London adopts the same mode of teaching the medical art by hospital practice, and by lectures chosen by patronage under one reserve, that the men be capable of the duties of their separate offices. O. P. Q. omits to say where "a father may send his son with some chance of a medical education." Now it must be remembered that we do find some men capable of practising the profession; and my first objection to O. P. Q.'s animadversions is, that he proves too much if he proves any thing, because the same remarks will apply to every other medical institution in the empire. Then, again, if all are in the same state, is it not fairer to begin our impracticable reforms at home, where most of our young men go for instruction? What a wonderful world this will be, when of patronage the universal voice shall say, "Down with it;" in other words, when men will not favour their friends; and what a wonderful system of instruction we shall soon have, when the sneers shall be justified which O. P. Q. has thought proper to cast on "lectures," "professors," "university students," &c., words which even to the man of forty years' practice suggest those instructive principles on which he would gladly again enter. I object again to O. P. Q. as a mere quibbler. The following shall be succinctly given as a specimen:—"The os hyoides," says Professor Munro, "is not immediately (except in a very few rare cases) connected with any of the other bones." We had thought, says O. P. Q., the "stylo-hyoid ligament a very constant bond of union between the hyoid bones and the basis of the skull, not always ligamentous, it is true, but still a constant bond of union." Here is a sophism on the word "connected." Dr. M. has been previously describing the connexions of each bone with the adjoining bones; he has not been describing ligamentous attachments; and, speaking of the os hyoides, he uses the expression above quoted. Now, did not O. P. Q. know from the context, that Dr. M. was speaking of osseous apposition? Is it honest to use such a quibble in a sober discussion? If in describing the bones at the commencement of a system of anatomy, designed for beginners in that science, one were, instead of quietly describing the bones and their apposition, or connexion with each other, as the groundwork of the human frame, to describe with each bone the various ligaments, and so premise and embarrass the science, and darken the mind of the learner, by details unconnected with the osseous system, I have no doubt that "a stone would fall down from Jupiter," and the author of such a book would be "dubbed," a "fat-headed blockhead," a "scoundrel," and a "cheat;" but I ask, in common honesty, on whom these names most fairly fall—on the man who gives a correct description of a thing, or on the man who distorts that description, in a public work, and, giving six lines unconnected with the context, distorts their meaning into what he knows is not their meaning, and then, edging his prevarications with no moderate quantum of national pique, holds up the author, and one of the first of institutions, to the contempt of the profession? I have not at present access to the work of Professor Munro, but I reason in the following manner respecting all the other hard things said by O. P. Q. The quotation above exposed proves error in the statement of the case against the University of Edinburgh, and that error arises from one of two causes, dishonesty or extreme inattention; in either of which cases the rest of that jumble of abuse is worthless, either as evidence or as argument; inasmuch as, were it a labyrinth ten thousand times more intricate, it may, perhaps, need only a similar clue to unravel it. A solitary quotation here and there, made by such a writer, and without the context, is to be received with the greatest distrust. It is also possible that the work in question may, like all other works, have some few errors, "*nemo sine vitiis*, &c. &c. To write, to publish, to be *reviewed*, are elements forming a chain of events that happen to every author, and the last of which is sure to be disagreeable, if the reviewer is determined to make it so; and that such is the misfortune in the present affair can be proved, if from nothing else, at least from this: the reviewer tells us a number of incredible things, and winds up by saying, that a "student" told him, &c.—presuming that an enlightened profession will look upon that as evidence! I shall not "beseech the reader" to examine O. P. Q.'s theatrical exhibition of Dr. M.'s allusion to the pericardium. The reader must have seen through it. We are all aware that the heart has a covering of its own closely adherent to its outer surface, and that, strictly speaking, the heart is in that covering. In common loose phraseology, we speak of the abdominal cavity, and of the organs contained in that cavity, but, in point of fact, none of the viscera are in the abdominal cavity, as the peritoneum is only reflected on the outer side of each organ or viscus. The same is the case with the crucial ligaments, which every body knows are not in the cavity of the knee-joint—the synovial membrane, being reflected over every part of their sides, leaving them out of the cavity altogether. In the same strict and absolute sense the heart is not in the pericardium, but in its own membranous covering, which, reflected from the great blood-vessels, excludes it from the pericardium. Now O. P. Q. must have known all this, and could have expressed it in more succinct, certainly in more powerful language, but he was determined to "pluck" the University, in return, one would imagine, for some similar compliment, and he presumed to find our profession so fond of scandal, or so ignorant, as to receive a sophism. The reader will remember, that the quotation of O. P. Q. is not the only explanation of the pericardium in Dr. M.'s work, but is merely a concluding remark, made with the design of rivetting on the mind the anatomical fact which it involves. Then, again, Mr. Editor, one may fairly object to the test laid down by O. P. Q. of the merits of a University. The works edited for pupils must necessarily be elementary; in such productions you cannot look for any vast accessions to science. Medical professors in universities are no sinecurists, if they

properly attend to the duties of their chairs, and last, not least, to the extensive practice which able men generally obtain, and which, as teachers of a practical art, they ought gladly to embrace. First-rate works come from men of leisure; few men in large practice have time for them; still less men in large practice, with the additional onus of university duties. I object to book-making as a test of ability in medical professors. Their business is to study and to practise the most efficient method of transmitting to their pupils their own sound practical knowledge, and although, now and then, a first-rate work has emanated from this, as from every other university, it will, I think, be admitted that the professors who, neglecting this less dazzling duty, made it a system to seclude themselves, that they may bring out "some great thing" by way of advertisement, ought to be sent "*nudis dorsis regionibus lumborum*" to some such earnest man as O. P. Q. for an appeal to the only senses they can possibly have remaining. I think the University of Edinburgh has worked well on the only fair test by which it can be tried; all the leading men in the kingdom have been trained on this "Scotch system," either in or out of Scotland, and one half of them, more or less, in Modern Athens herself. I have taken the trouble to look through the pencillings and obituaries of eminent medical men, as given in the *Medical Times* for some months back, and I find those articles will justify the strongest expression that can be used on this part of the question. I shall not, Mr. Editor, presume any longer to occupy your valuable columns. You can have no interest but "to let the best horse win," and you will therefore admit this, or some better answer to the twin monster, which you have been called upon to introduce into this factious world. Scandal is generally palatable to human beings, but I think your readers are rather interested on my side of the question, for they are not the rough untutored "home," but gentlemen. I never was in any way connected with the University of Edinburgh, but I think I am not alone in the category of disinterested remonstrants against the article alluded to; and it will be a libel on the readers of the *Medical Times*, unless in its instructive volumes we see close at the heels of such a tissue of prevarication some exposure of its illiberality and sophistry.—J. D., Chatteris.

Cholera Morbus.—Since we were visited by that dreadful disease improperly called cholera morbus, I have seen every year a few cases accompanying the common bilious cholera. Within the last week I attended three as well-marked cases of Asiatic cholera as I have ever seen; each case presented the blue colour of skin, the distressed countenance, cramps, purging, and vomiting of a watery fluid, like whey. Two of those cases were persons whose constitutions had been injured by intemperance; but the third was a healthy woman, and, rather curious, I attended her for a similar attack this time two years, and each time she was quite well preceding the attack, which came on suddenly in the morning. I think it would be very interesting to learn the experience of medical men generally upon this disease, to know if others have found cases thus occurring every year, or whether it has entirely disappeared from some more favoured portion of our country.—Jas. M'Donagh, M. R. C. S., Sword's Dispensary.

Medical Assistants.—You, whose columns are always open to the cries of the distressed, and to the exposure of the abuses existing in any class of society, whose columns have been most ably devoted to the cause of medical reform and the advancement of the general practitioner, give space in them for the insertion of this letter from one of their assistants, and thus draw attention to their treatment of us, their "poor assistants." And when I draw the following picture of my own situation, there are, and you yourself, Sir, know it, hundreds—aye, I might say thousands—who are obliged (not content) to drag on a miserable existence under circumstances far less pleasant than those I am about to detail. I shall speak of myself alone, and I am, I believe, rather fortunately *fixed*. I am the son of a gentleman, and have received a gentleman's education, and have passed two years (after my apprenticeship), at one of the hospitals in London, attending lectures and hospital practice. At the end of the second year circumstances occurred which obliged me to seek for a time a medical assistant's situation, and then for the first time I became acquainted with the miserable pittances obtained by that class of unfortunate beings, from the medical agent whom I called on in the Adelphi. I told him (the agent) that I wished for a situation where I should meet with some of the comforts of a home and gentlemanly treatment. He told me I should find them all far from pleasant, and that whatever I had heard concerning the miseries and discomforts of such a life, I should find them fully realised. To make a long story short, he had, he said, on hand a situation which he thought would suit me, from the report of former assistants, and that I should find it as comfortable as such situations generally are. The salary offered was £25 a-year, to pay my own expenses down, which amounted to £3, leaving £22 a-year; and this a liberal salary, more than the average. For this miserable pittance, listen, Sir, to the list of my duties. Up at seven, and in my surgery, a miserable apartment, thirteen feet square, seven feet high, combining the double purpose of a dispensary and sitting-room, paved with tiles, and the sides ornamented with bottles; and, to prevent yourself from being suffocated with smoke, obliged to sit with a window open, and hence nearly *starved* to death with cold. My duties are, dispensing, taking messages, and visiting the poorer classes; the practice being extensive, and comprising two districts of two separate unions, and extending through fifteen or sixteen parishes, and attendance on various clubs, the day, as you may suppose, is pretty well occupied; riding from twenty to thirty miles a-day, three horses being kept to do the work; frequently called up at night, and at the pleasure of your *master* whether you shall go or not. As there are frequent *increases*, the disturbances to one's rest are not infrequent; so that from nine at night till seven in the morning, and from seven in the morning until nine at night, my mind is never free from the anxieties of my employer's business. Independent of all this, there is the care of the books and ledgers, and writing of bills, the delivery of them, and the dunning of the patients for money; the first not an agreeable operation, the last detestable. This, also, devolves on the poor medical assistant. Sir, does not this picture (and this is a gem compared to many) draw forth your commisseration. Ought not Sir J. Graham, whilst legislating for the general practitioner, to give a passing thought to the medical assistants. Cannot some means be devised for their better remuneration? Cannot their salaries be fixed by law, not to be under a certain sum?—in the same way as the salaries of the poor curates in the church are regulated. Let me, then, conclude by calling on the medical assistants to be up and stirring; let them lay their grievances before the public; and, if they cannot wring a more generous treatment from the hands of their professional masters, let them call upon Sir James Graham to do it for them. I write not this letter for myself, but for my fellow-assistants. A few weeks will, I trust, see me emancipated from this slavery, never more, I hope, to undergo the miseries and drudgeries of a medical assistant's situation. Let the medical assistants in London call a public meeting, and, if the practitioners of the present day will not meet their views, then let them appeal to the House of Commons, and, ere the present bill becomes a law, let there be some law to regulate the fair and just remuneration of that unhappy and ill-treated class of beings, of whom I have at present the misfortune to be one—A Medical Assistant.

The late Libel Case against the Medical Times.—Judging from your extract from "A Committee-man" in the last number, I am forced, on the principle of *ex pede Herculem*, to regret that you did not publish the whole communication. I agree with him that the intention of the donors of the "subscription fund" is not answered by your prize endowments. I subscribed as an expression of opinion *for* you, and *against* your *shabby* opponent, just to show that his action was an impost, not on you, but on the profession. Another of those jobs and bubbles,—now a college—now a journal—now an association, and now a legal action, by which he has so successfully pocketed the hard-earned money of medical men, *value not received*. For *you*, Sir, above all, *against him*, I would subscribe—for "prize endowment funds" I respectfully decline. Do I stand alone? While the one aim was before the public, what was the subscription in one week, by your own confession? Close on a hundred pounds! You thought proper to divert the aid tendered to a "prize fund," and the donations ceased forthwith. You have turned a public matter into a private question, out of a preposterous notion of dignity or pride. Had you any authority? No. My opinion therefore is, that the committee should meet, pay the expenses, and return the residue to the subscribers. For my part I did not subscribe my ten pounds to a prize fund, and don't intend.* And now, sir, while my hand is in, I'll venture an opinion on the trial itself. The *Standard* was right when it said, these sort of actions *in genera* are the actions of well-dressed pickpockets, unprincipled fellows who want to get money by due course of law without earning it by due course of virtuous industry. The law allows you to rob a church, or an orphan, if you are *not detected*; the law actually helps pettifoggers every day in the week to enormous injustices; and just give me a fair-looking, fair-speaking swindler, as badly off in character as in conscience, and if he'll only face public life and public infamy, I'll guarantee him by *law*, aye, by LAW, an easy income of £300 a-year. Do you know the secret? Actions for libel. Oh, sir, there is a fine livelihood open to a good trader in little actions. Pope says—

> It stands on record, that in Richard's times
> A man was hanged for very honest rhymes;

and it wants no Pope's authority now to fulminate the truth, that by the law of libel, as it stands, an honest criticism is a dangerous piece of literary impudence, and that any fellow in public life who will add to the infamy of a felon's repute the infamy of a pettifogger's legal larcenies, can earn his £300 a-year easily, *i. e.*, enough per annum by libel actions to escape the perjury of a false parliamentary qualification. Thus far, then, on general principles, I wholly agree with the *Standard*. And now, sir, leaving this digression with an apology for wandering so far from my subject, I proceed to say a word on your special case and your opponent. Has the letter of "Vindicator" been disproved? Has an *attempt* been made to disprove it? What did Judge Pollock say? That it was immensely clever! What does the plaintiff's counsel say? That it was published in a most extensively circulated journal. What is its burden? A series of accusations that must drive any ordinary character out of public life, if true. Well, then, thus clever, thus widely circulated, and thus intensely momentous, where is the reply?—where the vindication? What statement has been proved false? What inference unfounded? None; positively none! A medical politician has been arraigned and put on his trial; he has the public and the press at his command, and he has not a word to say for himself! His reply is, I care nothing for the truth or falsehood of Vindicator; all I care for is Vindicator's money. Mr. Healey was right, quite right, in retracting nothing—in apologising for nothing; in saying, "there stands the letter, charge for it what you please!" It was not the "clever and widely circulated" accusation that was on trial, but the accused, and he had no answer! He had not even the privilege such persons rarely want—a witness to character! Who, Sir, forgets the affidavit that removed the trial from the sheriff of Middlesex to the court of the late M.P. for Huntingdon? It was sworn that the change was necessary, because there would be put in evidence publications involving the settlement of nice points of law; the trial came, and where were these publications? The affidavit had served its turn. But the process promises to have the termination that all such trickeries so well call for. If well informed, the respectable plaintiff will not get the miserable £150 the jury gave him, without another trial. So conclusive, I am told, was the evidence of a judicial misdirection, that Baron Platt has allowed you to move the court for a new trial.

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* Our correspondent may have his subscription by applying at the office. Of course our proposal of prizes was always meant to be subject to the approval of the subscribers.—Ed.

When that event comes off, it will be interesting to know how much cash the *distinguished* plaintiff will receive, after all, as his recompense for standing in the public pillory, in which he (*more* than *you*) has impaled himself.—E.

UNSUCCESSFUL ATTEMPTS AT MEDICAL REFORM.—In a recent number I find the following observations:—"At the close of the session, after twenty years of tricky nonsense, the order-paper of the House of Commons contains a long notice of a bill on medical reform from that notorious Marplot of good medical legislation, Mr. Wakley. It is needless to say that the manœuvre is transparent, and that this attempt to hoax medical men and the public will be no more successful than the mock project of a College of Medicine, the hollow support of a British Medical Association, the grand bubble of a Medical Protection Assembly, and equally deceptive scheme of an Aggregate Meeting and Breakfast." Nothing can be more true than this description; but might you not have added, that while everything he has supported has been ruined, everything he has opposed has been saved, *ex. gr.*, the hospitals, University College, the College of Surgeons, the Apothecaries' Company, and, finally, the National Association? One wonders at the persistance of some public nuisances, which, the worse their odour, the more they push themselves under people's noses. I finish briefly, Sir, for the shorter these sort of literary executions, the better.—OBSERVER.

GOSSIP.

ROYAL COLLEGE OF SURGEONS.—Gentlemen admitted Members on Monday, August 11, 1845:—H. M. Cockerton, T. Eccleston, T. E. Eden, F. S. Tate, S. H. Fasson, E. Martin, T. Peppard, H. M'Carthy, J. Wallace, J. Bayly, W. H. Wright, G. T. Hodgson, J. Maund. Admitted Friday, August 15:—E. Waters, F. Collins.

The following gentlemen were admitted to the Fellowship of the Royal College of Surgeons of England on the 8th of August:—W. Peter Nichols, Frederick Harrington Brett, Edward Stephens, Richard William Spicer, George Lionel Fitzmaurice, Thomas Fereday, Thomas Storm Robertson, James Whitehead, George Warren Watts Firth, Richard Henry Meade, Martin Thomas Hiscox, Henry Savage, John Philips Potter, Nathaniel Ward.

APOTHECARIES' HALL.—Gentleman admitted as Licentiate on August 21, 1845:—W. Docker.

OBITUARY.—We regret to announce the death of Dr. Edward Octavius Hocken, of Bloomsbury-sq., one of the physicians to the Blenheim-street Dispensary, a gentleman well known to the profession by his contributions to the advancement of medical science.

The *Medical Gazette*, in a brief article, prompted by a need that suggests ingenuity, expresses its difference of opinion with us in the utility of the *Provincial Medical Journal* in relation to a political association that should have great public influence, *and eulogistically* expresses its "pleasure" that it will not lose "our contemporary *altogether*," and its hope "to see it continue its *quiet* and even course!" Is this satire in disguise?

Judge Pennefather, at the late assizes at Nenagh, ordered the medical witnesses two guineas a-day, instead of *one*, the usual fee. This may be considered one of the results arising from the combined exertions of the profession in placing their rights and claims effectively before the public.

A travelling dentist left his creditors, in a fashionable watering-place, the following cheering announcement on his door:—"Dr. M—— is *gon* to London *to atend* the *Roial* Family!"

The chemists and druggists are generally very opposed to Sir James Graham's new Medical Bill. They are anxious to have a law for prohibiting pharmacy to medical men, and fancy that if a delay take place for a year or two they will gain their object. They are promised aid in an eccentric quarter, where, without large pecuniary interest, they were least likely to expect it. The next session is to show something more astounding to the general practitioner than the attempts at dissension he has recently witnessed.

A SELECT PRACTICAL FORMULARY.

Translated from the French of M. Foy, Principal Pharmacien to the Hospital Saint Louis, at Paris.

(Continued from page 400.)

SOLUTIONS, OPIATE (Hôpital des Vénériens).—Solutions containing, No. 1, four drachms, and No. 2, eight drachms of gummy extract of opium to the pint of pure water, or one ounce for No. 1, and two ounces for No. 2, of crude opium to the same quantity of water. Mode of exhibition: Externally, to wash painful syphilitic chancres and ulcers.

SOLUTION, PEARSON'S.—A solution containing one grain of the crystallised arseniate of soda in the ounce of distilled water. Mode of exhibition: Twenty to sixty drops in the course of the day in a mucilaginous menstruum. It possesses the same properties as the arseniate of soda.

SOLUTION, SCUDAMORE'S.—A solution containing from thirty to thirty-six grains of alum in the ounce of common water, or rose infusion. Mode of exhibition: As a topical application, or in injections in arterial or uterine hemorrhage.

SOLUTION OF SAL AMMONIAC (Ricord).—Two drachms of sal ammoniac dissolved in eight ounces of pure water. Used as a topical discutient in the treatment of buboes.

SOLUTION OF THE SUB-CARBONATE OF POTASH (Rosenstein).—A solution containing one ounce of the sub-carbonate of potash in sixteen ounces of distilled water. Mode of exhibition: Twenty to a hundred drops daily, in a cupful of appropriate ptisan. Used in the treatment of rheumatism, scrofula, &c.

SOLUTION OF THE SUB-CARBONATE OF SODA (Trousseau).—One pint of hot water, to which from one to four coffeespoonsful of a saturated aqueous solution of the sub-carbonate of soda is added. Used externally in the treatment of pruritus of the external parts of generation in women. It is used three or four times a-day. *** The quantity of the alkaline solution is to be progressively increased until the patient experiences a burning heat, and the lotions should be continued for at least a fortnight after the entire cessation of the symptoms.

SOLUTION OF TARTAR EMETIC (Fontaneilles).—A solution containing one ounce of tartar emetic in sixteen ounces of distilled water. Employed in lotions or in frictions in the treatment of acute, but not very intense, cutaneous affections; also in simple phlegmasia, milk tumours of the breasts, intense headache, &c.

SOLUTION OF THE SULPHATE OF COPPER (Hôpital du Midi).—Four ounces of sulphate of copper dissolved in a quart of pure water, and filtered. A topical caustic and stimulant, to excite indolent chancres, and to dress moist pustules.

SOLUTION OF THE SULPHATE OF COPPER, CAMPHORETTED (Swediaur).—Four drachms of the sulphate of copper, two drachms of powdered camphor, triturated together, in two quarts of water. Mode of exhibition: This solution, diluted with water, is employed in injections, lotions, and collyria, as a styptic in traumatic hemorrhages, and as a stimulant in blenorrhagia, leucorrhœa, chronic ophthalmia, &c.

SOLUTION OF THE TINCTURE OF IODINE.—See Dilute Tincture of Iodine.

SOLUTION OF VERATRIA (Magendie).—A solution containing one grain of veratria in two ounces of distilled water. Mode of exhibition: One to four drachms in an appropriate menstruum. Used in the treatment of gout, chronic rheumatism, anasarca, &c. *** This solution may replace Husson's water.

SULPHUR OF ANTIMONY, GOLDEN.—Powder, one to two grains, as an emetic. Its sudorific powers are doubtful.

SULPHUR, SUBLIMED; FLOWERS OF SULPHUR.—Internally, as a purgative, one to three drachms in milk or honey; as a stimulant, ten to thirty grains two or three times a-day in the form of electuary or lozenges; as preservative of measles, two to three grains evening and morning, mixed with a little sugar. The same powder has been recommended to lessen the symptoms of measles, and to diminish the diseases which are caused by it, especially the cough. This plan of treatment, however, ought not to be adopted until after the inflammatory period has passed by. Lozenges (containing one part of sulphur lotum with eight parts of sugar) three or four daily.

Although sulphur possesses purgative properties, it is principally employed in medicine as a stimulant of the cutaneous system, either internally or externally, in the treatment of tetters, itch, rheumatism, &c. In acne it is given, combined with calcined magnesia, in the following proportions:—eight to twelve grains of sublimed sulphur, and the same quantity of calcined magnesia, mixed together; one such dose to be taken in the course of the day. It is also useful, as a general stimulant, in scrofulous engorgements, œdema, catarrh, and palsy, caused by mercurial or lead vapours.

The washed and non-washed sulphur is employed externally, mixed with fatty bodies, in the form of fats or ointments, or else in the state of gas (sulphurous acid) in appropriate apparatus.

SUB-ACETATE OF LEAD, LIQUID.—An astringent, very often employed externally as discutient and repellent, in the treatment of fractures, contusions, sprains, chilblains,[1] burns, &c. It is used daily in the hospitals to prepare the lotio alba, and the lotio vegeto-mineralis, which are employed in lotions to diminish the too free suppuration from certain wounds, &c.

SUB-BORATE OF SODA.—See Borax.

SUB-CARBONATE OF IRON.—Powder, one to three grains, mixed with the same quantity of sugar, given every three hours for seven or eight days, in the treatment of pertussis, accompanied by predominant nervous symptoms; ten to twenty grains, in bolus or pills, as a tonic or anti-chlorotic. (See Iron.) One to three drachms three times a-day, in honey, &c., as an anti-periodic in tic-doloureux, and other intermittent neuralgias. Four ounces, mixed with twenty-four ounces of water, in cases of poisoning by arsenious acid. A glassful of this mixture should be given every ten or fifteen minutes, after the patient has vomited, if the medical attendant has been called early in the case.

SUB-CARBONATE OF MAGNESIA.—Powder, half a drachm to two drachms, in a little water, in cases of gravel, dependent on the superabundance of uric acid in the urine. This sub-carbonate, which possesses the same properties as calcined magnesia, enters into the composition of effervescing drinks.

MORTALITY TABLE,

For the week ending August 16, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
ALL CAUSES . . .	864	901	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	189	198	184
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	88	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	156	158	159
Diseases of the Lungs, and of the other Organs of Respiration	204	229	292
Diseases of the Heart and Blood-vessels . . .	29	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	90	88	71
Diseases of the Kidneys, &c.	9	6	6
Childbirth, Diseases of the Uterus, &c.	7	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	5	6	6
Diseases of the Skin, Cellular Tissues, &c.	5	1	1
Old Age	58	55	70
Violence, Privation, Cold, and Intemperance . .	23	25	26

[1] I have used it in gentle frictions on the tumours, when not ulcerated, in the dose of from one to two rachms evening and morning, and I have almost ways derived very great benefit from it.—M. FOY.

No. 311. SUMMARY. SEPT. 6.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M. R. C. S. E., Ancien Elève des Hôpitaux, Membre de la Société des Medecins Etrangers, &c &c.

CASE.—*Venereal Disease re-appearing at the end of Twenty Years in the Mother—Showing itself at the Age of Seven in her Child—Different Modes of Treatment—Recovered by Fractional Doses of Gold Preparations and Sudorifics.*

Madame E——, of good constitution, menstruated at eleven years of age, and was married at fifteen; a year afterwards was delivered of a male child, who always enjoyed good health. The excesses of her husband induced her to leave him for a short period, and, on a reconciliation being effected, she shortly afterwards complained of severe pains and uneasiness about the anus. During a period of three months lotions were used, and an internal treatment pursued, at the end of which time she appeared well. Four years afterwards her husband returned, and until the period of his death he complained of illness: she, however, had four children, three of whom died from some obscure disease, the nature of which was not known. At the age of forty Madame E. complained of sore throat, which did not yield to the ordinary remedies, and was put under a course of bichloride of mercury and sudorifics, which effected a recovery. The fourth child enjoyed good health until he attained the age of seven years, when he frequently passed urine involuntarily during the night; became pallid and weak, and shortly afterwards many small ulcers came on the soles of the feet, which looked like chilblains, and only yielded to the application of an ointment containing red precipitate. From that period a state of cachexy came on, which was traced to a strumous diathesis, and he was accordingly treated for this affection. It was remarked that sea-bathing exasperated his symptoms, and that preparations of gold produced a manifest improvement. Subsequently there came on a painful swelling in the left fore-arm, which was ascribed to his assiduity and over practice on the piano. The pains increased, particularly at night. During four months and a half, different modes of treatment were ineffectually tried; symptoms of gastro-intestinal inflammation now appearing, they were supposed to originate from the employment of so many powerful remedies, and consequently their use was discontinued. It was about this time that the young lad was brought by his mother to see me. The left fore-arm was double the size of the right one, particularly near the wrist, and severe pain was felt in that part: he could make no use of the extremity, and the movements of pronation and supination were impossible: the nose was deformed, the ossa nasi sunk, and covered with large ulcerations, which extended to the palpebræ. There also existed great redness of the eyes, and photophobia; half of the eyelids of the left eye were completely ulcerated, and the palatine arch was perforated in nearly all its extent; the uvula almost destroyed; large and deep ulcerations covered the tonsils, the pharynx, the jaws, and the mucous membrane of the mouth; a polypoid excrescence completely obstructed the right nostril, which, as well as the mouth, secreted an abundant suppuration; a fissure made its appearance in the upper lip, extending from the nose downwards, and the ulceration appeared as if it would meet that on the gums. Having attentively considered the antecedent facts, I no longer doubted that the affection, which was considered to be scrofulous, was of a venereal nature, and my opinion was still further confirmed by the rapid improvement which took place in the ulcers by the use of bichloride of mercury.

It was particularly urgent to arrest the progress of the ulceration of the eyes, as an internal treatment could not be put in force from the severity of the symptoms; and I was obliged for sixteen days to contend against the progress of the disease by palliative means (lotions of the bichloride of mercury), which were not sufficient, as the venereal virus must be constitutionally attacked. Many methods of treatment could be tried, but I recollected that, under similar circumstances, the patient had once recovered by the administration of fractional doses of the preparations of gold, and I decided on giving them another trial. I merely added sudorific drinks, and discontinued the sublimate lotion, so that I might be enabled to judge what would be the effect of the treatment on the constitution. For fifteen days the frictions were continued on the tongue with five centigr. d'or divisé; for the next fifteen days the dose was increased to seven centigr., at the same time the patient took thirty gram. every morning of syrup of sarsaparilla, which was afterwards increased to forty-five, and then to sixty gram., and he drank during the day the "tisane" of sarsaparilla; this latter part of the treatment was obliged to be regulated by the susceptibility of the digestive organs, so that occasionally the sudorific measures were necessarily discontinued. It would be tedious to follow step by step the progress to recovery; but it is sufficient to say, that at the expiration of six weeks all the ulcerations were completely cicatrised, and the eyes were restored to their normal condition. However, the treatment was continued afterwards for two months, and at that time the left fore-arm had nearly obtained its natural size and the usual freedom in its movements. Twenty years have now passed away, and the recovery cannot be doubted—for with the return to health his intelligence was developed; and this once unhappy child, who appeared to be the victim of a certain death, has now become one of the most distinguished professors of the interior of France.

This case is interesting, not only in a pathological view, but it offers some peculiar points of interest in a physiological sense, such as the numerous disorders that visited this child in succession, and which were ineffectually treated by a host of remedies; we must not forget, also, the venereal virus which affected the parent, and which had been treated by local and general measures, and having lain dormant for a period of twenty years, at the cessation of the catamenia, again burst forth in all its intensity; nor should we forget that three children had died from diseases, the origin of which had not been ascertained by the medical attendants; nor that a fourth child, who was perfectly healthy when born, should only have presented the first symptoms of this affection when seven years of age, under the appearance of the so-called "*chilblains*," and which were cured by the local application of a mercurial remedy, to again appear later in life.

Here, then, is a case of syphilis which was reproduced in the mother twenty years after the antivenereal treatment, and which declared itself successively, without being recognised, in her four children, but in the case of the youngest, did not come on until he had attained his seventh year, although the parents did not offer any external sign of the venereal disease. Thus, the infection of the child is of a much later date than the apparent recovery of the mother, and came on long before the relapse she experienced. The child could not have been infected during the accouchement, consequently we must admit that the treatment of the mother had not been a radical one. However, whether the child had been infected by the father or mother *labouring under a constitutional affection*, it is very remarkable that they presented no apparent symptom of disease when conception took place.

CASE.—*Fatal Congenital Syphilis in Three Children, the Fourth Child cured by Antivenereals, although the Nurses had been changed twice.*

The Count de C—— contracted in the campaign of Jena a venereal disease, characterised by ulcers, which were situated on the glans. He attended to the affection during the war, and when the chancres were healed he paid no further attention to them. Two or three years afterwards he married, and, having consulted a surgeon, he did not consider it necessary to prescribe a fresh course of treatment, as there was no external symptom, nor any derangement in the general health that would warrant him to suspect the existence of a constitutional affection. Six months after his marriage, M. de C—— observed some excoriations about the glans, and ceased to cohabit with his wife. A short time afterwards, these excoriations having taken an unequivocally syphilitic character, he underwent an antivenereal treatment, consisting of sublimate, and sudorific tisanes, &c. About the same time Madame de C—— felt considerable irritation in the genital organs, then pain, which was accompanied with great heat and an ichorous discharge, which she laboured under for a long time without mentioning. The symptoms that she spoke of were attributed to pregnancy, and under this idea she had given to her several mercurial preparations, care being taken to conceal the fact. The inconveniences disappeared—the period of her accouchement drew near—and the treatment, which had not been rigorously attended to, now ceased. The accouchement terminated favourably; the child, healthy and fat, enjoyed excellent health until the fourth month, when he grew thin, his body was covered with pustules, and he died in the most emaciated condition two or three months afterwards. About the same time the mother's health became deranged; she lost her embonpoint; pimples appeared on the face; ulcers in the throat; a fresh antivenereal treatment was considered necessary. She now learned the nature of her malady, and punctually observed all that was prescribed (the

curial frictions, bichloride of mercury in solution, tisane and sudorific syrups). Repeated salivations came on; the hair fell off, and marasmus set in. The treatment was now discontinued at the end of three months. Shortly after Madame de C—— was confined, having gone her full time, and without accident. This second child began to droop about the fifth month, and died shortly afterwards, covered with spots and cutaneous eruptions. A third mercurial course was prescribed for Madame de C——, principally aided by sudorifics, particularly the "rob de Laffecteur;" the same disturbances occurred in the health as after the second treatment. A year later, a third child underwent the fate of the two others. Many consultations now took place, and the mother was considered cured; the infection which had proved fatal to those three children was attributed to the father, and in consequence he underwent a very long and very complicated treatment. Madame de C—— became pregnant some months afterwards for the fourth time, and was safely confined. At the age of four or five months, the child, which, up to that period, had been in good health, became covered with spots of the colour of the lees of wine, and accompanied with engorgement and induration, which was considered as of a scorbutic nature. Soon afterwards, pustules appeared at the child's anus, and the nurse's left breast was excoriated. I was consulted at this time; the child was seven months old; he was thin and pallid; the skin was flaccid, and the countenance emaciated. His health was evidently undermined by constitutional syphilis, and he had infected the nurse. The right breast was reserved for the child, and the nurse was cautioned not to allow the child's mouth to remain too long in contact with the nipple, and to wash it immediately after with a solution of sublimate (80 centig. to 500 gram. of water), to wash it again with milk before giving it to the child, so as to take away the disagreeable taste which the sublimate left on the skin; but the child refused the breast from the first day, in consequence of the application of the sublimate. The left breast was soon cured by the same lotions and the mercurial cerate; at the same time mercurial frictions were ordered, Sedillot's pills, a strong decoction of sarsaparilla, and its syrup in large doses. All the child's external symptoms disappeared by this treatment. A fresh nurse was now ordered, and about three months afterwards a fresh crop of pustules appeared at the anus; others came out on the tongue; the commissures of the lips became ulcerated; the same precautions which were ordered for the first nurse were recommended to the second. As to the child, he was treated by sublimate baths (from 2 gram. to 8 gram in 5 kilogr. of water), in which five or six spoonfuls of alcohol were added to make them of a tonic nature, and assist in the solution of the sublimate. After the sixth bath, the "fissures" on the lips were cicatrised. The nurse having now neglected the precautions that were laid down, observed, two or three days afterwards, an ulcer on the nipple. The child took twenty sublimate baths, and they were now gradually discontinued as the state of the skin improved; the child's strength increased by these means, and the little patient had become strong enough to be weaned. I should say, that the second nurse underwent an antivenereal treatment, of which the child had the advantage during the last two months of suckling. Although the state of health of this child now appeared perfect, an internal treatment was necessary to remove the remains of a constitutional affection which was so deeply rooted. Consequently, as soon as the child could eat, mild mercurials were administered internally, and these were frequently changed. Mercurial aphthæ appeared several times on the mucous lining of the mouth, with diarrhœa and some spasmodic symptoms. However, at the end of three months the recovery was perfect, and from that time nutrition became so rapid, that for many years the child was submitted to the strictest rules of diet. For twenty years the patient has continued well, without the slightest relapse.

But let us return to the mother. A fifth pregnancy took place, and the health of the child in utero was to be taken into consideration. Her vision was considerably weakened; her hair had fallen off; she had lost her embonpoint and complexion. These symptoms were ascribed by several medical men to the state of pregnancy, but I viewed them as the indication of a state of health which was still impregnated with the venereal virus. To protect this child from the fate of the others, it was necessary to attend to the treatment of the mother during her pregnancy; but we had now to decide, what the treatment was to consist of? The pills of Sedillot produced colic, which might cause a miscarriage. Corrosive sublimate produced gastric derangement, and I was obliged to abandon the idea of giving mercury, as it had been already administered under every form, and in considerable quantity, on former occasions. The hydrochlorate of gold, although there was little reliance placed in it by medical men at that time, was given, at first in doses of three milligrammes, and afterwards as much as six milligrammes. Under its influence no other remarkable change was produced on the economy, except a general excitement, an increase in the activity of all the functions, and constipation. The amaurosis gradually disappeared, the hair became as thick as formerly, the complexion of the highest colour, and her embonpoint gradually increased. Her accouchement came on; it was easy and regular; her treatment was discontinued for fifteen days, after which time she again took fifteen centigrammes of the hydrochlorate of gold, in the same doses as on former occasions, making in all thirty-five centigrammes, the amount of the preparation that was taken altogether. This last child was suckled by its mother, and enjoyed robust health, with the sole exception that, for a long time, it had a cutaneous affection, which the parents ascribed to the remnants of a venereal disease, but which I considered to be the result of the general excitement produced in the mother by the preparation of gold. In a short time this eruption, which was principally confined to the face, yielded to the use of simple emollients. Gradually the skin became healthy, and an obstinate habit of constipation also disappeared. The recovery was perfect in a few months, and has continued so. Three years afterwards, Madame de C. was confined of a very healthy boy, who never had the slightest cutaneous eruption. A girl was afterwards born, who always enjoyed good health from her birth. Thus, at length, this inveterate syphilis was entirely eradicated from the mother, who, after having passed ten years in the greatest misery, was now delivered from a scourge which seemed destined to embitter the rest of her days, and only to bring evil on those beings who were so dear to her.

We must not pass over in silence the consecutive accidents which visited the two nurses. We have just seen that the first nurse had been submitted to a long mercurial course. On her return home, she neglected herself, and was affected with an abundant salivation, and in a short time afterwards was delivered of a weak delicate child, which only lived a few days, and which, I understand, presented all the characters of a congenital syphilitic affection. However, the mother appeared to enjoy the most robust health, and had no symptoms of venereal disease; but she came to see me, and underwent a specific treatment. Fifteen months afterwards this woman was delivered of a second child, who died three months after his birth, and was covered with brown spots on the skin, and had pustules at the anus. Madame de C., who communicated all these details to me, said that the symptoms were exactly the same as those she observed in her own children. Although this woman appeared healthy, and although she had no disease ever communicated to her by her husband, with whom she always cohabited, it was evident that the venereal principle was not destroyed; consequently, she was submitted to the same treatment as Madame de C., and the hydrochlorate of gold was equally successful in this case. No accident occurred during its administration; it made little or no apparent change in her general health, and the child, which was born a month afterwards, never offered the slightest trace of a venereal affection.

The second nurse had an ulcer, which was communicated by the mouth of the child, and the energetic treatment was also put in force at the time, so that, from its effects on the economy, it was supposed that the venereal virus had been completely destroyed. However, at the end of six months, this woman felt uneasiness and heat in the genital organs, and she observed an abundant discharge, which marked her linen of a greenish-yellow colour. Three years after, I saw her, and found on the left labium majus a humid pustule about four centimetres in length, two centimetres in breadth, and elevated more than one millimetre. Some smaller ones surrounded the vagina and anus. These pustules were certainly venereal, and her husband never had the least excoriation, nor the slightest discharge. The hydrochlorate of gold was administered to her, as in the case of the first nurse, and it procured a rapid disappearance of these symptoms, which never afterwards reappeared.

The analysis of these cases presents us with a remarkable tableau in the great similarity which was observed among so many different persons in the principal features of the disease. We first see the venereal virus incompletely destroyed in the person of M. de C. by a superficial treatment, and that it remained latent in the economy for so many years, to burst forth again some months after his marriage, and to show itself in those organs that were subject to the most excitement. The wife then became affected, who was treated ineffectually, and we see the affection transmitted to her children, then to the nurses, although the disease must have lost some degree of its character by the several mercurial treatments that each had undergone; but it only yielded finally to the preparations of gold. Thus we see that the venereal virus *cannot be destroyed by new mercurial treatment*, for it would appear that the *system becomes habituated* more and more to its use, at the same time the disease is considerably modified by it, as it loses its contagious properties, as we have just seen in the case of the nurses, whose children died, however, of congenital syphilis. It is also worthy of remark, that the husbands of these two women never felt any inconvenience, although one of them had several pustules at the entrance of the vagina for two years.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M. D., Member of the Academy of Medicine, formerly Physician to the Bicêtre, and Salpetrière Asylums, Author of the "Traité Medico Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopædia of Practical Surgery, &c.

Now we know the alterations of structure, the symptoms, and the progress of the disease, it will not be useless to cite a few cases of cure, in which, from an analogy of symptoms, an analogy of organic causes, ought to be admitted; that is to say, an œdematous infiltration of the cerebral tissue.

CASE 10.—Madlle. Rose ——, ætat. 24, of a strange, proud, and highly irascible character, was attached in 1831 to a young man, who promised to marry her; she waited the appointed day with impatience; this arrived, but the marriage was postponed. On learning this, Madlle. Rose ——, in violent excitement, broke her furniture and tore her clothes. "*She was not made to be played with by a man, she was a man also, and could prove it.*" This idea was so strong in her mind, that she took the dress of her new sex. On the 20th of October, 1831, she was admitted into the Salpétriére. She was then calm, and answered questions put to her slowly. Her appearance announced pride and disdain. All her other functions were normal.

On the 10th of March, 1832, she complained of a deep, dull pain in the head; she appeared less disdainful, but scarcely noticed the questions put to her. On the 28th her debility was extreme, she seemed neither to see nor hear; urine flowed involuntarily; had been supported by broths; the mouth gaped, and the general sensibility has diminished from day to day. If the eyelids are depressed, they remain so; the eyes fixed and dull. To remove constipation, three drops of croton oil were prescribed by M. Parisot; this produced several abundant stools, followed by a serous indolent diarrhœa, which continued for a week.

After this prolonged evacuation, a remarkable change was observed in the intellectual symptoms; she countenance recovered its natural expression; she asked for food, and in a short time recovered her perfect reason. On questioning her as to what she felt during her illness, she stated that she was conscious of her condition, but that she felt no grief, nor any wish to get out of that state; she felt no pain, still thought she was a man, but did not consider it of any importance. She left the hospital in perfect health on the 16th of May.

There can be no doubt, had she died during this illness, of some superadded affection, that a serous effusion would be found compressing the brain, and giving rise to that transient stupor, of which her symptoms were so strongly characteristic.

Case 11.—M—— a young man, son of a very irritable mother, was admitted into the Bicêtre, for the first time, in a state of mania, with predominance of fear, and religious ideas. His age was then fourteen and a half years. He was constantly invoking, and always in tears, "his sweet Jesus." Occasionally his agitation was such as to amount almost to convulsions. Antispasmodics administered in the form of enema, and baths, with affusion of cold water on the head, seemed to be particularly useful.

I learned that this first attack of mania had been caused by attempts at brutal violence being made on him, after he had been made to drink wine of cantharides. He left the hospital quite well in September, 1828; he returned in February, 1829, in the same state as before, and again left on the 23rd of the following April.

Another relapse occurred in January, 1830. He seemed to be threatened with demency. General delirium, countenance stupid, evacuations involuntary. This state, which began to be regarded as incurable, lasted several months, and suddenly ceased after the application of a large blister to the scalp; he recovered his natural gaiety and vivacity of mind.

One may judge of what he felt during his state of stupor by his answer to the physician, who had refused him permission to walk in the open courts of the hospital—"You restore my reason, and will not allow me to make use of it; I was happier when I was ill, for then I wished for nothing."

This is another of those frequent cases, in which a brain, already fatigued by two attacks of mania, experiences relapse, and presents symptoms progressively more severe. Both cases are important as regards the therapeutical indications. But Nature herself may sometimes suffice to restore the healthy functions. The following case will serve as an instance.

Case 12.—Maria L., a young needle-woman, ætat. 18, had the habit of drinking several cups of strong coffee at night in order to enable her to continue at work. She had but few hours' sleep out of the twenty-four, if sleep it could be called, which was more a state of dozing than a complete repose of the brain. On the 31st of December she had a violent attack of mania, in which she gave way to the wildest extravagancies—even to striking her mother, for whom she had the strongest affection.

I found her in the evening in a state of the fiercest exasperation. Next day she was sent to a Maison de Santé. After fifteen days of antiphlogistic treatment this patient became calm, and rational, and asked to see her parents. In the excess of joy her mother fainted in her presence. In the evening she complained of violent headache, her memory became confused, and utterance was slow and difficult. Eight days after the stupor was complete; she remained in the erect posture, walked but very little, and seemed to be alike destitute of ideas or desires. This lasted during January and February; skin dry and wrinkled, legs and hands slightly œdematous, and the stools sometimes involuntary.

On the 2nd of March, she was affected during the night with an abundant perspiration of a fetid smell, which was seconded by sudorifics. It continued for five or six days; the catamenia that had been suppressed reappeared, and convalescence began. Subsequently she had some active purgatives. The perspiration in this instance tending to free the brain from the serous congestion that compressed it, and coming on at the menstrual period, had all the appearance of a salutary crisis.

Case 13.—I attended the following case in company with Dr Belhomme:—

M. D——, ætat. 24, of a lymphatic, semi-scrofulous constitution, had been attacked six months before with mental derangement, marked by fits of violence and fury. General bleeding and a seton in the neck were attended with such good effect, that the patient was enabled to resume his occupations. Unfortunately the seton was suppressed too soon, and this was one of the causes of a relapse.

On the 7th of August, 1834, M. D—— was placed in Dr. Belhomme's establishment; his state was that of stupidity, accompanied with a degree of immobility and stiffness that rendered walking to any extent impossible. When placed in any situation, there he would remain until dragged from it by force, and the same difficulty existed in making him eat, get up, dress, &c.; he spoke but little, and only in monosyllables. His appearance was unfavourable; the countenance sallow and puffy, circulation languid, constipation. The setons were re-established, baths were ordered and purgatives. As the colour of the countenance became more florid, and the pulse became hard, he was bled. Being still in an unsatisfactory state in October, I proposed the use of more energetic purgatives. Croton oil was given in the dose of two or three drops. The patient improved, the immobility was not so great, and, what is not a little remarkable, he became abundantly salivated. In November he could answer questions fairly; purgatives were persevered in, combined with tonics. He had a strong decoction of coffee twice a-week, and two doses of purgative medicine in the intervals. During the two following months his progress was satisfactory; he could walk, and speak with facility. From being the prey of melancholy, he now began to occupy himself in drawing and writing long letters, which, though exhibiting some wildness of ideas, were in themselves, nevertheless, a proof of a more decided excitation of the organs on which the intellectual functions depend. This excitation, in fact, proceeded to such a length as to render bleeding necessary; the purgation was also continued, and at the end of a month he was so well that he was allowed a certain degree of liberty. After a treatment of seven months he was completely cured.

In regard to duration, we find that cerebral œdema is usually dissipated in the space of a few months; as to the treatment, the most active means may be had recourse to. The suspension of the sensibility, and of the nervous influence, will at once account for the tolerance of strong drastics or diuretics, as well as of the application to the skin of powerful irritants.

PHYSIOLOGICAL INDUCTIONS.

What application can be made of this pathological state to the explanation of certain functions of the brain?

1. *As regards the Intellect.*—Cerebral œdema produces on the brain an almost mechanical compression, by reason of which certain faculties begin to be disturbed, the intellectual disturbance increasing according as the serous infiltration penetrates into the interior of the brain; and, notwithstanding the stupidity, the patient retains the sentiment, the consciousness of his state, without having either the will or the wish to be relieved of it.

These results, which flow naturally from the positive facts we have narrated, may appear to possess some importance.

We should be entitled to conclude from them that memory, speech, and even will, are properties of the peripheral portions of the brain, but of both the grey and white substances, since the infiltration of the white substance renders the stupor still more general. At the same time, we must admit that the sentiment of perception and of consciousness belongs to the cerebral part of the brain, which retains its healthy condition in cerebral œdema, and thus leaves perception and consciousness intact in those patients. Facts of this kind confirm still more strongly the physiological truth, that each part of the nervous system has its own peculiar function and distinct properties. The pathologist, therefore, infers alteration of function from alteration of the parts, and reciprocally lesion of functions from the lesion of parts. On this point, too, anatomical observations are in complete accordance with the results of experiments. Thus, when Flourens saw the faculties enfeebled, and gradually extinguished, when he pared away the brain in successive slices, and when he passed beyond certain limits, that the abolition of the intellect was complete, he produced, by means of the scalpel, the same succession of symptoms that we observe in serous infiltration of the brain; and we must conclude, with this able experimentalist, that the most elevated phenomena of the understanding belong to the nervous centres of the encephalon.

2. *As regards the Sensibility.*—Œdema produces another peculiar lesion of the sensibility, distinct from that of the intellect and locomotion. The most remarkable phenomena of insensibility occur in the cutaneous system, the external mucous membranes, the conjunctiva, and in the nostrils and mouth; sometimes only partial—sometimes extending considerably. Here, again, cerebral œdema confirms the results of those experiments that have demonstrated sensibility and motion to be distinct properties, but that these properties do not reside alone in the nervous centres, as the external compression of the brain produces as decided an influence on the one property as on the other.

3. *As regards Motility.*—The symptoms as regards locomotion are more obscure and difficult of appreciation; there is numbness of the limbs, sluggishness, slowness of movement, but no paralysis in the strict sense of the word. The most remarkable symptom is the catalepsy observed in some of these cases. This is a lesion of the muscular contractility, transient like the lesion of the intellect, and totally different from that complete abolition of motility resulting from an internal laceration of the cerebral tissue, just as true demency differs from this intellectual stupor. Finally, œdema of the brain is an accidental complication of the chronic irritation of this organ in the insane, whose lymphatic temperament naturally predisposes more or less to serous effusions; but on account of its duration, peculiar symptoms, and the treatment it requires, it deserves to fix our attention.

III.

SIMPLE DEMENCY.

Demency is the general enfeeblement of the intellectual and moral faculties, in which all forms of incurable delirium terminate. It is characterised by absence of reason, oblivion of the past, and want of care for the present or future. This state has been long described as exhibiting loss of memory, profound apathy, absence of all desire, and incoherency of ideas and answers. Most of the insane, however, enjoy robust health; the organic functions are performed with fulness and force; they are voracious, lewd, and insatiable; they know neither fear nor affection; their whole appearance bespeaks a stupid tranquillity.

Senile demency is also the result of enfeeblement of the brain; it may attack, even in mature age, individuals whose constitutions have been impaired by disease or excess. In the same manner as after an attack of insanity, their intellect becomes gradually weak, memory disappears, the imagination is dulled, and they fall, like the insane or the aged, into a second infancy.

Pinel thus describes ordinary demency: "An alternating succession of isolated ideas, slight and contradictory emotions, inordinate movements and extravagant acts; total oblivion of an anterior state; abolition or diminution of the faculty of perceiving objects; obliteration of the judgment; inertness, or continued activity without object; wild and incoherent projects; oblivion of proper words to express ideas."

At a later period the symptoms become still more alarming; the patients can only articulate certain words with effort, sometimes only parts of words, the remainder expiring on their lips, as in their minds; the gait is tottering and uncertain; they support or try to support themselves by every thing that comes in their way; in walking, their legs bend under them, or they drag, and the slightest obstacle causes them to fall; their grasp, too, is uncertain, and they either let fall what they hold, or clutch it convulsively.

The countenance presents a singular mixture of astonishment, and an appearance of attention

without object; they look, listen, and answer without hearing or understanding; they shed tears on the most trivial emotion. At a later period, paralysis is superadded; the patients either pass the time in bed, or on a chair; the evacuations are involuntary, the limbs become contracted, gangrenous eschars are formed on all the points of the body bearing pressure, and marasm at last terminates this tedious state of disease; for it often happens that the progress and development of these symptoms will extend over a period of ten, fifteen, or twenty years.

We are not now speaking of demency complicated with general paralysis—the progress and symptoms of which are peculiar, and will be treated of in another place—but of common simple demency.

Are we to attribute the causes of this gradual annihilation of the intellect to any alteration of the brain? We are of opinion that there exists in this degenerescence of insanity an organic deformation, a species of slow induration of the cerebral substance, the characters of which we will now expose in the narration of a few cases. This alteration presents different degrees, both in demency and in complete idiotcy. In idiots, especially those in whom, as is often the case, a hemisphere is atrophied, the cerebral induration is quite manifest. The tissue of the brain is dense, elastic, and changed almost into fibro-cartilage.

In demency this induration, though less marked, is equally remarkable, as much in regard to its anatomical characters as to its coincidence and relation with the sinking of the cerebral functions. The brain, which in the healthy state is tolerably soft, and traversed by numerous and attenuated blood-vessels, becomes in demency in the long run entirely changed; the vessels disappear; the medullary pulp turns a dead white; it becomes hard, resisting, fibrous; in a word, it presents new anatomical conditions: I consider this induration as a peculiar disease, which alters slowly a part or the whole of the brain, and destroys its functions. Of this we shall now give a few examples.

A young girl, named M. Lenfant, healthy and strong, married at the age of 16, and in the space of eight years became the mother of five healthy children. During her last pregnancy her husband died, and through grief she fell into a melancholy delirium, which became more violent after the child was born. Admitted into the Salpetriére, on the 15th October, 1817; she was taciturn, refused food, avoided the company of other patients, and would not answer questions respecting her health; on other subjects her answers were correct, but short. In the midst of the puerile fears, vague terrors, and gloomy ideas to which she was a prey, her intellect seemed to retain an appearance of reason. For eighteen months the symptoms remained nearly the same. In the second year her memory began to be impaired, she spoke with difficulty, her countenance assumed a stupid expression. She continued to grow worse during the three following years. At this time her intellect was gone; and her limbs were paralysed. During the spring she became generally scorbutic, and died 25th May, 1824.

Autopsy.—Skull thin, uninjected; arachnoid healthy, pia-mater so closely adherent to the substance of the brain that they cannot be separated; the whole grey substance is pale, solid, and every where confounded with the white substance; the latter whiter than natural, and, as if covered with a brilliant varnish, is hard, solid, and resistant throughout the whole cerebral mass; this induration is still more marked at the base of the brain, in the optic tracts, and at the upper part of the ventricles. The brain is here so like fibro-cartilage as to resist the action of the knife, and "*cry*" as its edge divides it. So complete is this alteration that the cerebral fibres allow of being elongated, returning on themselves again by their elasticity, while in the healthy state any attempt of this kind would necessarily break up the brain. In the chest the left lung contains a large suppurating cavity; the intestines present numerous ulcerations.

Reflections.—In this case, sinister presentiments and incoherent ideas give rise, during eighteen months, to slight delirium. The intellect subsequently becomes more enfeebled, and, at the end of three years, the imbecility and paralysis are complete. Comparing the symptoms with the lesions, I should say that the adhesion of the pia-mater with the surface of the brain shews that a high irritation had prevailed there during the first eighteen months; that this irritation becoming afterwards chronic, and penetrating more deeply into the brain, begins at last to alter the cerebral pulp, which shrinks, and becomes discoloured, hard, and fibrous. The effect of this lesion is to annihilate intellect and movement. The scurvy, an accidental affection, is next superadded, and terminates life, which otherwise might have been prolonged for some years, as the induration hitherto had attacked but a portion of the brain. The affection of the lungs, as well as the intestinal ulcerations, were simply additional complications, depending one on the other, a condition often found in the last stage of demency.

Case 11.—Anne Montigny, ætat. 18, a young woman of strong constitution, had her side staked by falling on a sharp piece of wood, just over the ribs; there was a wound, through which, singular to say, the first menstrual discharge took place. The wound continued to reopen monthly to allow of this discharge. She married at the age of twenty-five, gave birth to a child, and the catamenia from this time took the natural course. About her fortieth year, she became unhappy, susceptible, was restless, cried without motive, and thought herself surrounded by enemies; six months later her melancholy gave place to furious mania, when she was admitted into the Salpetrière in 1815. She remained five months in this state, and became tranquil; but her memory and intellect were observed to fail daily more and more. She still lingered out seven years in a state of entire intellectual nullity, and, during the two last years, lost the use of her legs. On the 23rd of February, 1823, she was attacked with pneumonia, and died on the third day.

Autopsy.—Skull thin and white; membranes healthy; the brain has a peculiar appearance; instead of the usual furrowed surface, it seems flat and level; the convolutions, instead of being free, are stuck together, forming, over the whole surface, one compact rounded mass; a thin layer of grey substance seems to envelope uniformly the central mass, without dipping into any furrows. Internally, the whole white substance is changed into a solid tissue, entirely fibrous, especially towards the base of the brain. As in the preceding case, the cerebral pulp is torn into longitudinal shreds, possessing considerable elasticity. Both lungs hepatised at their base.

Reflections.—I recognise in the adhesion of the convolutions to each other, the inflammatory traces of an old-standing cerebral irritation, the cause of the first disturbance of the intellect; passing then into the incurable state, this irritation descends deeper, and during seven years, by a slow and gradual process, it alters the cerebral pulp, converting it into a fibrous tissue; the disorder of the intellect and of locomotion keep pace with the progress of the morbid alteration, and a prompt termination is induced by the attack of pneumonia.

We often see persons affected with demency attacked with furious mania for a period of varied duration, sometimes even periodically. Now, if after death we find in the same brain those acute and chronic alterations to which we attribute acute mania, and the other symptoms of demency, will not this fresh coincidence sanction with additional authority such inferences? The following case furnishes a striking example of this kind:

M——, a woman, had, up to the age of forty-five, enjoyed good health, although of delicate constitution. At this period, from domestic afflictions, she lost her reason, and she was admitted into the Salpetrière in 1809. She had a renewal of the attack of mania in 1810 and 1811, followed by a calm after a few months. These attacks were renewed every year till 1818. At this period her intellect, which had remained almost unimpaired amid these periodical shocks, became slow, sluggish; the memory became weaker, and she articulated with difficulty a few words; her whole constitution seemed shaken. During five years this state of demency became more and more alarming, and yet she had no attack of mania during all this time. In 1822 a fresh explosion of fury, accompanied by extreme restlessness, occurred; a fortnight after she became suddenly quiet, and in two days more she expired in a state of profound lethargy.

Autopsy.—Membranes of the brain both healthy posteriorly; in the frontal region the arachnoid thickened, opaque, uplifted by an albuminous exudation, adhering strongly to the subjacent substance of the brain. In this region the grey substance is of a deep red colour, disorganised and softened in several places. This redness and softening extend equally over the whole surface of the brain. Towards the posterior region of the two lobes there are several convolutions, entirely softened and reduced to a livid jelly. This inflammatory state of the whole surface of the brain, conferring a redness and softness not usual, contrasts most strongly with the whiteness and hardness of the internal substance, which, towards the optic tracts and corpora striata, are changed into an elastic fibrous tissue. The same was observed in the preceding case.

Let us now compare the results of the autopsy with the symptoms and phases of the delirium, and analyse them by means of each other. This patient presented two very different kinds of delirium: the one coming on periodically as furor, and retaining its intensity to the end; the other degenerating into demency, and a moral nullity continuing progressive to the end also.

I recognise the physical cause of the first delirium in the irritation of the surface of the brain—an irritation acute at one time, chronic at another, showing itself by almost regular attacks, and of which I take the long-standing and *chronicity* as demonstrated by the thickening of the pia-mater in the frontal region, and its inflammatory adhesion to the substance of the brain. I see, also, in the redness of the grey substance, and in the purulent decomposition of certain parts, the traces of the last attack of mania terminating in sudden inflammation of the brain, supervening on the fifteenth day after the attack, producing at first a calm, and then death two days later.

But while the surface of the brain was affected by a disease, giving rise to attacks of maniacal delirium, it became towards its base the seat of a contrary affection, a fibrous induration attacking in succession the central parts before mentioned, and sapping the functions of those parts, whilst externally the acute delirium continued in its primitive intensity; and it is probable that the state of demency would have become still more complete if the irritation at the surface of the brain had not, as in the last attack, terminated in a suddenly fatal inflammation.

This induration is also frequently found in epileptics, and in such cases explains the successive extinction of the different faculties of the intellect, the last stage of which is complete demency.

We do not, however, pretend to say, that all forms of demency are the result of such deformation: we know well the frequency in such cases of chronic inflammations of the cortical substance, of the meninges, and of the other lesions and alterations of the medullary substance; but we think we may take upon ourselves to say, that the species of induration here pointed out has b en but little studied, and that it has not been till now alluded to as a cause of demency. When the delirium becomes calm, and passes, in the course of a long series of years, into the chronic and incurable state, the red colour and inflammatory process going on in the grey substance, already described as appertaining to the acute stage, undergo a slow but profound modification. Altered, decomposed, by the stagnation of the blood, the cortical substance shrinks, loses its natural colour, becomes pale, and at last white, like the medullary substance, and undergoes an equally manifest induration. In this organic transformation of the brain, the intellect, as well as the other cerebral functions, keeping pace with its progress, from being exalted at first, become afterwards feeble, disordered, altered, and at last annihilated.

In the physiological point of view, demency forms an almost imperceptible transition from impotent delirium into imbecility; this period, like other forms of insanity, has its peculiar features; it is distinguished by fruitless efforts of memory, judgment, attention, and even by the consciousness of this intellectual decay. Persons in demency have a will, but cannot put it into execution; they have the con-

sciousness of the impotency under which they labour, and this distressing feeling vents itself in continual complaints and lamentations; their faltering and incoherent ideas escape in torrents of half articulated words. The intellect seems to struggle in vain against the disorder which is undermining it. When this struggle ceases, and they have lost the consciousness of their state, they lapse into imbecility.

PATHOLOGY OF EXPECTORATION.

By S. Wright, M.D., Edin., F.S.A.

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(Continued from page 426.)

Sectio-Cadaveris.—The body was excessively emaciated. Old and very firm adhesions were found at the summit of each lung, and more recent adhesions at the lower part of the right lung. Cavities were found superiorly in the lungs, of large size, and smaller ones were observed in other parts of the pulmonary structure. These cavities were all lined by very dense, even, and shining membrane, which, in a few places, was coated with purulent matter, but, in the majority, with clear and pure mucus. The pulmonary tissue was consolidated around these several cavities, but it had not any appearance of inflammation. One or two cavities were found in the right lung, slightly puckered, but quite smooth and dry. This lung was very emphysematous at its lower portion, especially along its border, and was thickly set with tubercles, some miliary and cartilaginous-looking, others cheesy, but tolerably hard, and quite dry. The left lung was emphysematous in places; some of its bronchi were dilated, and others flattened. It contained a great number of distinct miliary tubercles, hardened or semi-petrified, but no matured or softened tubercle. The heart was large and flabby, and its parietes thinner than natural. The stomach was unusually distended, and marked with slight patches of vascularity, as also were the intestines. The glands of the latter were hypertrophied in places. (He had been in the habit, some years before his death, of taking large quantities of Morison's Pills.) The right kidney was nearly double its natural size, though not unhealthy-looking; but he had often complained of pain in it. The dura mater was not vascular, but was strongly adherent to the cranium. The arachnoid and pia mater were natural. The surface and substance of the brain were much congested, and at its base about two and a half drachms of serum were found. Three and a half drachms of similar fluid were obtained from the fourth ventricle. Imbedded in the substance of the left optic thalamus, was a rounded mass of tubercle the size of a small hazel nut; the cerebral matter immediately in contact with the tubercle was of the consistence of cream. Beneath, and a little externally to this tubercle, was another, the size of a large pea. In the left lobe of the cerebellum two tubercles were found, one the size of a pea, the other double its dimensions. They were immediately surrounded by what appeared to be softened brain, such as was described in the first instance. A fifth, the size of a filbert, was discovered deeper seated, being just above, and a little to the left of, the medulla oblongata; and contiguous to it a sixth was found, the size of a large horse-bean. The medulla oblongata, and commencement of the spinal cord, were softer than natural.

In this case, it was clear that tubercular deposit in the brain arrested a similar deposition going on in the lungs; and the patient, instead of dying of phthisis, as he had every appearance of doing at the commencement of his illness, died of apoplexy, the consequence of irritation and pressure from foreign matter in the brain.

When consumption, which has advanced to the formation of cavities in the lungs, is arrested and superseded by tubercular, or other disease of remote organs, as in the example just recorded, or when, without the accession of mischief remote from the lungs, the progress of this phthisical degenerescence becomes suspended, or totally suppressed, we may safely conclude that the change is exclusively due to natural causes. At least, I know of nothing in pathology or therapeutics that could justify the inference that any such course of events could be attributed to treatment. It is a fact that we hear of "consumption curable," no matter what its stage; but this is the outcry of charlatans and quacks, and is deserving of no recognition amongst honest or enlightened practitioners. But it is possible, in the early stage of phthisis—that is, when miliary tubercles only are present in the lungs—for the progress of the disease to be arrested for a time, or permanently checked. And, indeed, instead of such cases utterly defying remedial measures, as advanced phthisis does, they generally respond more or less encouragingly to rational treatment. If they fail to be relieved or restored, it is either because there is a constitutional depravity which renders medicaments useless, or these have not been of the most salutary kind, or they have not been applied with sufficient promptitude and continuance.

The general treatment which has been found to be most successful consists in change of air, and the administration of tonic and alterative remedies. Situations should be chosen for residence which are mild and little varying in their temperature. They may be inland or marine, according to the feelings of the patient, and as either one or other may agree with him. As much exercise as he can comfortably take in the middle hours of the day, early rest and rising, with diet adapted to appetite and circumstances, are the chief things to be observed. If the bowels be constipated, mild aperients should be given regularly. The vegetable tonics are most to be preferred; they generally agree better than others with the stomach, and are less likely to excite or to augment fever. I give them with an alkali, carbonate of potash, or soda,[1] whenever it is practicable to do so, for the gastric irritation from which consumptives are apt to suffer, is almost invariably connected with an undue secretion of acid in the gastro-intestinal canal. In more advanced phthisis, the profuse night-sweats often compel us to substitute for an alkali a mineral acid. It is with great reluctance that I ever make the change, for with the exception of arresting the perspiration, I have never known a mineral acid to render consumptives the least service, and the cases are generally hopeless which call for its administration. They may sometimes be dispensed with by the use, in the morning, of sponging with tepid salt water and vinegar. In commencing phthisis, hydriodate of potash has frequently been found beneficial. It is best given with alkalies and vegetable tonics, in small doses, and long continued. If administered without an accompanying alkali, it is pretty certain to disorder the stomach in consequence of the decomposition which it sustains in meeting with the acid secretion of that organ.

Expectorants, sedatives, narcotics, and demulcents, are remedies for symptoms only, and contribute but little to a patient's cure.

The local means to be employed are depletions and counter-irritants; the former are indicated when any signs of pulmonary inflammation or congestion present themselves. The frequency with which these occur, and the necessity for correcting them, we have already commented upon. Blood should be abstracted by leeching or cupping. The best counter-irritants are croton oil, turpentine, and the volatile oils, tartarised antimony, tincture of lytta, and tincture of iodine. But these applications are of little use unless long continued, for which reason they should be employed of sufficient strength to excite constant itching or irritation, without at the same time producing blisters or pustules. These give rise to more inconvenience and sympathetic excitement than is compensated by any good they do, and, if persisted in, they often produce fearful debility. The object should be to obtain, not a severe, but a permanent irritation. I have always found it most serviceable to establish a counter-action over the immediate seats of mischief, and not to carry it all over the chest, as is sometimes done. I visited, the other day, a case of incipient phthisis, in which the tubercular deposit was confined to the summit of the left lung; in other parts the organs were in a healthy condition, and gave no evidence whatever of any tendency to tubercular degenerescence. The poor fellow's chest, however, had been assiduously besmeared over its entire extent with emetic tartar ointment, and a few more dressings would have covered him, from clavicles to diaphragm, with pustules. We should establish as much counter-irritation as may be necessary, and no more, for it is never obtained but at some sacrifice of constitutional strength. The degree of dilution which the local irritants may require, will, of course, vary with the subjects treated. Some people can bear very strong applications to their skin, and others are affected much more easily. When not using tincture of iodine as an external remedy in incipient phthisis, I invariably incorporate, with any other counter-irritant, hydriodate of potass; it not only assists the local action, but being absorbed, it often contributes most serviceably to a constitutional improvement.

One other suggestion I would offer is, that phthisical patients be always cautioned against swallowing their sputa. From motives of delicacy, and from the inconvenience or difficulty which sometimes attends exspuition, the matter which ought to be ejected by the mouth is passed into the stomach. When we consider how filthy and putrescent this matter usually is, we need not be surprised that serious mischief often follows its ingestion.

[1] "Soda has been given with apparent advantage in pretty large doses, at all periods of the disease; and some benefit was derived, in my own case, from the long-continued use of the supercarbonate of potass, or seltzer water."—*Young on Consumptive Diseases*, p. 68.

AN ESSAY ON THE VARIOUS FORMS OF ASPHYXIA, OR SUSPENSION OF SOME OF THE PRINCIPAL POWERS OF ANIMAL LIFE, WITH GENERAL RULES FOR RESUSCITATION.

By Dr. Chas. Clay, Piccadilly, Manchester.

ASPHYXIA FROM SUFFOCATION

May arise either intentionally (this being a common mode of suicide in France), or from accident, by inhaling noxious vapours; choking and hanging are species of suffocation. In these cases the head and face are much swollen; eyes protruding; tongue thrust out on one side; jaws often firmly closed; face livid; lips blue; abdomen distended; insensibility, &c.

Causes of Asphyxia from Suffocation may be twofold. First, mechanical pressure, or noxious exhalations, producing spasm of the muscles of the throat, consequently, constriction of the air passages and stoppage of respiration; secondly (as in hanging), outward pressure, preventing the return of blood from the brain, whilst the access of blood is undiminished, producing compression of the brain, lesion of its vessels, insensibility, &c.

General Observations.—All cases of suffocation have a strong analogy to apoplexy. Among the noxious vapours most commonly producing this species of suffocation and asphyxia, are the choke-damp of coal-mines, wells, caverns, &c.; carbonic acid gas, arising from fermentation in the manufacture of cider, perry, malt liquors; lighted charcoal; burning brick-kilns, lime-kilns. Want of free ventilation in apartments; hence death from this cause is common in Russia, in consequence of their mode of heating apartments by stoves. It is remarkable how long the body of an asphyxiated person, from this cause, retains its heat; I have seen this illustrated many times among coal-miners, well-sinkers, &c.

What should be done.—Evidently the first thing is to remove the body out of the influence of noxious vapours (if any) into a purer air; secondly, remove everything acting as a mechanical pressure on the organs of respiration. In hanging, do not forget to remove the cord, as I once witnessed an attempt at resuscitation with the cord still round the neck; and had I not arrived at the very moment, it is needless to say how vain the efforts at restoration would have been. Windows and doors must be opened; the body placed in a sitting posture; the chin a little elevated, neither allowed to fall on the chest nor to be thrown on the stretch

backwards. The body should be covered with blankets; face sprinkled with vinegar; chest sponged with vinegar and water, and blown upon; vinegar and water injected into the stomach, and given in clysters. From the fact of dogs being recovered from the effects of noxious vapours by immersing them in cold water, the practice of cold bathing to the legs may be tried with hope of advantage. The above means are particularly applicable to cases arising from noxious vapours; to which may be added, acidulated drinks for some days after restoration. This species of suffocation, as well as cases arising from hanging, may require the general remedies of asphyxia already enumerated, as friction, stimulants to the nostrils, inflation of the lungs with warm air, electricity and galvanism, when they can be obtained. In inflating the lungs, it has been suggested (and would be very desirable if it could be procured) to add a little oxygen to the air used for inflation; but I am afraid the time required to procure the oxygen, as well as the necessary apparatus, would render the application next to useless. Less effectual means are of greater advantage, because easily procured. Perhaps bleeding is one of the most valuable means in cases of this description, particularly in suffocation from hanging, relieving the congestion in the vessels of the brain. Solutions of ammonia, &c., applied to the skin; friction with ointment or liniment containing camphor have both been highly spoken of along the spine. Raspail recommends the air for inflation to be impregnated with camphor or myrrh, the intention of which is to obviate all tendency to decomposition, as well as establish respiratory movements. After the signs of life are established, Raspail advises hot broths and strongly spiced liquids.

A few things that should be carefully avoided.—Do not crowd round the sufferer, nor attempt resuscitation until removed into purer air. Do not omit to strip the chest of its incumbrances; let it have free expansion.

ASPHYXIA FROM SMOTHERING UNDER BEDCLOTHES.

We smothered
The most replenished sweet work of nature.

It sometimes happens that children are smothered in bed by accident; even the most exemplary and tender-hearted mothers have been known, when overpowered with sleep (after, perhaps, long and anxious watching), to lie upon and smother their infants. The same is done by covering them up too closely with clothes. Dr. Collier mentions the common turn-up crib-bed as frequently causing this accident, the children being forgotten, and the bed turned up. Cats not unfrequently get into cradles, in their fondness for warmth, and lie upon the faces of children, and, by thus excluding the air, smother them. Children in this asphyxiated state are often restored, if found in time, by sprinkling cold water and blowing on the chest, and removing them into a current of air; nevertheless, if the case proves obstinate, all the means in the last chapter on suffocation must be put in requisition.

ASPHYXIA FROM HANGING.

This thought, but thought amiss, that of himself
He was entire proprietor; and so
When he was tired of time, with his own hand
He ope'd the portals of eternity.

It may be said that all cases of hanging requiring resuscitation are suicidal, as those hanged under the sentence of the law are not to have the benefit of resuscitation. It would be very difficult to hang a person, if the noose on the rope did not slip tight round the neck, and the body was thrown off quietly This is a sufficient explanation why so many are restored who have attempted this plan of suicide, being no adepts in forming the noose or applying it, and seldom throwing themselves off suddenly; thus they are said to have been hanging for a considerable length of time, whereas the air has neither been excluded from the lungs, nor (in consequence of the noose being made ineffectual) has the pressure been applied so as to produce rapid congestion in the vessels of the brain. I recollect, when an apprentice, I wanted a dog for dissection, and hanged one four times—each time he resuscitated himself; the fifth time, with a thinner cord and a better noose, I completed the poor animal's hard death. It has been long known that if an opening be made into the trachea, below where the cord passes round, hanging is of little consequence, because respiration goes on in the usual manner. Rope-dancers (or more properly slack-rope swingers) are in the habit of pitching themselves off the main swing, with a rope noose round the neck, but by having both hands in a certain position, grasping the rope in front of the neck, the lateral pressure is prevented, therefore, no congestion takes place; and by so placing the hands that the trachea lies unpressed between them, respiration is not in the least impeded. Hanging, as has been said before, is a species of suffocation, and, therefore, bears a strong analogy to apoplexy. In hanging, the fæces and urine are generally forcibly evacuated, and the penis is in a state of erection. Hanging has been abundantly proved (by those who have been resuscitated) to be a very easy death; but all agree that the return to a state of existence is a very painful trial, and the agony of deglutition, for a considerable time after, often elicits expressions of dissatisfaction at the efforts of restoration. The general appearances of persons hanged are—the head and face much swollen, of a red or purple colour; eyes suffused with blood, and protruding; tongue thrust out on one side; jaws rigid; lips blue, &c. On dissection, the blood-vessels of the brain are distended with blood, and the lungs collapsed.

Cause of Asphyxia from Hanging.—The cause has been much disputed. Some maintain congestion to be the cause; others, the exclusion of air from the lungs. Perhaps the truth is, that both are necessary, to a certain extent, to produce death.

Treatment necessary.—Provided there is no dislocation of the cervical vertebræ, there is a possibility of resuscitation, but if any dislocation exist, the case is hopeless; real death may arise from three causes:—1. Exclusion of atmospheric air from the lungs; 2. Distention of the vessels of the brain, as in apoplexy; and 3. Pressure on the spinal column, by the dislocated vertebræ. It is evident, the first thing to be done in a case of hanging is to cut the person down, the second to remove the pressure of the cord. Bleeding as soon as possible from the temporal arteries or jugular veins, cupping glasses to the back of the neck. In bleeding, it must be borne in mind that extensive bleeding is not requisite; all that is wanted is to relieve the vessels of the head; if too much blood be taken, the vital energies may be too much prostrated. Friction, application of warmth, inflation of the lungs, and, lastly, electricity and galvanism; whilst resuscitation is being effected, the trachea should be pressed by the fingers into its normal figure and situation, as well as the adjacent parts where the cord has pressed. These parts may require emollient fomentations and leeches; and as deglutition is difficult, as well as painful for some time after the powers of life are restored, it would be well to avoid giving very small quantities of liquid, inasmuch as it is more difficult to swallow a teaspoonful than a mouthful; also larger quantities render the necessity of swallowing less frequent, consequently less pain is produced. Continue exertions for a considerable time after, though hope may have fled. All the means applied under the head of suffocation are advisable here.

What should not be done.—Never leave the cord; never bleed largely; never attempt resuscitation if dislocation is evident; never leave the patient whilst any probability remains, rather continue exertions too long than give up too soon.

ASPHYXIA FROM DROWNING.

Oh Lord! methought what pain it was to drown!
What dreadful noise of water in mine ears!
What sights of ugly death within mine eyes!
Methought I saw a thousand fearful wrecks, &c.

General Observations.—Drowning may be esteemed another species of suffocation. The length of time required to drown varies considerably; in some half a minute would be sufficient, in others five or seven minutes, whilst pearl divers will often remain a considerable time under water without any immediate ill effects; notwithstanding which they are a short-lived class, should they escape drowning. In cases of drowning, it was formerly supposed that the lungs were filled with water; but this is a fallacy, and has often been satisfactorily proved by experiment, viz., drowning kittens in ink—a very small portion of the fluid, amounting to a few drops only, could be found in the lungs. The respiratory muscles are exquisitely sensible, and when water attempts to enter the receptacles for air, they are immediately thrown into action, so as to exclude water, except the first drops that caused the excitement. The lungs are found collapsed; the blood is sent from the surface, and occupies (more in proportion) the heart and large blood-vessels. It does not appear, however, that in this species of suffocation there is that analogy to apoplexy which is observed in other modes of suffocation, no paralysis being present after recovery, as in most cases of apoplexy. There is often a little water found in the stomach. I once witnessed a case of drowning of a full grown man, in less than a pint of fluid; the fact was thus: the man had been drinking out of the tap of a barrel of ale till dead drunk; he fell on his face; his nose got immersed in a small quantity of fluid in a hole in the ground, from which he had not power to extricate himself.

Causes of the Asphyxiated State from Drowning.—There is more or less congestion of the brain. This species of suffocation arises from the attempt of water to pass through the air passages into the lungs; the respiratory muscles are rapidly thrown into action; spasmodic constriction accomplished; of course respiration ceases, and asphyxia commences, the proximate cause being exclusion of air from the lungs.

What is necessary to be done.—Very few cases recover after fifteen minutes' immersion. The body should be carried forthwith to a convenient place—laid horizontally, head a little raised, and the body lying on the right side; the wet clothes immediately removed; warm blankets thrown over the body; warm bricks, or oven plates placed under the chest and calves of the legs; head covered with a cap, and whilst one or two persons are actively employed in rubbing the body under the blankets (on which has been sprinkled plenty of dry mustard, flour, or even salt), others should be employed in inflating the lungs with a large pair of bellows, the pipe introduced into one nostril, the other, as well as the mouth, closed; and when the chest is filled, a four or six-tailed bandage, the ends of which are crossed over the chest, by a little activity may be made to press the air out of the chest alternately with the bellows filling it, in a similar manner to the natural action of the muscles of expiration. No one should remain in the room but those actively employed, and all unnecessary crowding round the sufferer should be rigidly avoided. A fresh current of pure air should be admitted; stimulants applied to the nose; clysters of warm salt and water thrown into the bowels. In inflation, if the hydrogen could be increased it would be advisable, but how to effect it in time is the consideration; when capable of swallowing, warm stimulating drinks are necessary; the warm bath has often been advised, but its utility is questionable, as has been stated in the chapter on Infant Asphyxia—certainly dry warmth with friction is more likely to be successful; galvanic and electric shocks, provided they are moderate, are useful. It has been proposed also to inflate the lungs with warm air; this, like oxygen, would be extremely desirable if the proposers could ensure the means to be always at hand; mustard poultices should be applied to the hands and feet; lastly, provided the most convincing signs of real death do not appear, it is necessary to continue the efforts at resuscitation for four or five hours, and when recovered the patient must not be left alone for some time after. If it is certain that the person had previously been intoxicated, there will be a necessity for the use of the stomach pump, to clear the stomach from that which only adds to the difficulty of restoration if allowed to remain. In applications of electricity and galvanism, it has been proposed to cut down upon, and lay bare, a branch of the respiratory nerves or muscles below the seventh rib, as more effectual in restoring respiratory action; this is a proposition of great ingenuity, which is worthy of trial. Transfusion of blood is recommended, to which I have no objection, provided the blood used be human and the quantity very small, as there has been no previous loss, and too much might produce fatal effects by increasing congestion on the brain. In cutting down on the respiratory nerves there is no bleeding; but immediately on respiration being es-

tablished blood flows from the wound, which is rather beneficial than otherwise. Raspail says on submersion:—"Dry the body; then bathe it with the strongest camphorated spirits; the alcohol which passes by imbibition through the living tissues, removes from the blood the aqueous quality which it acquires from too long a stay in the water; now the circulation is arrested as much by excess as by deficiency of its menstruum. Also inflate the lungs with impregnated camphorated spirits." It is impossible to leave this important subject without pointing out a few things that are necessary to be avoided in cases of asphyxia from drowning.

Never use tobacco clysters, their narcotic? (depressing) effect is decidedly injurious; do not exhibit emetics even if the patient can swallow, as there is no water to eject. Never bleed in this species of suffocation as you would in hanging. Never rub the surface of the body with spirits, as their evaporation causes an increase of cold. Never attempt to pour liquids down the throat until there is a certain capability of swallowing. Never let the sufferer be held up by the heels, with the idea of letting water run out of the lungs or stomach. Never roll him on a barrel. It is absurd to talk of apparatus for the exhibition of oxygen, or hot air; of recuscitating cases of instruments, of electric or galvanic means; all of which are well enough if they can be procured, but, like the simple man who went to bathe without his floating belt, are found absent when most wanted. Far be it from my intention to depreciate the value of such means, because I know they are valuable; but I am convinced the majority of recuscitations are owing to the most common and simple means that can be procured. And why?—because they are at hand when wanted. I believe, therefore, the greatest good will be effected by teaching the world how to use (to the best advantage) those means they can understand, which are in their power, and at command, rather than distract their attention with the use of means it may never be their lot to employ, and which are difficult to manage.

ASPHYXIA FROM WOUNDS.

His wounds gaped horribly!

General Observations.—This has already been treated on in the chapter on asphyxia from hemorrhage. It is, however, necessary to notice it here, particularly as it is of consequence to bear those parts in mind on which wounds are most likely to be fatal, and which produce the asphyxiated state rapidly; this of course depends on the size of the vessel or vessels wounded. Hence wounds about the neck, chest, arm, and thigh, are likely to sever very large vessels, requiring surgical skill and anatomical knowledge to secure them. We must also remember the greater danger attendant on arterial than on venous hemorrhage; the arteries, being deeper seated, are generally more difficult to get at and secure, and the blood of a bright florid red colour, pouring out with great force and in alternate jets regulated by the heart's action; hemorrhage from the veins is more superficial, less forcibly ejected, coagulates quicker, and is of a dark purple red colour; lastly, it is more easily controlled. It must also be remembered, that the size of the wound does not always imply the extent of danger; a small wound may be very dangerous, wounding an important vessel; whilst a large one may be trifling, separating only small trunks. Wounds of the brain, even, are not always fatal.

What is necessary to be done.—The hemorrhage must be arrested; simple means, with presence of mind, will do much, till assistance can be procured. I once knew a very delicate female hold together a very extensive and prospectively fatal wound for upwards of an hour, when more efficient assistance relieved her from the onerous task. Holding the lips of the wound firmly together, or applying pads or cushions of linen on the parts, securing them with tight bandages, or, if a jet of arterial blood issues, a small hard roll of linen pressed hard upon the part, or the tip of the finger boldly and determinedly placed upon it, letting it remain till assistance arrives, is nearly all that one person can be expected to accomplish. The case, then, resolves itself into one of asphyxia from syncope, and it is necessary, therefore, that others should be employed in restoring the person, by the rules laid down under that head, whilst the hemorrhage is arrested.

What must not be done.—The wound must not be left; the pressure must not be removed, else hemorrhage is renewed, asphyxia returns, and the patient really dies.

ASPHYXIA FROM BLOWS.

The sudden effect of blows, falls, &c., in producing the asphyxiated state is remarkable, and often the internal lesion is so great as to render recovery impossible, as, for instance, in strokes of lightning, or falling from heights; still we are not warranted in leaving the case without some attempts at restoration.

What is necessary to be done depends on the nature of the accident. For the effects of lightning I have already provided in its proper place; in blows, falls, &c., bleeding is mostly required, and the common means of asphyxia generally, as pungent stimulants, inflation of the lungs, friction, &c.

What must not be done.—The person must not be left to perish without an attempt to save him.

ASPHYXIA FROM CHOKING.

Vitæ mors venit, aut victoria læta.

As choking is very decided suffocation, it may be considered as already treated on; but there are a few particulars necessary to be added to this species of suffocation not called for under other circumstances.

Cause of Asphyxia from Choking.—This arises evidently from objects mechanically obstructing the air-passages, by pressure, in the attempts to swallow them; but it may also arise from smaller objects, not of sufficient size to cause obstruction, but producing spasm and constriction of the air-passages by their irritation; the latter is quite as frequent as the former.

What is to be done.—To remove the exciting cause as speedily as possible. If within the reach of the fingers or forceps, to be drawn up; if not, to be thrust down with a probang; a common leek-stalk will be an excellent substitute, or even a common candle. Excitation of vomiting; a smart blow with the flat of the hand upon the chest, whilst the other hand is held firmly against the back of the chest, will very often cast out the obstruction forcibly, if well managed. This is an improvement on the old remedy of hitting the back suddenly. It is supposed to act by inducing a violent expiratory movement; the larynx being closed, an effort of vomiting is attempted, which removes the substance. The plan would be still more effectual by confining the abdominal muscles by pressure at the moment of the blow; for instance, if a child, the belly part might be pressed between the knees, the back held steadily with one hand, and the chest struck smartly with the other. As a last resort tracheotomy must be performed.

What should not be done.—If the choking arise from a very small substance, producing spasm, care must be taken not to irritate the throat with feathers, straw, &c. When such irritation is desirable, the objects producing it must not be passed down the throat too far, as they cease to irritate when passed beyond the fauces.

ASPHYXIA FROM INTOXICATION.

A third drinks neither for the good of the body nor the mind, but to stupefy and drown both.

General Observations.—This species of asphyxia can easily be distinguished from apoplexy, and from other poisonous liquors, by the well-known filthy smell attendant on all drunkards.

Cause of Asphyxia from Intoxication.—Congestion of the vessels of the brain are the effects of the narcotic influence.

Treatment necessary.—Emetics of eight grains of tartar emetic, or half a drachm of sulphate of zinc, given immediately in a small quantity of warm water. If incapable of swallowing, the stomach-pump must be used, to clear it of its contents. Purgative clysters; bleeding from the jugular veins, or temporal arteries; head washed with cold water, æther, &c.; blisters to the head and stomach. The body should be in an easy posture; all tight bandages removed from every part of the body; free exhibition of gruels, toast-water, prison diet, and teetotal principles.

ASPHYXIA FROM EFFECTS OF POISONS.

Such soon speeding gear,
As will disperse itself through all the veins
That the life-weary taker may fall dead.

The treatment of all cases where poisons are suspected to have been taken, falls strictly under the province of the medical practitioner. Under all circumstances, the general observer cannot do wrong by endeavouring to clear the stomach of its contents by emetics of tartarised antimony, or sulphate of zinc; for an adult, of the former from five to eight grains, of the latter from a scruple to half a drachm. Purgative clysters. If opium be known as the article producing this state, care must be taken not to exhibit any liquid combined with acid, until the stomach is perfectly cleared of its contents, otherwise the narcotism may be increased by forming a new chemical combination with the opium. In all corrosive poisons, milk can be generally easily procured, and is never mischievous, and should be used as a drink to dilute the contents of the stomach. If acids have been swallowed, magnesia in milk must be given. If it is known to be the oil of vitriol, be careful not to give water, as the heat generated, when it comes in contact with the acid, would add to the mischief. If cantharides be the cause, give gum-water. In all cases, however, emetics are the first means, or the stomach-pump. These are all that a general observer can be expected to undertake, and they are enough, when properly used, until assistance can be procured.

ASPHYXIA FROM EXHALATIONS, EMANATIONS, &C.

The following brief condensation of remarks by M. Raspail will be sufficient in this place:—

Asphyxia by the Vapour of Charcoal and Acid Emanations.—Abundant lotions of the sedative water, so as to redissolve by the vehicle of the ammonia the congestions caused by the chemical action of the acid vapour. Constant frictions along the course of the spinal marrow and the abdominal region with camphorated liniment; insufflation of air rendered slightly alkaline with ammonia.

Asphyxia by Ammoniacal Gas, Sulphuretted Hydrogen, and other Basic Gases. Several frictions with camphorated or aromatic vinegar; application of camphorated spirits to absorb the aqueous portion of the blood, and to diminish its liquidity; acid lotions to neutralise the exaggerated effects of the alkaline vehicle, and to decompose the poisonous gases by precipitating their bases.

Acid Exhalations and Emanations; Marsh Miasmata.—In the new process of gilding by dipping, and in the manufacture of vitriol and other acids, the workman is constantly surrounded by an atmosphere of nitric or hydrochloric acid, which is absorbed through all his surfaces. The trades in which mercury is employed are perhaps less injurious than this. Mercury attacks the nerves—acids corrode the parietes of the intestinal canal and of the chest. The men should here take care to work only under low and glazed chimneys, and to be surrounded by free currents of air. They should also frequently bathe their hands with ammoniacal water, and wear a cravat impregnated with it round the neck, so that the mouth and nose may be constantly enveloped with a vapour capable of saturating the acid emanations, and neutralising their effects. A mask might also be worn in such cases, containing similar antidotes. Those who labour in sewers, and on marshy grounds, should adopt similar precautions, or employ *cigarettes* containing particles of chloride of lime. The smoking of tobacco, otherwise very *hygienic*, can here serve only as a vehicle and auxiliary to the corrosive action of the acids and the miasmata. Fires on the borders of marshy grounds purify the air, not only by decomposing the chemical principles of the miasm by the flame, but also by converting them into a saponaceous compound by the essential oil, and neutralising them by the pyroligneous acid which is disengaged.—*Physiology of Health and Disease, &c.*

The appointment of surgeon to Her Majesty's yacht, William and Mary, vacant by the retirement of Mr. Edwards, has been given to Mr. M'Cormick, the adventurer to both Poles, he having accompanied Sir Edward Parry to the north, and Sir J. C. Ross to the south.

ON THE PROXIMATE CAUSE OF TUBERCLE, AND TREATMENT OF PULMONARY PHTHISIS.

By J. H. TOSSWILL, Surgeon, Torquay.

Neither climate, food, or natural conformation, must be regarded as the proximate and exciting cause of tuberculous deposit; they only act as predisposing causes. Many occupations have, however, a proximate and exciting effect in the production of results analogous to those arising from the deposition of insoluble matter in the delicate organisation of the lungs. Such are the occupations of the dry-grinders, stone-sawyers, &c.

It has been already remarked, that climate is a powerful agent in modifying the functions of the organs engaged in the production of animal heat, by means (in conjunction with improper food) of stimulating one organ at the expense of another; but other circumstances produce *immediately* this condition of function, which, by climate, is induced by its long-continued action. These conditions are especially the result of *natural conformation*, or that peculiarity of organisation which may be said to be congenital, and which, in the majority of instances, is recognised as hereditary; thus we daily observe individuals in this country, where oxygen must be taken into the lungs in considerable quantity, in order to support a due amount of animal heat, with an organic conformation adapted only for the mildest climates. Individuals of this class will, therefore, be placed in circumstances closely resembling those of the Indian who emigrates to a northern latitude, and who rapidly falls a victim to tubercular consumption. Such persons may be said to be *misplaced* as regards the locality they inhabit. Born with an organisation suitable for the tropics, they are placed in an atmosphere of condensed oxygen; their occupations perchance are laborious, and they are compelled to consume much food to furnish carbon for the production of animal heat; the lungs become taxed with an amount of function beyond their ability; congestion, an ever-present cause of irritation, follows; incipient inflammatory action supervenes; tuberculous matter perhaps is deposited. The irritation continuing, the inflammatory action likewise persists, and fresh matter is deposited around the primary nucleus. These bodies serve as additional irritants to the neighbouring parts; they inflame and secrete purulent matter, which, infiltrating the substance of the tubercle, cause its softening; finally, death puts an end to the unequal struggle between an organisation unfitted for its amount of function, and the causes imperatively demanding the full performance of it. Small lungs, congenital or hereditary, are one of the most frequent of the predisposing causes to consumption, and, under any circumstances, where a great amount of animal heat must be generated, or laborious exertions engaged in, the fact of being originally formed with lungs of inadequate dimensions, when placed in a position favouring the deposition of insoluble matter in the system, predisposes the individual to consumption. Suppose, for the sake of illustration, a person incapable of taking into the lungs forty cubic inches of air at each inspiration, whilst another can only inhale twenty, without the aid of external circumstances, such as increased clothing, additional protection, &c. If the two individuals have to generate the same amount of animal heat, in order to resist an equal loss of caloric, it follows that, with the lungs of inferior capacity, one man will have to perform double the number of respirations to oxydise the same amount of carbon; and with lungs only *half* the size, the amount of function will be *twice* as great, acting upon an organ only half as capable of enduring such function; and if, in addition to deficiency of capacity in the respiratory organs, we add a diminution of the capillary changes arising from a deficiency of blood-globules, and a disordered and congested state of the liver, we shall have these as additional causes predisposing to disease.

It is also evident that disease in one organ, out of many concerned in effecting the same end, must be attended with deranged function of all; thus, in the exanthemata, the functions of the skin being interfered with, there is an unvarying tendency to congestion and inflammatory condition of the lungs, the latter organs being compelled to an increased amount of function in order to compensate for the deranged condition of that of the cutaneous surface. In fevers, likewise, the capillary changes being especially altered, a constant disposition to visceral affections accompanies the disease—the result of capillary disturbance.

Any cause which naturally or artificially produces a condition of small capacity o the pulmonary organs, in a climate where a considerable amount of animal heat is required to be generated, must act as a cause inducing a modification in the organs engaged in the production of it. It matters not whether this arise from hereditary formation, or be induced by such circumstances as tight lacing, whereby the lower portion of the lungs, by compression, being rendered inactive and inefficient, the upper is compelled to perform the entire function; or whether, as a result of disease, by which a part of the lung may be rendered incapable of effecting those changes necessary for the evolution of heat, exacting from the sound structure an amount of function in equal ratio. In every instance the capacity of the organs so circumstanced is rendered unequal to the amount of function demanded. This capacity for organic results, it is however evident, may be relative as well as positive, arising from the condition of other organs engaged in the fulfilment of the same intentions. If the skin or capillaries, singly or combined, be inactive, a more considerable extent of function devolves upon the lungs—an extent, it may be, too considerable for an organ otherwise equal to the amount of function required. Again, if the liver be indolent and disordered, sufficient exercise must be taken to disintegrate organic tissue, to furnish an adequate supply of carbon to combine with the oxygen carried by the blood-globules. Supposing, furthermore, the skin and capillaries imperfectly to co-operate, the liver will be called into increased activity, and so long as it can eliminate carbon in sufficent quantity for combustion in the lungs, these organs (the lungs) will not suffer *directly* from a deficiency of that principle necessary to combine with the oxygen they inspire, but the liver itself will eventually become disordered by increased function if the causes in action be not removed. Lastly, if the liver and capillaries combined perform their amount of function inadequately to the demand for carbon in the lungs, the source of animal heat (carbon) will be cut off; the blood containing but few globules can oxydise but little of the metamorphosed tissue; this disintegrated matter not being secreted by the liver in the shape of bile, the lungs will either obtain but an insufficient supply of carbon to resist the loss of caloric, or they will have the whole function of supporting the animal temperature devolving upon their individual energies; the oxygen, which at each inspiration enters the air-cells, combining with and consuming the carbon presented to it in the course of the circulation in an imperfect and unprepared state. Such condition will prove a source of irritation to the lungs, and a cause of the consequent effects upon irritation; one organ having individually to perform the amount of function which should devolve upon many, increased motion of the pulmonary organs will occur, with increased waste and metamorphosis of the pulmonary tissue—whilst a deficient amount of nutrition will at the same time exist, the result of which will be local hyperæmia and a predisposition to tuberculous deposit, provided the immediate cause exists in the system.

Treatment of Consumption.—In deciding upon the character of treatment which should be adopted in cases of phthisis, the arguments which have been adduced in the progress of these papers should be *isolated*, and made the basis of it. These facts are, that—

1. Lime is the *exciting* cause of tubercle, arising from its abundant introduction into the circulation by the food we take; or from its deposition in an insoluble condition, from a deficiency of phosphoric acid in the system.

2. That climate, food, occupation, habits, and natural conformation are the *predisposing* causes.

3. That the predisposing causes act by setting up irritation and increased local function in the lungs.

4. That increased amount of function supposes increased motion in the organ producing it; that increased motion is attended with an increase of waste, and that an increase of waste requires an increase of nutrition.

5. That the food taken should be of a description calculated to support *two* purposes; first, the demands of nutrition—secondly, the requirements of respiration.

6. That in order to diminish the amount of function in one organ, engaged co-operatively with others in the performance of the same function, it is essential to withdraw the predisposing cause which has excited its activity, and to endeavour to increase the functions of the co-operating organs.

7. That the amount of capillary function gradually *diminishes* in consumption, by reason of the gradual disappearance of the globules of the blood; and that in order to supply carbon to the lungs, that of the liver must *increase*.

8. That animal heat is generated chiefly *in the capillaries* when the capillary changes can be properly effected, but that it is generated *in the lungs* when the liver has to prepare the carbon for combustion.

9. That exaltation of function arises from an increased demand for the results of such function; this condition requires an increased supply of blood, and hyperæmia supervenes.

PENCILLINGS OF EMINENT MEDICAL MEN.

PHILIP PINEL.

(Continued from page 306.)

It is now time for us to turn our attention to the most important period in the life of Pinel. The system of medical instruction in France had suffered the fate of all the other institutions, and, at the same time, the calamities of war had never before rendered medical services so necessary. In the midst of the disturbance into which France armed against Europe was thrown, three schools were created on the vastest plan ever conceived, except perhaps the Institute of Alexandria under the Ptolemies. The most talented men were chosen to form the school of Paris, and never before had so great a variety of talent been united. Pinel was not neglected, but was attached, with his friends Thouret and Cabanis, to this collection of eminent men. He was first elected to the chair of hygiene and medical physics, and soon after to that of pathology: the latter subject was, however, a serious source of uneasiness to him. Instruction was no novelty to Pinel; but to converse familiarly on geometrical truths so nearly related that they seem identical, and which are demonstrated more by figures than by words, was very different from the treatment of a complex subject before a large assembly—a subject which not only requires a plan, and distribution of ideas, carefully arranging each division, but also a flow of simple, clear expressions, always easily understood, and always varied in order to sharpen the attention and to keep the subject incessantly before the mind's eye. But Pinel did not possess this happy gift of expression, at least in public, his natural timidity being extreme before strangers. Besides which, perhaps, he had never considered in its whole extent the subject which he was to unfold before his pupils. What an inexhaustible field! Even in the division of internal diseases alone, what a multitude and diversity of objects! and, moreover, what mixture and what confusion! To engage himself and his hearers in this labyrinth, without first knowing its paths, was far from the nature of Pinel's mind, which was never satisfied with less than the clearest views of matters, and the strictest order they could receive. Former works did not supply this necessary order; they told him at the same time too much and too little. He could not adopt the hypothetical triple division of Galen's school, or that of Themison, so servilely imitated by the Solidists. In truth, that which Rhazes had done for the small-pox, Morton for phthisis, Mangold for tumours, ulcers, and apoplexy, which Mangold had himself conceived, and Felix Plater and Hebenstreit had attempted for diseases in general, Sauvages had accomplished for these general diseases, and his magnificent work, revised by the medical men of Montpellier, of Vienna, and of

Upsal, had excited the genius of Linnæus, Vogel, Macbride, Sagar, and many others in different parts of Europe; thus, systematic arrangements, which had before been considered impossible, increased. But they increased in number only to contradict one another; their principles were uncertain, their theories obscure, and their materials badly chosen and worse arranged. To follow such guides, or to make them agree, was alike impossible. To get out of this dilemma, Pinel at length perceived that he had no resources except in himself, and that far from seeking aid from others, it was necessary to arrange diseases into a system by his own talents, forming the arrangement on their most uniform and constant relations; hence he gained for his lectures more firmness and decision, for every one expresses his own ideas better than the ideas of others. Such was the origin of the work which spread so widely the renown of Pinel, and which in the course of the year 1798 appeared in two volumes, under the title of "*Nosographie Philosophique, ou Méthode de l'analyse Appliquée à la médicine*." Before commenting on this work, allow me a few remarks on the terms *nosology and nosography*.

The first of these terms signifies literally the *knowledge*, the second the *description* of diseases. The first marks, then, the *end*, of which the second is only the *means*.

We, in fact, only know the existence of a malady by the appearances and symptoms manifested; but the symptoms are themselves only the effect of an internal state, or of a cause which is the true source, or, as it were, the substance of the disease. Of these two elements of disease—that which is apparent, and that which is real—it is plain that the second is the more essential, and that in a nosology worthy the name the diseases must be arranged according to this ultimum of reality, and not according to the symptoms, which are only subsequent, and which will remain as long as the reality remains, and only disappear with the disease itself.

Indeed, if nature had established a constant and invariable relation between the reality and the appearance, as between cause and effect, we could always decide on the cause from the effect, and we might take one or the other indifferently for the basis of our classification; but in a vast number of cases this relation does not exist; so that to class diseases according to their symptoms, is to risk taking the shadow for the substance, the appearance for the reality; it is to substitute an accessory for the principal, and to throw the whole subject into the most dangerous confusion.

Such, then, is the deplorable condition of medicine that we can only arrive at the reality of diseases by means of their symptoms, and that these symptoms are often not very trustworthy guides; hence it is evident that, whether we consult them or neglect them, we are placed in the alternative either of being deceived, or of being entirely ignorant as to the causes; and too often all will be chance in the treatment.

To escape these difficulties, art has done as much as possible, and it is here especially that we must admire the resources of mind that Pinel has developed in his nosography. It appears that the following are the principles on which he has reasoned:—"The nature of diseases may be simple or complex; but complex diseases cannot be known unless the simple diseases of which they are composed be themselves first understood." Hence Pinel has concluded that diseases should be considered at first individually, and described in their most simple state. To show them in this state, he has sought examples from his own experience, or from that of the most worthy observers.

In the second place, simple diseases have invariable characters drawn from their symptoms, their seat, their type, and their duration. These characters have, without doubt, very different degrees of value. Those furnished by the symptoms being necessary, are also the ruling characters; alone, they suffice to form the classes, whilst associated differently with the characters drawn from the seat, the type, or the duration, or from some accidental circumstance, such as the presence of a foreign body in the economy, they assist in forming the orders, the genera, and the species, as well as their subdivisions or families, the same as by the relation of each disease with its cause, whether proper or common; and by the different combinations of the species, Pinel indicates, more than describes, both the complications and the varieties, either of degree or of sympathy, which can affect these species. From this clever method of arresting facts, has resulted the most complete, the clearest, and the most harmoniously arranged nosology which medical literature possesses.

But if Pinel has described simple diseases alone in his nosology, or has only slightly touched on their complications, does it not follow that his work is entirely composed of nosographies? Without doubt it is so. In fact, in every nosology we must either describe or sketch. Now, to sketch is more than to describe; so that the best system of this kind is reduced to a collection of sketches or of the portraits of diseases, which we unite and group, so that they recal one another in some manner by their resemblance, or by a certain family likeness. Extreme fidelity is the principal, and perhaps only, merit in these sketches, and this merit is precisely what will always recommend the pencil of Pinel, whether, as in some cases, he has taken the objects from nature, or, as in others, when he had not the examples before him, he has taken the design and the colouring from the most authentic observations—a kind of choice to which he was led by his pure and severe taste, and by a medical tact which appears to possess something of divination. To this rare merit Pinel joined yet another, that, in his long series of these sketches, you pass from the first to the second, from the second to the third, and so on to the rest, through the classes, the orders, the genera, and the species, by well arranged transitions. There is no sudden contrast, no shock, no confusion; all is gradually shaded, consequently all is clear.

These just remarks on the excellence of the whole will never be shaken either by criticism on the details (and this has not been spared), or by the most important and, in appearance, the most substantial objections which have been admitted against nosography. There is one objection on which I shall say a few words, because it was considered final by its originators, and because, being given and received as a discovery, it shows one of those discrepancies between theory and practice by which medicine has been so often harassed. It is pretended, then, that the class of fevers is superfluous, that the fevers enter into the class of phlegmasiæ, and that Pinel had mistaken their nature when he considered them separate affections. Is this idea new? Baglivi states that the first who clearly entertained it was Diocles, of Carystus, the contemporary of Antigone. It was forgotten for two thousand years, until a military physician, Henri Screta, revived it, in Germany, about a century and a half since. Quesnay, Chirac, and others, have held it. It has been now reproduced with warmth, and founded on analogy. Because fever follows a local inflammation in one, two, or three cases, its supporters assert that this occurs always; so that, in being authorised to travel from the inflammation to the fever, they believe themselves allowed to go from the fever to the inflammation—a conclusion much too absolute in both cases. *Inflammation can exist without fever, and fever may exist without inflammation.* It will not occur, it is true, without a cause, but that this cause must necessarily be inflammatory, and that instead of being diffused throughout the whole economy, and acting at once on all parts, it should be always centred in one or more circumscribed foci, disproves the very analogy for which they contend, since, when the most careful observers have applied themselves to seek in the organic tissues the cause of the most deadly fevers, they have failed, and especially at the commencement of great pestilential epidemics. This has occurred even to Morgagni himself. It is true they shelter themselves behind the imperfections of anatomical researches; but since these, as they become more delicate, become also more decisive, respect for analogy teaches us to keep that separate which we are not permitted to confound. Still more: internal and local lesions, which necropic examination discovers, are often not the cause, but the effect, of the febrile actions, as is proved by the inflammation of the skin in variola—an inflammation which, indeed, excites a second fever, but which terminates, instead of exciting, the first; as is proved by the inflammations which an attack of intermittent fever excites, but which disappear with the attack; as is proved also by the pestilential bubo which sometimes survives the patient, and continues to enlarge even after death; and hence will arise perhaps an analogy of quite another kind, though not less important, which is, that natural inflammations might be, in some cases, means of solution created by the fever; an effect and not a cause of this fever, which still depends on something mysterious, which our ignorance will never discover.

Other objections present themselves, some of which are applicable to all nosological arrangements, others more particulary to nosography—some to the names, others to the arrangement; for example, is it not unnatural to arrange variola amongst the cutaneous inflammations? Does this inflammation of the skin constitute the disease? Is it not, on the contrary, the last stage and the effect of a former and more severe disease? Are not the nervous disorders of apoplexy secondary affections? Is not the real disease of an entirely different nature? Or, rather, is it not a mixed disease? Why arrange it in the one class rather than the other? These are plausible objections. But what is to be done? Should we remove small-pox to arrange it with the contagious, and apoplexy to arrange it among the hemorrhagic diseases? What shall we gain by this transposition? This new arrangement will be based on a relationship in the disease, as the other was in a relationship in its seat. We shall then only have substituted one relationship for another. By these relationships the same disease belongs to several classes; in reality, it can only occupy one, and it is inevitable in every arrangement to show one side only of the disease, and to keep all the rest concealed. But if this misfortune exist with regard to all systems, why urge it particularly against that of Pinel? With respect to the nomenclature of diseases, it is sometimes uncertain; for example, to the term which indicates the class another word is joined to show the order, and this second word is borrowed sometimes from a local symptom, from whence are derived the names of angio-tenic and meningo-gastric fevers; sometimes from a general symptom, whence are derived adynamic or ataxic fevers. Lastly, the nomenclature is sometimes erroneous, inasmuch as it expresses a false judgment or idea. Such is the term adeno nervous fever, substituted unnecessarily for the term plague; for in the plague, as Larrey has seen it, the seat of the buboes is not in the lymphatic glands of the groin and axilla, but in the cellular tissue surrounding them. Hence we may conclude that the best mode of naming diseases would be by such terms as plague and syphilis, which indicate *states of the system*, without awakening any idea of cause or locality; the same as in chemistry, the best terms are those which refer to substances without indicating their properties.

On this point I have done; all that has been said either for or against nosologies is reducible, I think, to two propositions—the one favourable, the other unfavourable. The first is this: some order among diseases is necessary, for the mind unites or separates things according to their resemblances or differences, even against our will; the second is that every order, and every system, resting only on a few relations, if the other relations be not wholly excluded from view, they are there at least in the lower ranks, and too far distant from the consideration.

For the rest, nosography had not at its commencement that perfection of a whole, of details and of nomenclature, which it possesses at present. The editions of this work succeeded one another rapidly, it is true, but in their intervals Pinel profited by the remarks which were made to him when he found them judicious, and adopted them in the subsequent edition. The most sensible amelioration was that contained in the fifth edition, in 1813; proposed the previous year, by M. Capuron, and published in the second edition of his "Nouveaux Eléments de Médicine"—a treatise written in Latin, by a man who, professing Pinel's doctrines, was so careful of his master's fame as even to hide the defects in his original work, and supply them with corrections. By degrees, the nosography spread throughout Europe; and whilst it was being translated every where, the first impression it had produced in France was daily becoming more profound. It was above all great in the Parisian

School. The pupils, charmed by its clearness and simplicity, which led them to the most important practical truths, no longer took any other guide for their studies. A crowd of distinguished pupils, full of admiration for the work, and respect for the author, requested him to give clinical lectures. Pinel yielded to their importunities; he gave clinical instruction. Each disease was studied, analysed, and characterised by him before their eyes. These observations were collected, and, after a few years, produced a new work, which appeared in 1802, entitled "Medicine Clinique"—a work in which the diseases seemed to arrange themselves in the order prescribed by the nosography. This clinical instruction was nosography put in action to the letter. It proved that Pinel could perform his own precepts, and this exact conformity between precept and performance was the best recommendation of both. What sound views on the progress of acute and intermittent fevers, and on their too rapid suppression! What a just appreciation of bleeding, even in the greatest internal inflammation! In those inflamations of which art, no doubt, must moderate the violence, but which are subjected to laws that must not be interfered with. Pinel was after some time enlightened on this point by experience. In 1791, he had seen acute diseases of the chest much embarrassed in their course after bleeding, passing with difficulty, and after frequent lapses, to a doubtful convalescence; whilst, when treated without this dangerous aid, the same diseases progressed rapidly, and without trouble, to a cure. Was he then exclusive in his treatment? Certainly not. In this, as in all things, he taught a happy medium. Wonderful circumstance! Pinel, in 1792, suddenly compelled to manage the Bicêtre, by his own avowal, hesitated, and was uncertain what to do among this crowd of patients. In 1800 he had become master, and supreme master.

(To be concluded in our next.)

HOSPITAL REPORTS.

UNIVERSITY COLLEGE HOSPITAL.

Reported for the Medical Times by H. J. M'Dougall, M. R. C. S. E., late House Surgeon.

Fungoid Disease of the Head of the Right Tibia.—Amputation.—Recovery.

Harriet Pink, ætat. 29, a servant, of moderate conformation, and somewhat anemic appearance, was admitted, under Mr. Quain, on the 26th November, 1844. She states that her family are all healthy, and she has always enjoyed good health, with the exception of occasional fainting fits, until about twelve months since, when she first accidentally observed a trifling enlargement of the outer part of the knee, which she attributed to her "having pressed it against the side of the bed whilst nursing her mistress." She suffered no pain or uneasiness in this swelling, and paid no attention to it. About ten weeks since she fell down stairs, and struck the enlarged part, after which it increased in size considerably, and caused her great pain. Blood was extravasated from the knee to the ankle in consequence of this fall.

She then first sought medical advice, and a tight bandage was applied, which caused her very severe pain, so great that she was obliged to remove it, and foment the limb. She has had no catamenial discharge for three months, but was quite regular previously. On admission there was a considerable enlargement, with an obscure feeling of fluctuation over the outer tuberosity of the head of the tibia. The integuments covering this swelling were not much darkened in colour, nor were the veins very apparent. Her appetite was pretty good, and she slept during the first part of the night without an opiate.

Nov. 30. Mr. Quain punctured the swelling with a narrow bistoury, but no fluid escaped, although there was the same feeling of fluctuation present as at first. There was a profuse discharge of blood from the puncture. A probe was introduced into the wound, which passed for fully three inches in a direction backwards and across the limb, so as to make it evident that it must have penetrated far into the cancellous structure of the head of the tibia. No diseased bone could be felt, and the puncture was then closed by isinglass plaster. During the night she had severe rigors, a slight blush of redness appeared round the puncture, and the swelling increased considerably. This redness increased, the integuments became tense and shining, and there was considerable fever present for two or three days, which yielded to fomentations and saline remedies, and on the 4th of December the swelling was covered with tepid lead lotion. On the 5th, there was a discharge of a greenish fluid, containing flakes (like inspissated bile) from the puncture. The integuments had assumed a dusky red hue, and large veins became apparent. On the 10th, a gelatinous-looking fungus appeared at the opening originally caused by the puncture, which had been very considerably enlarged by ulcerative absorption. This fungus was covered with a yellow flaky crust, similar to the flakes which had been previously discharged. The integuments presented a more dusky appearance, and the veins were very apparent. The patient's health had not as yet suffered at all, nor could any enlarged glands be detected in the groin. On the 20th, the fungus had increased considerably, and appeared through another opening caused by ulceration. It had bled once only during the night (on the 19th), but not more than four ounces of blood were lost. The patient's health had not suffered much, but, in consequence of the pain in the tumour, she was obliged to take large quantities of opium at night. No glands were enlarged. The tumour increased more rapidly from this date, and on the 24th she consented to amputation, which was performed immediately in the lower third of the thigh by two lateral flaps. Numerous vessels required ligature. All oozing had ceased about four hours after the operation, and the flaps were approximated by three sutures and isinglass plaster.

25th. The patient passed a good night, having had recourse to laudanum. The stump looked well, and a few cuts were made in the plaster to allow the discharge of the superabundant secretion.

On the 27th the sutures were removed, but the isinglass plaster allowed to remain. There was a little discharge escaping by the side of the ligatures. She had a chop to-day, and ate with appetite. From this period the stump progressed favourably; the ligatures came away at the usual time, and the small suppurating surface caused by their presence healed rapidly. The patient's health improved much, and in three weeks from the date of the operation, she was able to get about the ward on crutches. There was no enlargement of the inguinal glands. Her catamenia had not returned, when, on the 5th of February, she went into the country. On the 27th of February she wrote to the nurse of her ward, stating that she had improved considerably in health, and that she had then, for the first time, a return of the catamenial function.

Examination of the Limb.—A vertical section was made through the lower end of the femur, the knee-joint, and the head of the tibia. The joint was found unaffected by any disease, but the cancellous structure of the head of the tibia was entirely destroyed by a medullary mass, which was continuous with the fungus that appeared externally. Nothing but the shell of the bone remained in any situation, and this had given way in front, and to the outer side. The soft parts were healthy, except where they covered the disease.

Fungoid Disease of the Orbit.

Henry Surridge, ætat. 4 years, a remarkably fair child of strumous habit, was admitted under Mr. Quain on the 25th of February, on account of a small tumour occupying the upper and inner part of the right orbit. His mother stated, that he had always enjoyed good health, with the exception of an attack of croup when twelvemonths old, until a few weeks since. He then first complained of languor and disinclination to follow his usual amusements, and about five weeks ago the upper lid of the right eye was observed to droop, and a small, soft, and not at all discoloured, swelling appeared, seemingly in the lid, in the situation of the present tumour. Several medical men were consulted, and as he did not improve he was brought to the hospital. His father is a healthy man, but his mother has an anæmic appearance. She has had five children besides the present patient, all of whom have died of strumous diseases before puberty. None of her family have been affected by cancer or any malignant disease, as far as she can remember.

Present State.—The globe of the right eye is pushed downwards and outwards, carrying before it the outer commissure of the eyelids, and a tumour, the size of a hazel nut, hard, but elastic, projects very slightly under the roof of the orbit towards the inner canthus. The integuments of the lid covering the tumour are of a dull purplish hue, and marked by large veins. The eye itself has a natural appearance, but he complains of pain in it and over the orbit, and vision is lost on that side. There is no loss of the intellectual faculties, nor any other symptom of affection of the sensorium. Tepid lead lotion to be applied to the swelling, and attention to be paid to his general health.

Feb. 28.—The swelling increases in size rapidly. A consultation was held on the case to-day, when it was decided, that any interference with the tumour would be improper in its present doubtful state.

March 6.—The tumour has increased rapidly since last report. The integuments are deeper in colour, and the veins very apparent. The patient is peevish and restless, he complains constantly of weariness; his appetite is very capricious. Ordered a few drops of tincture of henbane in a draught, with citrate of potass three times a day.

9.—The tumour burst to-day through the conjunctiva, and about a drachm of sanious fluid was discharged. The child becomes more irritable and peevish, and complains of great and constant weariness, even if not moved from his bed. There are no cerebral symptoms.

10.—A gelatinous looking fungous mass, the size of a pea, protrudes from underneath the upper eyelid. The eye projects more.

15.—The fungus has a reddish appearance; appetite very capricious, but at times ravenous The little patient constantly complains of being "so tired." There are no indications of affection of the cerebrum.

18.—Hemorrhage occurred to-day from the fungus to the extent of three ounces. It was suppressed by the application of cold, leaving him much exhausted. He has incontinence of urine.

20.—Notwithstanding constant care and attention, a small slough has appeared on the right hip. Urine still constantly dribbles from him. Feet slightly œdematous.

21.—The contents of the eyeball escaped to-day.

28.—The tumour still increases, and the patient becomes daily weaker. His appetite is ravenous, and he desires the most extraordinary articles of food.

April 5.—Bleeding has occurred two or three times since last report. The tumour increases, and the globe of the left eye protrudes a little between the lids, with a viscid discharge from the conjunctiva.

10.—To-day the remains of the membranes of the right eye sloughed off. In spite of all care the slough on his right hip increases, and there is a little redness on the left. There are no symptoms of affection of the brain. His feet, legs, and scrotum are very œdematous.

16. No urine has passed since yesterday. A catheter was introduced after some little difficulty on account of œdema of the prepuce, and nearly a quart of dark coloured very fetid ammoniacal urine withdrawn. The tumour is less in the right eye; the appearance of the left is much the same. From this period till death, the catheter was daily introduced night and morning, at which times at least a pint of most offensive ammoniacal urine was evacuated. The patient remained almost motionless on his back, moaning faintly at times when disturbed, until the afternoon of the 24th, when he died.

Examination twenty hours after death.—Externally the body was very much emaciated. There was a large slough on each hip, so deep as to bare the trochanter on the right side. The tumour of the right eye had become much less during the last few days, and much paler in colour. There was no external appearance of disease in the left eye. On opening the skull the dura mater was found very firmly adherent. The brain was pale and bloodless, but otherwise healthy. On its removal the upper wall of the right orbit was found in a partial state of

caries, although the disease in the orbit had not penetrated. On removing the roof, the whole contents of the right orbit consisted of a greenish yellow substance resembling concrete pus. The terminal ends of the optic and third nerves were similarly affected: there was a good deal of the same deposit in the left orbit. The floors of both were discoloured and perforated by the disease, which extended into each antrum of Highmore. The diseased structure also extended through the ethmoid bone between the orbits, and involved the lachrymal gland of the right side. The lungs were healthy, but very pale; the pericardium and heart healthy. The abdominal viscera, with the exception of the mesenteric glands which were enlarged, and the right kidney which had spots of the greenish matter in its structure, were healthy. In the pelvis the bladder was found much distended with fetid urine. The mucous membrane was studded with ecchymosed spots, and a small tumour the size of a nut, of the green substance, was found at its fundus. The trigone vesicale was discoloured. On the whole of the anterior surface of the sacrum a layer of the green substance was found, an eighth of an inch in thickness.

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

L. M.—*Dr. Knox's interesting lectures will be resumed in the commencement of October.*

An Annual Subscriber *suggests that the Sydenham Society should publish works of a more practical nature. Another Correspondent has written to us recommending the Society to advertise their works when ready for delivery. We have not forgotten this subject, and intend to refer to it in a short time.*

A Constant Reader.—*The University of St. Andrew's requires the candidate to produce certificates of moral character, and to subscribe to a declaration that he is twenty-one years of age. If not in possession of the degree of M.A., he must undergo an examination as to his proficiency in the Latin language. He must produce certificates that he has regularly attended lectures delivered by professors in some university, or by resident fellows of the Royal Colleges of Physicians or Surgeons of London, Edinburgh, Glasgow, Aberdeen, or Dublin, for at least four complete winter sessions,* or three winter and three summer sessions, *on the following branches:*—1, *anatomy, two courses of six months each;* 2, *practical anatomy, twelve months;* 3, *theory of medicine, or physiology, one course of six months;* 4, *chemistry, one course of six months;* 5, *practical chemistry, one course of three months;* 6, *materia medica and pharmacy, one course of six months;* 7, *surgery, one course of six months;* 8, *clinical medicine, one course of six months;* 9, *practice of medicine, one course of six months;* 10, *clinical surgery, one course of six months;* 11, *midwifery, and diseases of women and children, one course of three months;* 12, *an apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary;* 13, *attendance at a public hospital, containing not less than eighty beds, for at least eighteen months. These regulations are invariably observed,* except *when the candidate is possessed of a surgeon's diploma or license from the colleges of London, Edinburgh, or Dublin, or the faculty of physicians and surgeons of Glasgow, or a license from the Apothecaries' Company, in which case he has merely to present such diploma or license, previous to examination for M.D. The graduation fee is 25l. 3s., and the examination takes place on the first Tuesdays in May and August.*

J. W. H.—*An article on the subject of our correspondent's inquiry appeared in a recent number of* Chambers' Edinburgh Journal, *to which we must refer him for information.*

Dr. Watson's *very valuable paper on* "the Toxicological Effects of Guano," *shall appear in our next.*

Mr. Coles' *work on* "Spinal Affections, and the Prone System of Treating them," *has been received, and shall be noticed shortly.*

We regret that from press of matter we are compelled to postpone the papers of Dr. Lewins *and* Philo O. P. Q., *till next week.*

An Infantry Sub.—*We do not answer questions of the nature addressed to us by our correspondent.*

A Reader.—*The garbled and half-suppressed portions published of the Judge's speech, just prove how strongly interested in not publishing the whole truth, must have been the peccant party who could resort to so obvious and suspicious a manœuvre. The statement that a proprietor of this journal canvassed for subscriptions, is not only a falsity, but a* forged *falsity. But the whole affair is but one proof more of the depraved unprincipledness and painful social necessities of the person obliged to have recourse to trickeries so very transparent. It was the misdirection of the Chief Baron's address, that induced Judge Platt to grant leave to move the court for a new trial.*

H. B.—*Dr. Weatherhead's subscription to the Medical Times Testimonial was 3l. 3s. His letter on the subject of the trial is in a previous paper.*

Mr. Reedal's *resolution is an advertisement—but a libellous one. It retracts the Sheffield resolution on the Provincial Medical Journal.*

THE MEDICAL TIMES.

Saturday, September 6th, 1845.

Fas est et hab hoste doceri.

Judging from an article in the organ of the Pharmaceutical Society for September, the Chemists and Druggists are to give the proposed Bill of Sir James Graham a stout opposition during the next Session of Parliament. As a counterpoise, however, to this bellicose announcement, we are favoured with the assurance, that if the polite and honourable, and remarkably consistent gentleman, called Mr. Thomas Wakley, persist in annoying Parliament and the Profession with his scheme of Medical Reform—whatever it may be—the Chemists and Druggists are to give him their best support. The facts seem strange; but let us hear the organ of the Pharmaceutical Society speaking for itself and friends, and against Medicine and the Medical Profession. Thus denounces Mr. Jacob Bell the Bill of the Government:—

"The bill in its present form is in some respects more objectionable than any of its predecessors, and it will be the duty of our body respectfully to solicit the introduction of several very material alterations, and in the event of this being refused, to offer to the bill the most determined and vigorous opposition."

Thus praises Mr. Jacob Bell the scheme of the medical representative, enjoying the honour of being universally disclaimed by the Profession:—

"It is one of the best schemes that has been proposed for the consideration of Parliament."

* * * * * *

"It will, therefore, be absolutely necessary carefully to watch the progress of the bill, *in the event of its introduction!*" (*exactly!* in the *event* of its introduction!) "before Parliament, although the programme appears to be QUITE FAVOURABLE, and entitled to OUR support!"

Such are the opinions of Mr. Jacob Bell and the numerous body of which he is the *scientific* representative! Such his deliberate convictions on the two measures, the proposal of legislation by the Government on one hand, and the "programme" (how well called!)—the *programme* of his friend—we beg Mr. Bell's pardon—of his *pharmaceutical* colleague's legislative *farce* on the other! Let us dismiss, however, as below a further thought, the medico-political bubble that has no object but to hoax, cajole, and take the place of the other bubbles, that have been blown and burst in such rapid succession in the eyes of a half laughing and wholly-disgusted Profession. We proceed to say a word on the Government measure which is thus exciting so much hostility.

The first point which has the honour to win Mr. Bell's condemnation is the bill's provision in reference to the privileges of the Apothecaries. The bill not only reserves to all General Practitioners the privileges which the Apothecaries' Act of 1815 conferred on them, but does not contain the clause which exists in that statute reserving the previously acquired rights of Chemists and Druggists to practise as Chemists and Druggists. Now, if we understand the matter, the Act of 1815, with or without an exceptional clause, does not preclude the legitimate pharmaceutical practice of the Chemist and Druggist. The law has clearly determined, that to practise as an Apothecary is to act in the mingled character of a dispenser of the drug and a donor of the medical advice; and it is scarcely to be anticipated that the shrewd Pharmaceutical body will present themselves before Parliament with the request to be made "medical advisers." No exceptional clause can give them that, and short of that, they have every right they can claim protected to them, without an exceptional clause. To us, therefore, the noise about the reservation in the new bill to Chemists of the privileges they fairly possessed before 1815, is so much unmeaning clamour; and we are so little concerned about it, that we are quite prepared to suppose that the omission of the exceptional clause in the present bill is wholly accidental, and to offer no objection to its return. The Medical Profession wants to infringe on no right of any class, and certainly not of the class of Chemists and Druggists. The legitimate following of a pure pharmaceutical practice is of service, and of vast service, to the progress of medicine: the law cannot, and does not seek to confine it except in its due limits; but, if thus we seek the reservation of the rights of others, we do not, therefore, forego any of our own. We do not wish to place the Pharmaceutists in a worse position in reference to us than they now legitimately occupy; and we cannot consent that at our expense they shall be placed in a better.

Mr. Bell next rings out an alarm at the institution of the New College of General Practitioners, about which he has such extraordinary opinions, that we must fain hope that he is a more safe authority on the mysteries of Pharmacy than on the intricacies of Medical Politics. We are told, with an odd appreciation of language, that "Medicine and Surgery are *cut off,* and Midwifery is *struck out,* and nothing remains but a new Society of Apothecaries, an institution which can confer no degrees in what are *termed* the higher branches of practice, but whose powers are limited to the granting of licenses to practise Pharmacy and *attend patients!*" What a droll notion must Mr. Bell have of "*attending* patients!" It is not "Medicine and Surgery," for they are "cut off;" not Midwifery, for that is "struck out;" it is not a "higher branch of practice," for no degrees are granted in them; it is not "Pharmacy," for that is spoken of as something distinct! In good faith, then, Mr. Bell, what is it? Unhappy Medical Practitioners, that have no more "high" or honourable function to perform than "attending patients!" But we are hasty; Mr. Bell is a chartered Pharmaceutist, and as such it is one of the rights he stickles about to attend patients,

and not be burdened with any knowledge of the "cut off" and "struck out" "higher branches of practice!"

Let us just assure Mr. Bell, that though in the Act of Parliament the title of the New College will be shortened, in the Charter it will be quite as explicit as ever; that though it were not, it would not matter a single rush, while the New College secures a paramount control over the surgical, medical, and obstetrical curricula and examination of its candidates, and while the latter stand before the public with the testimony of every Medical and Surgical College of this country in favour of their professional skill and competency. The *fear* of Mr. Bell is not that the new body will degenerate into a Pharmaceutical one, but that it will enforce the penal clauses of the Act of 1815 with increased energy against disrespectable poachers on the professional manor; and the *hope* is, that by delaying or frustrating the present bill, an act may be passed for separating Pharmacy wholly from Medical Practice. The *fear* may not be unreasonable; the *hope* is absurd. There must be a change in all the habits of the English people before the disconnection has a chance of success. At the present day, the result would be not only to take Pharmaceutical practice from the Medical Practitioner, but to transfer Medical practice to the Druggist. For at least another quarter of a century, advice and drugs must be had at the same source by a large portion of our population; and if they cannot get them from the doctor, they will from the druggist.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, August 29 1845.

Academy of Sciences; Meeting of the 25th of August.—M. Elie de Beaumont in the chair.

M. Flourens read a paper on the formation of new bone, and laid before the Academy a series of experimental researches on the subject. Duhamel had concluded from his experiments that the increase of the medullary canal of a bone is due to the elongation of its fibres, whereas Professor Flourens conceives it to be the result of absorption. In order to demonstrate the fact, M. Flourens proceeds in the following manner: instead of using, like Duhamel, a metallic ring, which presses upon the fibres of the bone, he introduces under the periosteum a plate of platinum, two lines in length by one in breadth, and so light as not to cause a pressure of any importance. The periosteum first unites over the metal, and new layers of bone becoming interposed between it and the periosteum, the platinum plate is gradually brought nearer and nearer to the medullary canal, in the cavity of which it becomes free after a space of thirty-six days (for the tibia of a dog).

Four preparations laid on the table showed the progress of the metallic plate through the bone, or rather, to speak more accurately, in the sense of Professor Flourens' opinions, showed the gradual secretion of new bone under the periosteum, and the absorption of the inner plates of the bony structure.

Professor Arago brought forward some letters he had received, relative to the late meteoric phenomenon observed in the vicinity of Rouen.

On Tuesday, the 19th inst., the thermometer was at 0·757, and suddenly fell, towards twelve o'clock, to 0·740; at the same time a very hot draught of air was noticed, immediately preceding the storm. A rolling sound, like that of approaching hail-clouds, was distinctly heard, and the whirlwind appeared, assuming a conical shape, with its basis towards the clouds, and its summit, red and fiery, to the soil. Impelled with fearful violence, it rushed forwards, uprooting and breaking the stoutest trees, and striking chiefly three factories, where large accumulations of iron existed, and sparing houses where the same cause did not attract its fury. The bars and spikes of the engines have acquired, probably from the electric discharge, strong magnetic properties. Various objects are stated to have been carried immense distances by the hurricane; a plank, belonging to one of the destroyed factories, was found nine leagues, upwards of twenty-five miles, from the seat of the disaster. Sixty lives have been sacrificed, and more than one hundred and fifty persons are badly wounded, many of whom are not expected to survive. The bodies of some of the victims presented no lesion whatever, and decomposition set in very rapidly in all.

Crystallisation of Silex.—Important to the Manufacturers of Optical Instruments.—M. Ebelmen, who has obtained, by a solution of silicic acid in ether, a compound which he calls silicic ether, further shows that by the evaporation of that substance in a moist atmosphere a plate of silex is deposited, perfectly translucid, and quite free from *double refraction*, a circumstance which must give it a great value in the construction of telescopes and other optical instruments.

Twins united by a common Abdomen and Pelvis.—Observation communicated by Dr. Decertz.—The head, the thorax, and upper extremities of each child, are distinct and perfect in every respect; a common abdomen unites the two bodies; a single umbilicus, one anus, one urinary meatus exists for both children; the two hearts are isochronous in their pulsations. One of the children only has hitherto consented to take the breast; and it is a singular fact, that it is the other, who is fed only by the projection of a few drops of milk in her mouth, who thrives and utters cries. They were contained in one ovum; a single placenta existing for both, to which they were attached by only one cord

Academy of Medicine; Meeting of August 26th.—M. Caventou in the chair.

The minutes of the last meeting being read, and unanimously adopted, M. Longet read an interesting paper on experimental physiology, entitled, "Causes of Disordered Station and Locomotion, consequent upon Division of the Posterior Cervical Muscles." The following is an extract of the memoir:

Physiologists have noticed remarkable disorder in the co-ordination of the movements of station and progression in animals, after the evacuation of the fluid contained in the arachnoid membrane. This disorder they have attributed to the removal of the pressure of the fluid on the brain and spinal corn, and they have looked upon its speedy reproduction as the chief cause of the restoration of the regularity of muscular contraction. M. Longet's interesting researches have led him to a different conclusion: he is of opinion the disturbance, and the impossibility of anything like regular progression in the operated animals, are not the results of the evacuation of the cerebro-spinal fluid, but are due to the mere division of the muscles of the cervical region. Dr. L. has often allowed the cerebro-spinal fluid to escape, without noticing any disorder in the nervous system; but when the spinal muscles of the nape of the neck are divided, in a dog for instance, the head immediately droops, the physiognomy loses its intelligent expression, the equilibrium is destroyed, and the animal falls to the ground; he soon recovers, however, and makes an ineffectual effort to rise and walk, but staggers as if intoxicated.

Rabbits, cats, and horses have exhibited the same symptoms, when, after the division of the suboccipital muscles, the drooping head was supported by the hand of the operator so as to restore it to its natural attitude, the effects alluded to instantly disappeared.

In the horse, the axis of the head and that of the neck, form almost a right angle; it is rather more open in the sheep, and more obtuse still in the dog. Now the functional disorder consequent upon the operation is greater in dogs than in sheep, in sheep than in horses, thus remaining in direct ratio with the sinus of the angle of union of the head and neck.

The simple division of the muscles of the posterior and superior cervical region having sometimes occasioned death in rabbits and in dogs, M. Longet has had an opportunity of observing the alterations produced; he has found considerable congestion of the cerebrum from pressure of the basilar artery against the base of the cranium, and believes the bulb to have undergone compression from the changed position of the head.

Results analogous to those above described have not been produced by forcing the heads of animals into a flexed position, and maintaining them with the assistance of bandages. Why? Is it not, that after the section of those muscular structures which support the cranium in its natural place, the occipital bone becomes bent upon the atlas; whereas, the head being merely bound down, the flexion is a combined movement divided amongst all the cervical vertebræ?

M. Longet concludes: 1 That the cerebro-spinal fluid is without influence over the organs of voluntary motion; 2 It is to the section of the muscles of the poster. super. cervical region we must refer those disorders of locomotion usually attributed to the escape of the arachnoidean fluid; 3. The same results are not observable in birds, on account, *a*, of the lightness of the bones of the cranium; and *b*, of the position of the occipital foramen; both of which circumstances permit the head to retain its position after the section of the muscles; 4. In the mammiferous animals the alterations of motion are in proportion with the sinus of the angle formed by the head and neck; 5. The phenomena observed closely resemble those of a lesion of the cerebellum; 6. It is the restoration of the natural attitude of the head, not the speedy reproduction of the arachnoidean secretion, which causes a cessation of the accidents; 7. The mere section of the soft parts of the nape may occasion death by producing congestion of the cerebrum.

Arsenic in Ague.—M. Boudin, physician to the military hospital at Versailles, reports to the Academy the result of his practice in intermittent affections. He has exhibited arsenical preparations to 2,947 patients in the space of five years with the most beneficial results. The preparation he employs is a solution of one grain of arsenious acid in a pound of distilled water; three ounces constituting the common dose.

Hernia Cerebri.—Professor Velpeau mentioned a case of hernia cerebri observed in a child who lived fifty-one days. The hernia issuing from the skull through an aperture, eight lines in diameter, formed by a congenital division of the bone, immediately beneath the occipital protuberance, was punctured twice during life, and the second time about one pound of transparent serum escaped from the cavity. The tumour contained almost the entire brain, but in a softened condition, and presenting many points of suppuration.

Colica Pictonum—Treatment by the Sulphuret of Iron.—M. Sandras, physician of the hospitals, recommends the following treatment:—After bathing the patient, and exhibiting a brisk purgative, M. Sandras employs the sulphuret of iron, which is administered several days after all accidents have apparently ceased. M. Sandras has found this plan successful in fifty-four cases, including all the varieties of saturnine intoxication. He conceives the preparation of iron must also tend to cause a complete cure, by removing, independently of its antidotal action, the chlorotic state observable in most of the patients who suffer from the action of preparations of lead.

Abnormal Anus—Cure by a Plastic Operation.—B, ætat. 45, was operated on the 2nd of December, 1842, for strangulated hernia. Gangrene having set in, an artificial anus was formed in the left inguinal region; it had existed for two years, and resisted several attempts at obliteration, when the patient entered the hospital St. Louis. M. Jobert succeeded in curing this disgusting deformity by the following plastic operation:—An excision was made of the healthy textures on each side of the artificial anus, and the soft parts were pressed forward and united over it by six twisted sutures for six weeks or two months; a very small quantity of fecal matter continued to escape from the upper and lower angles of the cicatrix, but they have gradually become completely obliterated, and the patient is now completely cured.

M. Jobert presented him to the Academy for examination.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By Sigismund Sutro, M.D.

On the Formation of Solid Bodies in Synovial Cavities.—According to the general idea, these bodies are found outside the synovial membrane, and enter the articular cavity by pushing the membrane before them; therefore, they adhere at first by a little neck formed of the membrane, which at last breaks, and they fall into the cavity. The author observed the following case, which contradicts the above view. From a tumour of the knee, which broke after some time, a granular mass was discharged, all the granules of which were of equal size and quality, regularly oval and flat, one and a half lines long, three-fourths of a line broad, and half a line thick. No pedicle could be perceived adhering to any part of them; they were all of a yellowish-white colour, shining, and united into masses by means of a smooth, transparent, fluid menstruum. They were very elastic, and could be easily compressed. The mass was uniformly granular, and displayed no sign of organisation. These corpuscles did not consist of fat, for they were not changed in any way when treated with ether; acetic acid caused every corpuscle to swell to three times its size after a few hours, and to become semi-transparent. If several were exposed together to acetic acid, they combined to form a mass very similar in appearance to the corpus vitreum. They were not changed by water; alcohol caused them to shrink considerably. But even after subjecting them to these agents, no organisation could be discovered under the microscope. From the above it seems likely that these corpuscles are transmuted epithelial cells. The internal surface of the articular synovial sacs is covered with an epithelium; and though this cannot be thrown off from time to time, as on the external surface of the body, still some change of matter must take place in it. It is not improbable that, from an unusual determination of blood and increased exudation, the epithelium may be thrown off the synovial membranes. By remaining for some time in the synovia, these separated epithelial cells are changed, perhaps through endosmosis of the synovia (for the corpuscles in question consisted almost exclusively of albumen), and surrounded by precipitated synovial fluid. When such corpuscles are found in synovial membranes, which possess no epithelium, of course their formation must be explained otherwise; but still there may be, in such a case, a communication of the non-epithelial cavity with an articular capsule (for instance, the bursa subscapularis with the capsule of the shoulder-joint, the bursa iliaca with the hip joint, &c.) Dupuytren's view is not to be entirely rejected, viz., that these corpuscles are hydatids, particularly when hollow in the interior, and furnished with a divided cover.—*Dr. Bidder in Henle's u. Pfeufer's Zeitschrift.*

Insanity caused by Water and Hydatids in the Brain.—A healthy woman, ætat. 54, mother of ten children, felt much excited in February, 1841, after a simple catarrhal fever, and imagined she saw ghosts; she was, consequently, treated from six to seven days in the hospital, and then dismissed perfectly healthy. In March, 1842, the excitement returned, with mania and great sexual desire She was received into a lunatic asylum, and became outrageous, and, for twenty days, only took a little fluid, and had no stools. After three months she became calmer, but, at the same time, much weaker; some appetite returned, and a swelling of the foot appeared. Afterwards she became generally weaker, and, at last, on the 3rd of August, death ensued from exhaustion. The post-mortem examination (performed thirty-six hours after death) showed general œdema, bran-like scales on the skin, great emaciation, and a relaxed state of the muscular fibre. The skull was well-formed, but the dura mater loose, with water between it and the arachnoid membrane. The brain was covered with a gelatinous mass; its substance was firm and compact, but full of small hydatids. At different places of the brain, from sixteen to eighteen cells, containing water and small tumours, were found (from the size of a pea to that of a bean). At the base of the skull, near the foramen magnum, two ounces of water were found. The pineal gland was large, hard, and not globular.—*Dr. Rüttel in Bayr Correspondenzblatt.*

Pulmonary Gangrene in Lunatic and Epileptic Patients.—An idiot, of nineteen years of age, who had long suffered from epilepsy, was sometimes affected with general trembling, which ended in convulsions, particularly after mental excitement. On a sudden, feverish symptoms appeared, with a loose cough, unaccompanied by pain. Appetite regular, bowels loose. Cupping-glasses were applied to the chest, and infus. ipecac., with nitrate of potash and tinc. digit. were administered internally. A blister was afterwards applied to the chest, when the pulsations of the heart seemed to be accelerated, though with diminished impulse. The breath possessed a fetid, gangrenous smell and death ensued in a few hours. The post-mortem examination showed the brain to be natural; the heart enlarged, surrounded with fat; and from three to five ounces of water in the pericardium. The left lung was perfectly normal, but the right was adherent to the ribs, and had a cavity in its centre the size of the fist, filled with gangrenous fluid; its walls were indurated and uneven, the stench insupportable. The abdominal organs were natural, only the convex surface of the liver was adherent to the diaphragm. Cruveilhier mentions the frequency of pulmonary gangrene in lunatic and epileptic patients. Guislain saw fifteen such cases in the lunatic asylum of Ghent.—*Dr. Wallis in Preuss Vereinszeit.*

Bronchitis during great Mental Anxiety.—In April, 1841, a peasant, ætat. 21, slender and fair, was received into the hospital of Grünberg, in consequence of excessive mental anguish. He was in full possession of his memory, judgment, power of reasoning, &c, but he could not master this internal anxiety, which made him always imagine himself attacked and persecuted. He trembled, looked downwards, wept from anxiety, and no persuasion, no argument could induce a calmer state. Sometimes he resolved to overcome the feeling by hard labour, but he always sunk back into his former anxious state. No remorse could have caused this state, since he had led an irreproachably active life till then. A girl, to whom he was attached, had rejected him, and accepted the proposal of a rival, and since that period he had suffered from the above complaint. His pulse was small and soft; pulsation of the heart weak, though regular; skin cool; appetite diminished; and sleep restless. Complexion, which was blooming at first, became pale and livid. The author ordered light animal diet, exercise in the open air, light employment, lukewarm baths, and cold douches to the chest; and, internally, valerian, with Haller's acid, assafœtida, &c. After six weeks' ineffectual treatment, the patient began to cough, felt a weight on the chest; ronchus sibilans, and foamy bloody expectoration appeared, with a feverish state, so that bronchitis could be distinctly diagnosed. As the inflammatory state of the bronchial membrane increased, his former apathy disappeared; when, by means of gentle antiphlogistic treatment, recovery commenced after a fortnight, the patient longed for occupation, and felt the perfect return of his former mental and bodily vigour According to the author's advice, occupation was procured for him at some place distant from his home, and no relapse occurred.—*Dr. Groebenschutz of Grunberg, ibidem.*

On the Qualitative and Quantitative Analyses of Albuminous Fluids.—In the methods hitherto adopted, the adhesion of the fluid to the filter has prevented a free filtration; but a very speedy separation of the albumen from the liquid is of great importance in such analyses. The albuminous liquids, when heated, either separate spontaneously into a liquid and a coagulum of albumen (a small quantity of albumen is then present), or they coagulate entirely, and form a pultaceous, gelatinous mass (in which case a large quantity of albumen is present). Albuminous urine, hydropic liquids, &c., belong to the first class; and the author proceeds in the following manner:

Qualitative Analysis.—Suppose the urine in Bright's disease is to be analysed: distinct separation of the albumen is the first object; the specific gravity is first determined by the urinometer; if the urine be of an alkaline reaction, it is then neutralised by acetic acid; from five to eight ounces are boiled in a retort and filtered through a piece of coarse linen, the urine runs through rapidly and in a clear state. The specific gravity of urine in the above disease often perfectly agrees with that of normal urine, and sometimes even exceeds it; this is only influenced by the quantity of albumen; without the latter the specific gravity is below the standard.

Quantitative Analysis.—A small quantity of the liquid (ten to twenty grains) is weighed and evaporated to dryness. The weight of the dried residue shows the quantity of solid substances in a thousand parts. Another quantity of the fluid is now quickly heated in a retort, with a small neck to the boiling point; then the retort is closed, cooled, and the contents freed from albumen by filtration. A small quantity of the filtered liquid is treated like the first portion, and the weight of the solid substances shows the quantity of albumen. If the masses to be analysed are very small, the watery vapour which escapes during the heat ought to be considered, and therefore the retort ought to be weighed before and after heating. As regards the liquids which become perfectly gelatinous by heating (such as serum of blood, &c., but very rarely urine), a considerable quantity is generally taken for the qualitative analysis, and heated to coagulation. The coagulum is divided into pieces by a piece of glass within the vessel, and is then boiled with weakly acidulated distilled water, as long as this takes up any matters. Then boil with weak spirit (water and alcohol of 0·830°) the same length of time, then with alcohol, and lastly with ether; the residue is albumen. In quantitative analysis the same care is to be observed; a weighed quantity of liquid must be used, and a second portion for the determination of the quantity of water, and of the solid constituents, of which the quantity of albumen is to be deducted to learn the quantity of the other substances. The quantity of the salts, unchanged by fire, is only found by evaporating and burning the washed residue. But if the residue of the liquid be burned with the albumen, some salts are obtained which belong to the albumen.—*Dr. Heller in Heller's Archives.*

Strange Effects of certain Remedies.—Emetics in inflammation of the lungs and other respiratory organs.

Case 1.—In a girl, ætat. 21 years, the upper part of the right lung was densely hepatised after a pneumonia of four days' duration; the left lung was posteriorly and superiorly in a state of commencing inflammation; the patient felt great pressure and lancinating pains in the chest; very teasing cough, with tough, bloody expectoration; tongue dry; typhoid expression of the face, and occasional delirium; pulse 98. A venesection of twelve ounces was performed, and tartar emetic administered according to Peschier's plan. The next day the hepatisation was found unaltered, but on the left side the inflammation had extended farther, and hepatisation was commencing; pulse 112. Venesection was again performed, and Peschier's method of treatment continued. Nevertheless, the hepatisation increased on the left side. After a restless night with delirium, the patient was found with a sunken expression of countenance, yellowish complexion, excessive dyspnœa, forty respirations and one hundred and twenty pulsations in the minute, and a strong cough without expectoration. An infusion of ipecacuanha (ʒ iss ad aq. ℥ iv) was administered. After taking a few table-spoonfuls, vomiting occurred with relief. She slept quietly for several hours, the next morning was quite conscious, and was perfectly cured on the seventeenth day.

Case 2.—A man, ætat 64, had suffered with pneumonia for five days; hepatisation occupied the whole right lung; in spite of two venesections the patient complained of excessive dyspnœa, violent cough with tough sputum streaked with blood, violent lancinating pains, extreme weakness, pulse 124. Peschier's method was employed, but the patient became lower; the dyspnœa increased, the abdomen was distended, and diarrhœa appeared; the pulse rose to 148; occasional delirium, with very difficult expectoration. To excite reaction, and to liberate the bronchi from the obstructing mucus, an infus. of ipecac. (half a drachm to four ounces) was administered for every half hour. No sickness ensued, and a drachm of ipecacuanha was

made into an infusion of four ounces, which produced vomiting, and, as in the former case, improvement and perfect recovery. Without the emetic both patients would undoubtedly have died from suffocation, caused by the bronchial obstruction.

Case 3.—A woman, ætat. 44 affected with pulmonary tubercles, also suffered from an extensive bronchial catarrh and emphysema, particularly of the left lung. The symptoms increased so rapidly, that the patient was found one morning covered with a cold, clammy sweat, insensible, cyanosis of the face, severe dyspnœa, scarcely perceptible thready pulse. Infusion of ipecacuanha was ordered, large doses of which produced vomiting and considerable relief; the emetic was repeated four times with great advantage. Later, ipecacuanha was administered with phellandr. aquat., then phellandr. aquat. by itself, and lastly Iceland moss. After a few weeks the patient was dismissed in a good state of health. In the following respiratory diseases the emetic caused great relief, though it did not save life, as in the above cases:—in bronchial catarrh; in pulmonary emphysema, particularly when caused or increased by a bronchial catarrh; in acute pulmonary œdema; and in pleuritic effusion, where an emetic is more indicated than paracentesis.

Stimulating Method in Pneumonia.—A man, ætat. 53, suffered from severe pneumonia, which extended within a few days to the whole right lung, notwithstanding four venesections. Dyspnœa, with difficult expectoration of tough, bloody sputa; delirium, unconsciousness, and convulsions of the left half of the body, and of the facial muscles, with distortion of the head towards the same side; pulse greatly accelerated, small, and to be felt with difficulty. After some large doses of musk the pulse became stronger, the convulsions ceased, consciousness returned, and expectoration of a greenish mucus ensued. A decoction of quinquina was administered, and caused a perfect resolution of the hepatisation, and after a few weeks the patient was perfectly recovered.

Case 2.—A woman, ætat. 26, suffered, notwithstanding three venesections, hepatisation of the whole right lung, and fell into a similar state to the above. After a few large doses of musk, reaction and improvement took place. She recovered completely after using Iceland moss for some time.

Case 3.—A man, ætat. 57, was received into the hospital with pneumonia of the left lung, which had lasted eleven days. Four venesections had already been instituted; the left lung was completely hepatised; violent fever, excruciating pain, and dyspnœa were present. Two more venesections were practised without benefit; the dyspnœa increased, pain and irritation continued, the patient had colliquative sweats, delirium, and lost flesh; the skin became cool, and the pulse scarcely perceptible. Camphor was now ordered in an oily mixture. After a few doses the skin was warm, pulse stronger, dyspnœa diminished, and the patient fell into a sound sleep with gentle respiration; the hepatisation was thus perfectly resolved by an expectorant and afterwards tonic treatment. It is impossible to indicate the fixed stage in which the stimulant treatment must be adopted. The author chose camphor in the latter case, on account of the depressed functions of the heart and vascular system; whilst in the former cases the weakness of the nervous system seemed to indicate musk.

Cure of a Tumour of the Spleen by Extract of Quinquina.—An infant, ætat. 11 months, was affected with an enlargement of the spleen during a diarrhœa of several weeks. The patient was much emaciated. After using, for four weeks, extract. chin. frigide parat., from a scruple to half a drachm a-day, the spleen began to diminish in size, and the tumour at last disappeared entirely, and the child became blooming and strong.

Effect of Veratrine Ointment in Neuralgia.—A man, ætat. 38, who had been affected with a rheumatic ophthalmia, still suffered from a neuralgia of the left frontal nerve, and the usual remedies were employed in vain for eleven months. The pain was irregular, burning, and lancinating, and often continued for twelve hours. The author then applied veratrine ointment (two grains to a drachm of lard) to small spots of the forehead, previously excoriated by blistering. The ointment was spread on linen, and applied at first to two spots, and afterwards to eleven spots. Within ten days the obstinate pains were perfectly removed.

Case 2.—A man, ætat. 41, suffered, after a cold, from rheumatic lancinating pains, which were at last concentrated on the nerv. cutan. femor. medius et posterior. The pains were more violent and distressing at night, and occasioned, after a fortnight's duration, loss of appetite, emaciation, and great dejection. Veratrine ointment was now used, and after a few days the pains had disappeared.

Tannin with Flores Benzoini in the Spasmodic Cough of Adults.—A girl, ætat. 23, had suffered for several weeks with violent bronchial catarrh, at first accompanied by fever; when the latter disappeared the cough also diminished, but returned periodically every two or three hours in violent paroxysms, which ended in vomiting of tough mucus. These paroxysms increased in violence, notwithstanding the use of tartar emetic, narcotics, derivatives, &c. They were accompanied by cyanosis, loss of consciousness, fainting, cold perspiration, and great muscular debility. The author employed tannin with benzoic acid (as recommended in hooping-cough), and found the disorder greatly ameliorated after the first six doses, and perfectly removed in seven days.

Secale Cornutum in Paralysis of the Bladder.—A woman, ætat. 50, was attacked by dysentery, which was followed on the third day by a paralytic state of the bladder, after the patient had suppressed with great difficulty the inclination to stool. The dysentery yielded after three weeks to the use of opium and calomel, but the vesical paralysis continued, and the patient remained weak and dejected. After the ineffectual employment of some other remedies, ergot of rye was administered at first in the dose of gr. vj, then gr. x four times a day. After a few days, the patient could discharge her urine at will, at first in drops, but afterwards more freely by degrees; in the course of a few more days, the paralysis was perfectly removed. (About three drachms of the remedy were taken in the whole.)

Acetate of Lead in Intestinal Hemorrhage from Typhus Fever.—A woman, ætat. 28, was attacked by typhus fever of a benignant character until the sixteenth day. On the seventeenth day a violent bloody diarrhœa appeared suddenly (about thirty stools in twenty-four hours), with strong meteorismus, small and accelerated pulse, and delirium. Alum was administered internally, and in the form of clysters, but without effect; the first doses of acetate of lead (half a grain every two hours), caused a decrease of diarrhœa, which ceased entirely after employing from four to five grains. The convalescence then proceeded slowly and without disturbance.—*Dr. Tacksch in Prager Vurteljahrschrift.*

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Aug. 30.

JERVIS STREET HOSPITAL.

Stricture of the Urethra, Followed by Perineal Abscess; under the care of Mr. Kirby, one of the Surgeons; Mr. Frederick Farmer, Clinical Clerk.—Dennis Hogan, ætat. 30, a clerk, was admitted to Jervis-street Hospital on the 18th of January, 1845, labouring under stricture of the membranous portion of the urethra of six years' standing. Contraction of the stricture had gradually taken place during that period, and was so great on admission that the passage of the smallest sized bougie could not be effected. The patient had been subject to temporary attacks of retention of urine, one of which, having on a late occasion continued longer than usual, induced him to seek relief at the hospital. A bougie was now passed down to the stricture, by which it was firmly grasped, and the further progress of the instrument arrested; on the third day, however, the bougie was, after some resistance, passed into the bladder. The subsequent treatment consisted in the gradual dilatation of the passage, by which means the case progressed in a very favourable manner up to the 25th of February, when, for the first time, it was observed that a small quantity of purulent matter oozed from the mouth of the instrument previous to the passage of the urine through it. The patient did not complain of any soreness in the passage; but on the 27th he felt chilly and otherwise unwell, and on the next day a high degree of fever was present. On the 1st of March the febrile symptoms were much aggravated, and the patient now came under Mr. Kirby's care, who ordered him a saline mixture to be taken with lemon-juice. On the 3rd, together with the constitutional symptoms, there was considerable thickening of the urethra, and œdema of the scrotum, and twelve leeches were applied to the perinæum, followed by an emollient cataplasm; an oily draught, containing aquæ kali gtt. vj, was administered, and an anodyne draught given at bedtime; the urine twice drawn off this day. Mr. Kirby again visited him at half-past nine, p. m., and finding considerable swelling and tension still in the perineal region, made an incision for its relief.

March 4.—The febrile symptoms not much improved; abdomen tympanitic; synovial inflammation in all the joints. Ordered a warm bath, in which he passed his urine.

At the midday visit, Mr. Kirby passed a catheter to about the distance of the bulb, when some purulent matter, of a most fetid odour, escaped from the mouth of the instrument, which, after some resistance, reached the bladder. On squeezing the spongy portion of the urethra, a peculiar gurgling sound was now observed, the cause of which Messrs. Kirby and Stapleton were at first doubtful of, but, on accurate examination, determined that it proceeded from an abscess situated in this region.

The instrument which had first been introduced was cut down upon through the perineal incision formerly made, and a quantity of matter of an exceeding fetid odour, mixed with urine, made its escape. The patient expressed himself greatly relieved, and when placed in the erect position passed water freely through the opening. Ordered stimulants.

5.—Abdominal tympanitis still present; fever somewhat lessened. Is to take a third of a grain of Ext Cannab. Ind. with five of blue pill three times a-day. The stimulants to be continued.

6.—Great distension and œdema of the penis, with an erysipelatous blush; considerable tympanitis of the abdomen, with typhoid fever. Ordered an anodyne enema, containing Tinct. Fœtid. Spirit. Terebinth., &c.; the pills to be repeated; stimulants to be continued, with wine and porter, and a turpentine fomentation to the abdomen. Towards evening, the distention of the penis having increased, an incision was made along its dorsum, as far as the symphysis pubis; the parts beneath were found in a sloughing state, and a communication existing with the urethral abscess. The patient is slightly delirious, and visibly sinking. The pills to be repeated and the stimulants continued.

7.—The typhoid symptoms still advancing; pulse small, quick, and compressible; mucous râle in the throat, extremities congested and livid; abdominal tympanitis much increased. Continuentur omnia medicamenta.

8.—Pulse hardly to be felt at the wrist; the patient highly delirious; mucous râle increased; stools passing involuntarily; sinking rapidly. Died at half past three.

Sectio Cadaveris twenty hours after death.—The integuments of the penis and neighbouring parts were greatly swollen, livid, and œdematous; the prepuce infiltrated and on the point of sloughing, with an adhesion to the glands of long standing. The body of the penis was separated from its coverings, by the sloughing of its investing cellular tissue. A section of the symphysis pubis having next been made, a large abscess was exposed, which had implicated the bulb and extended along the side of the urethra, communications existing between it and the perineal incision, as well as that on the dorsum of the penis; through this abscess the urine must have been evacuated, there being one opening posterior, and another anterior to the stricture. The stricture, situated behind the bulb, was of a cartilaginous hardness, and so much contracted that a bristle could with difficulty be passed through it; the neighbouring parts were indurated and congested; the urethra, posterior to the stricture, was inflamed; the prostate gland not much affected; bladder thickened and inflamed on its internal surface, and containing about an ounce of purulent

matter mixed with urine. On examining the abdominal viscera, the large intestines were greatly distended with flatus; the mucous membrane inflamed, but the other organs healthy. Proceeding to examine the thorax, a quantity of purulent matter was found on both sides, lying between the pectoralis major and minor, which communicated with a similar fluid between the recti muscles; the matter was not contained in a cyst, but was deposited between the muscles, which were softened and partially broken up; purulent matter was also found between the sternum and subjacent muscles, communicating with that which lay external to the thorax. Old adhesions existed between the pleura pulmonalis and costalis; the lungs gorged with mucus and serum; effusion to the amount of two ounces into the pericardium; the heart healthy, containing no pus. The joints were next examined; on cutting down to the external lateral ligament of the left knee, a quantity of pus escaped, of the same character as that mentioned above; the cavity of the joint also contained pus; the cartilages were free from disease; the synovial membrane villous, with a velvety appearance; the shoulder joints contained similar purulent deposits, but were even more disorganised. No trace of inflammation was found in the veins of the different parts of the body. The brain not examined.

Case of Contusion of the Perinæum.—Thomas Carroll, ætat. 30, a carpenter, was admitted to the hospital on the 15th of July, 1845. States that three days previously, while walking across some joices laid for flooring, his foot slipped and he came astride one of them, his whole weight falling on the perinæum. A feeling of faintness came over him, from which, however, he quickly recovered; and not thinking much of the injury, he applied to an apothecary, who ordered him a wash and some leeches, and passed an instrument (as he thought) into the bladder, but drew off nothing more than a few drops of blood; a similar attempt was again made with the same result at the next visit; and Mr. Kirby being now called at 12 o'clock, on the second day of the accident, he found the case in the following condition:—Patient suffering intense agony from retention of urine, having been unable to pass any since the occurrence of the accident. The parts in the neighbourhood of the injury ecchymosed, especially the scrotum and perinæum. A large tumour lay along the line of the urethra, which fluctuated under the finger, and was extremely painful. After an ineffectual attempt to pass an instrument into the bladder, Mr. Kirby made an incision into the tumour, giving exit to a quantity of grumous blood mixed with urine, and in a short time the patient made water freely through the opening, with great relief to his sufferings. On the 15th of July, three days after the occurrence of the accident, he came to hospital, having previously passed water on several occasions through the incision, the urine being tinged, and containing some clots of blood; as he was very nervous, and the calls to pass urine very frequent, a warm-bath was ordered and an opiate.

July 16.—Had an attack of retention of urine this morni g, caused by a coagulation of blood in the incision, which being removed, the urine flowed freely. From this period the treatment consisted in a warm-bath daily, occasional opiates, and attention to the primæ viæ. The incision in the perinæum was kept open by means of poultices, which for some days removed large quantities of coagulated blood, with great relief to the tension of the parts. By these means he progressed rapidly, but though the urine flowed freely through the incision, no sort of instrument could at any time be passed into the bladder, either by the penis, or from the incision. He occasionally suffered from irritation of the bladder, which was removed by the administration of Tinct. mur. ferri with Tinct. hyosciami and tonics.

August 19.—Urine discharged by the natural passages, and only a few drops through the incision, which has for some days been gradually closing.

29.—No urine by the incision for several days; micturition much less frequent, and can be readily accomplished, but in a contracted stream, and with some tendency to erection.

He suffers occasional seminal emissions, the discharge being large, but unattended by blood or any inflammatory consequences. The passage of an instrument into the bladder has not yet been effected, and every attempt to do so is succeeded by hemorrhage.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in four numbers of the *Lancet*.]

Albuminous Urine.—Dr. P. B. Ayres says that the reason of the effusion of albumen, or rather serum, in the urine, depends on the relation between albumen and urea; and (he adds), as far as he can judge from the evidence before him, a strong relation subsists between their proximate organic principles. Whenever albuminous urine exists, urea is deficient, and the deficiency is often considerable, even when but a very small amount of the secretion is passed. The saline matter is also deficient; but in all the specimens of albuminous urine seen by Dr. Ayres there was a copious brown amorphous deposit, consisting chiefly of lithate of ammonia and vesical mucus. The urea Dr. Ayres believes to be produced by the action of respiration on the albumen in the blood, and he quotes Dr. Christison's analyses of the blood in albuminuria, showing that there is a gradual diminution in the proportion of hæmatosine and albumen, and the additional statement also, that, in the latter stages of the disease, the urine ceases to be albuminous, which Dr. Ayres concludes is accounted for by the diminution of the proportion of albumen in the blood that has taken place.

Aortic and Cardiac Disease.—Dr. Turnbull narrates the case of a powerful seaman, who was admitted under his care, with evidences of insufficiency of the aortic valves, followed by permanent dilatation and hypertrophy of the left ventricle, which again was succeeded by a similar result on the right side of the heart, by dropsy and hydrothorax, the man ultimately dying of pulmonary apoplexy. Next follow the details of a case of acute rheumatic endo-pericarditis, which was treated by venesection and mercurialisation, with the effect of removing the inflammatory action, disease of the mitral and aortic valves persisting. Another case is also one of valvular disease, following an attack of acute rheumatism. The patient was dropsical; she was much relieved by the internal exhibition of elaterium, which acted freely as a hydragogue cathartic.

Microscopic and Chemical Examination of the retained Menstrual Fluid.—Dr. Letheby availed himself of the opportunity offered by the section of an imperforate hymen, in a girl seventeen years of age, to preserve the retained fluid for examination. It had a dark chocolate colour, becoming red on exposure to the air; it was perfectly inodorous, and so tenacious that it could scarcely be poured from the vessel: altogether, it had the appearance of a dark and thick treacle. Its specific gravity was 1027, a little lower than ordinary serum. When examined under the microscope, with a power of 300, it was found to be quite free from fibrin, or rather from that form of it which occurs in the coagulum of blood—but consisted of numerous corpuscles floating in a coloured fluid. These corpuscles differed very considerably in form, size, and colour. They consisted of—1. Altered blood corpuscles, appearing oval when seen edgeways. 2. Minute granules, probably from ruptured blood corpuscles. 3. Coherent blood corpuscles or exudation globules. 4. Highly refractive globules, indistinctly nucleated, (lymph globule?) 5. Oval corpuscles, mono or binucleated. 6. Epithelium scales, and mucous globules. 7. Globules and epithelium remaining after the action of acetic acid, the nuclei more distinct. And 8. Coloured exudation, mucous and lymph globules, with plaster epithelium, left after the action of water. With the view of testing the nature of these globules, they were subjected to the action of water, ether, and acetic acid. Water rapidly dissolved the blood corpuscles, while the other globules and scales were either not affected, or but slightly, even after a long interval. On moving the glasses, it was observed that the solution of the blood discs had produced a tenacious kind of jelly, which bound the other globules together. Ether also dissolved the blood discs as well as the exudation globules and minute granules: the others were unaffected. Acetic acid rapidly acted on the blood corpuscles, more slowly on the exudation globules; the others it made more distinct, bringing out their nuclei. *Chemical examination of the fluid.*—It had an alkaline reaction, and was perfectly miscible with water; when heated a little below 212° Fahrenheit, it formed a firm coagulum. With the view of ascertaining the amount of its proximate principles, it was analysed after the manner proposed by Simon. A thousand grains of the fluid were evaporated; they gave a residue of 142·6 grains; this, when incinerated in a platinum capsule, left an ash of eight grains, of which four were peroxide of iron; the rest was soluble in water, and consisted of carbonate, muriate, phosphate, and sulphate of soda and magnesia. Another thousand grains were evaporated to dryness, over a water-bath, the residue boiled with alcohol, and then diluted with ether. By this means all the fatty matters were removed, and on evaporating the ethereo-alcoholic solution, a soapy compound was obtained, which had the peculiar odour of pastry; it was mixed with a little water slightly acidulated with hydrochloric acid, then filtered, and treated with ether, by which means 5·3 grains of a yellow semi-fluid fat was procured, which, from its fluidity and capability of being saponified, it may be regarded as oleic acid mixed with a little stearic. The residue of this operation was then boiled with dilute alcohol (specific gravity ·930) and filtered while hot. The filtered solution deposited, as it cooled, 52 grains of hæmato-globulin; this was collected on a filter and washed with alcohol slightly acidulated with sulphuric acid, until all the red hæmatin was dissolved; the residual globulin weighed 49·1 grains, and the hæmatin, when precipitated by ammonia and dried, weighed three grains, ·1 of which was, in all probability, sulphate of ammonia. The alcoholic solution, from which the hæmato-globulin had been separated, yielded on evaporation 13 grains of a brown matter, composed of 6·3 grains of salts or ash, and 6·7 grains of extractive. (The previous incineration indicated 8 grains of salts, so that 1·7 grains must have been lost during the process, or else it was in combination with the fats as soap.) The albumen which remained after the extraction of the hæmato-globulin, salts, and fats, weighed 69 4 grains; so that the results of these analyses might be arranged as follow:—

Water	875·4
Solid residue . . .	142·6
	1000·0

Or thus—

Water	857·4
Albumen . . .	69·4
Globulin	49·1
Hæmatin	2·9
Salts	8·0
Fats	5·3
Extractive . . .	6·7

The quantity of mucus, blood-corpuscles, and soluble albumen was ascertained to be as follows:

Water	857·4
Solid matters insoluble in cold water, and consisting of mucus, lymph, and exudation globules with epitholium .	22·6
Solid matters soluble in cold water, and consisting of—	
Saponified fats, and blood corpuscles .	53·8
Albumen	52·7
Salts	7

It must be borne in mind that the fluid thus examined by Dr. Letheby was not healthy menstrual fluid; for it had been retained for a considerable time within the vagina, and no doubt it had there become mixed with various mucous secretions, as well as with an excess of the exudation globule, which its presence, as an irritant, must have occasioned. As to the cause of its viscidity, this must be looked for either in some physical property possessed by the globules, or else in the chemical action of the salts or free alkali on the albumen; for the latter has the property of giving albumen a gelatinous character. One thing is certain—it could not depend on the amount of solid matters which it contained, nor yet upon the presence of coagulated fibrin. Another property which the fluid possessed,

and one which has been generally noticed, was, that it had not begun to decompose, for it had no odour, and, indeed, it appeared to resist putrefaction after its removal from the body, longer than ordinary. In comparing the preceding analyses with those of normal blood, as well as of the menstrual fluid, which have been made at various times by Simon, Berzelius, Lecanu, Denis, and others, it appears that there are many points of dissimilarity; indeed, it does not bear any relation at all to healthy blood, as may be seen by the following, which is an average of two analyses made by Simon:—

Water	795·278
Solid residue	204·822
Fibrin	2·104
Fat	2·346
Albumen	76·600
Globulin	103·022
Hæmatin	6·209
Extractive and salts	12·012

From this it differs in having no fibrin, but about twice as much fat, and only half the amount of hæmato-globulin, or blood corpuscles. The only form of healthy blood with which it can be compared is that of the vena porta, which Simon has found to contain more fat, but considerably less of all the albuminous principles, than the systemic blood of the same animal; and there are some cases of disease, such as hemorrhage and malœna, with which it is also comparable. With respect to its comparison with the analyses of menstrual blood hitherto made, it offers considerable points of difference. Simon examined the menstrual fluid, and found it composed of—

Water	785·000
Solid constituents	215·000
Fat	2·580
Albumen	76·540
Hæmato-globulin	120·400
Extractive and salts	8·600

Here the solid constituents were greater than in normal blood.

Ergot of Rye.—Dr. Ross has found the ergot of rye, combined with infusion of roses, very serviceable in the treatment of purpura hemorrhagica. He gave it in the dose of five grains of the powdered ergot in an ounce of the infusion every four hours. The patient was placed on a generous diet. Under this treatment, he says, with the addition of some aperient when necessary, the case went on with great rapidity to a favourable termination, without a single untoward symptom occurring to interrupt its progress.

Preparation of Dialuric Acid.—This acid may be obtained from alloxantin, by the protracted action of sulphuretted hydrogen; it may, however, be prepared still more readily from alloxan directly, by means of sulphuret of ammonium or cyanide of potassium. In the former case (that is, by the action of sulphuret of ammonium upon alloxan), the dialuric acid is obtained in the form of an ammoniacal salt; in the latter, in that of a potass salt. The last mother liquor left in the preparation of alloxan may be very conveniently used for the preparation of dialurate of ammonia. For this purpose the mother liquor in question is neutralised, at a low temperature, with carbonate of ammonia, and an excess of sulphuret of ammonium added as speedily as possible. Very soon after, the fluid solidifies into a paste of fine, white, and brilliant needles, consisting of the not easily soluble dialurate of ammonia. Washed with water, and dried in the air, this salt assumes a reddish tint. In the latter case, if a moderately concentrated solution of alloxan be mixed with a concentrated solution of cyanide of potassium, there forms, either immediately, or after the lapse of a few minutes, a yellowish crystalline precipitate of dialurate of potass. If this potass salt be dissolved at a low temperature, in weak potass ley, and the solution saturated with acetic acid, the dialurate of potass loses its yellowish tint, and is obtained perfectly white. Upon dissolving either dialurate of ammonia, or of potass, in warm hydrochloric acid, to saturation, and allowing the solution to cool slowly, the dialuric acid is obtained in fine needles, frequently extending to several lines in length. Dried *in vacuo*, these crystalline needles maintain their form and colour, but when exposed to the air, they speedily assume a red tint. They dissolve in water with very great facility: the solution is acid, and decomposes the alkaline carbonates, with effervescence. It cannot be kept exposed to the air without undergoing alteration, dialuric acid absorbing oxygen with great rapidity. Protracted exposure to the air makes it yield the finest and most regular crystals of alloxantin: the formation of the latter, in such cases, proceeds slowly and continues as long as there remains any dialuric acid in the solution. The formula for dialuric acid, is $C^8 N^2 H^4 O^8 = C^8 N^2 H^3 O^7 + H O$; for dialurate of potash, $C^8 N^2 H^3 O^7 + K O$; for dialurate of ammonia, $C^8 N^2 H^3 O^7 + N H^4 O$.

Pericarditis.—Dr. Taylor describes the case of a pot-boy, eighteen years of age, whom he treated for acute rheumatism, with pericarditis and adhesion of the pericardium, and hypertrophy of the ventricle, with disease of the mitral and aortic valves. It was the boy's second attack of rheumatism. The inflammation was speedily cured by bleeding and mercury, the latter pushed to salivation, but the diseased condition of the heart remained unsubdued. In another case, the ninth recorded by Dr. Taylor, the disease was subacute rheumatism. There was a friction sound, resembling a bellows-murmur, audible at the base of the heart, and not in the neck, with increased extent of dulness on percussion. The patient also suffered from convulsive twitches, followed by pains in the arms. The treatment consisted of local and general bleeding, and the exhibition of colchicum, aconite, calomel, and morphia. The patient recovered. In the tenth case, the pericarditis, after having been removed, relapsed. Its cure for the second time was followed by endocarditis and bronchitis.

Ulceration of the Ileum.—Mr Newton was called to a woman who, when apparently in good health, had been kicked on the abdomen by her husband. Mr. Newton saw her an hour afterwards, and found her presenting symptoms of abdominal inflammation. The examination of the body showed evidence of inflammatory action on the peritoneum, and some indications of effusion of a portion of the intestinal contents. There was also found, on the right side, at about the junction of the middle with the posterior third, a small circular opening in the ileum, with defined edges, surrounded by recent lymph, and accompanied by considerable vascularity of the intestine. Mr. Newton considers the case one of glaring homicide, and is of opinion that the kick on the abdomen caused the inflammation, and subsequently the ulceration. In this opinion we can by no means coincide. The ulceration was certainly of longer duration than three days; still it is very probable that the injury inflicted hastened the poor woman's death.

The Influence of Employments upon Health.—Dr. Guy has compiled from the mortuary registers for 1839 certain tables, from which he draws the conclusion that, in round numbers, the average age of all who die above fifteen years of age, among the class of gentry and professional men, is fifty-nine years; among tradesmen, forty-nine; and among the labouring class, forty-eight. The first class, therefore, live, on the average, about ten years longer than the second, and eleven longer than the third class. Compared with the more favoured classes, therefore, both the tradesmen and the labouring class are under a very great disadvantage. The former are deprived of ten years of the prime of their life, and the latter of eleven, being somewhat less than a fourth of the term enjoyed by all of the favoured class who have attained the age of fifteen. It is not, then, during childhood alone, but during manhood, too, that the poorer classes are exposed to causes of disease and death from which their more favoured brethren are exempt. Another circumstance which challenges remark, is the slight difference in the average age attained by the tradesmen and labouring class. The former live less than a year longer than the latter. It is highly probable that this difference would have been lessened, or the place of the two classes even reversed, if the deaths which took place in workhouses in men whose previous occupation is not stated had been included in the tables. As the average of all persons above twenty-one, dying in workhouses, is sixty years, this supposition is highly probable, especially as the labouring class whose employments are not specified are likely greatly to exceed the tradesmen of every degree. On the other hand, it must not be forgotten, that the class of tradesmen is being continually recruited from that of the labouring poor—a circumstance which would, doubtless, tend to exaggerate the unhealthiness of the former class, and to lower their average age at death. Tables are next exhibited by Dr. Guy showing the respective liability of the same classes to pulmonary consumption. It would appear that while the per-centage proportion of deaths from all causes, under thirty and forty years of age respectively, is greater among tradesmen than among the gentry, and among the labouring class than among tradesmen, the per-centage proportion of deaths from consumption under those ages does not follow the same order. The per-centage proportion of deaths from pulmonary consumption, under thirty and forty years of age respectively, in the class of gentry, is less than the per-centage proportion of deaths from the same causes among the other two classes; but the labouring class follows next in order, presenting a lower mortality from this disease under both those ages than the class of tradesmen. In like manner, the average age at death, from all causes, follows the order in which the several classes are placed in the table, while the average age of death from consumption presents, in the case of the labouring class, a number intermediate between the class of gentry and that of tradesmen. The ratio of deaths from consumption to those from all other diseases follows the same order as the deaths from all causes; but the class of tradesmen are very little less liable to consumption than the whole body of the labouring poor. From these facts Dr. Guy draws the following conclusions:—1. That the average age of death is higher, and the per-centage proportion of deaths from all causes, under thirty and forty years of age, is lower, in the case of the gentry than in other members of the community. 2. That the average age of death from consumption is higher, and the per-centage proportion of deaths from that disease occurring under thirty and forty years of age, is lower, among the gentry than in other members of the community. 3. That the proportion which deaths from consumption bear to those from all other diseases, is lower among the gentry, than among the other members of the community. 4. That though the per-centage proportion of deaths from all causes under thirty and forty years of age, occurring among tradesmen, is lower, and the ratio of deaths from consumption to those from all other diseases also lower, than among the labouring class, the average age of death from consumption is higher, and the per-centage proportion of deaths from that disease under thirty and forty years of age, is lower, in the case of the labouring class, than in that of the tradesmen of the metropolis. The difference existing between the class of gentry and the other two classes, in respect of their liability to pulmonary consumption, is very remarkable, and much greater than might have been anticipated. Among tradesmen the liability to consumption is little less, and among the labouring class somewhat more, than twice as great as among the gentry. This great disparity in the liability to phthisis is attributed by Dr. Guy, as it has been by all right-thinking observers, to the great advantages, both physical and moral, possessed by the gentry over the ruder sons of the creation. In the investigation of these facts, there has been elicited a peculiarity well worthy of observation, namely, that while the labouring class does not attain so high an average age as the class of tradesmen, and are rather more liable to pulmonary consumption, those of the former class who died of that disease attained a somewhat more advanced age. This is explained by the fact that in-door employments induce a greater liability to phthisis than out-door occupations. This statement, which is, we believe, generally admitted to be correct, is demonstrated by Dr. Guy in a series of statistical tables, from which he draws the following conclusions:—1. Men following in-door employments are more liable to attacks of pulmonary consumption than those who work out of doors; and those who fall victims to that disease among the former class, die at an earlier age than those who belong to the latter class. 2. Among men following in-door employments, those who use least exertion are most liable to attacks of pulmonary consumption, and perish at an earlier age than those who work out of doors. These conclusions apply

to females as well as to males, for while those who lead sedentary lives present a ratio of one case of consumption to nearly fourteen of all other diseases, those who use more exertion are affected in the proportion of one to nineteen, and those who are employed out of doors of one to twenty-two. Sedentary occupations, however, which are unfavourable to youth and early manhood, are favourable to old age, the reverse being the case with those occupations which require strong exertion. An important question arises out of the consideration of these facts—are these employments necessarily injurious, or are they made so by adventitious circumstances? Do sedentary employments, provided they are carried on in airy and wholesome places, tend to induce disease and shorten life? This question, unfortunately, however, can only be answered partially, as the poorer classes who pursue sedentary employments, are almost universally so engaged in close, ill-ventilated, and unhealthy apartments. Still, however, it may be gathered that the sedentary occupation is itself injurious; a fact which Dr. Guy conceives to be demonstrated by the relative tendency to consumption of compositors and pressmen—the ratio of consumptive cases being higher, and the age at which the disease occurs, lower, in the case of the compositor, while both these classes of operatives are exposed to the same causes of ill-health, the only difference being that the pressman has more bodily exertion. Dr. Guy concludes his paper with a series of cases illustrating the injury resulting from a want of due ventilation.

Causes of Inertia of the Uterus Productive of Protracted Labour.—Dr. J. Hall Davis says, the parturient action of the womb may be suspended or inefficient—1st, from general debility of constitution, the result of different causes, the judicious treatment of which, alone, will often restore to the organ its lost power; 2nd, from a deranged state of the nervous system, attended by loss of sleep, when the due action of the organ will be restored by a refreshing sleep, obtained by an adequate opiate; 3rd, from a diversion of the nervous influence from the uterus, by fæcal accumulations in the bowels, or by retention of the urine in the bladder, when the obvious treatment will be followed by the restoration of the parturient throes; 4th, in women who have borne several children, when, no contraindication offering, the ergot becomes the proper and efficient remedy; 5th, by depressing influences over the mind, when the assurances of the attendant of a happy issue, have often brought about a restoration of the suspended action; 6th, from no ascertainable cause of inertia, when, all other points in the case favouring, the exhibition of the ergot of rye is peculiarly indicated; 7th, from over-distention of the uterus by plurality of children, large quantity of liquor amnii, morbid products in the uterus complicating the gestation, when the treatment adapted to the respective indications will be the remedy; 8th, from the influence of general and local congestion, which being treated by general or local depletion, or both, the contractions of the organ are increased or resumed.

Laryngitis.—A case of acute laryngitis is reported from the Westminster Hospital, which terminated fatally by asphyxia, from œdema of the glottis. Tracheotomy was performed by the house-surgeon, but without advantage.

Flap-Operation for Tumours.—Mr. Chippendale, in removing a tumour from the shoulder, operated in the following manner:—Raising the tumour as far as he could from the body with one hand, he passed a long narrow knife under its skin near the border, in the direction of its long diameter; having cut through the connections at its base, and the edge of the knife having arrived at the opposite border, it was turned towards the surface of the body, and the skin severed. The whole was then turned out, and the tumour dissected from the flap thus formed, with the greatest facility. The few vessels which bled had ligatures applied, which, in a quarter of an hour, were removed; the flap was laid down on the wound with two points of suture in the long side, and the edges secured with adhesive plaster. The whole was healed in a few days, leaving a scar representing three sides of a rectangular parallelogram, as thus [. The skin when thus divided so soon shrinks that it can seldom be necessary to take any portion of it away; but should a case occur where such a proceeding became necessary, a portion could be taken from the free border of the flap, so as to make it fit the exposed surface, as parts are brought to coincide in autoplastic operations. At any rate, there would be but two incisions of the skin, as in ordinary cases where a portion is removed, and where the incisions are made in the form of arcs of the circumference of a circle, in this manner (), and his plan, he says, has this advantage, that the cutting is from within towards the periphery, which is certainly attended with less pain than when effected in the opposite direction. The knife should be passed parallel to the long diameter of the tumour, if possible, because this measure secures the smallest circumference to the flap, takes less time to cut, and diminishes the chance of having to take away any portion of skin.

Neuralgia treated by Iodine.—Mr. Clarke thus describes a case which, from his own showing, is no other than scrofulous disease of the neck and face, with probable extension of the inflammation to the nerve implicated. The continued exhibition of the ioduret of potassium, with other alteratives, effected a cure.

Strangulated Inguinal Hernia.—Mr. Dalby narrates a case of strangulated inguinal hernia, occurring in a woman sixty-eight years of age, on whom he operated. He found the tumour intimately attached to the surrounding parts by remarkably firm and evidently old adhesions. It was with extreme difficulty, with the finger and handle of the scalpel, that these could be separated so as to admit of the stricture being divided, and even after this had been done, there were remaining strong adhesions, which occasioned much embarrassment, and resisted for a long time every attempt to divide them. The hernia was ultimately reduced, but the bowels did not act in spite of enemata, and the third day after the operation sickness, with fæcal vomiting, supervened. Five days afterwards, the intestine ruptured, and an artificial anus was formed, which continued patent for rather more than three months, when evacuations again took place per anum; after which the fæces were discharged, in part by the natural, and in part by the artificial anus, the latter gradually closing. *** The persistance of the constipation in this case, with the supervention of fæcal vomiting, and the ultimate formation of an artificial anus, naturally leads us to suspect that the strangulated intestine was reduced without the entire division of the stricture.

Affections of the Bursæ.—Mr. Johnson reports several cases of diseased bursæ from St. George's Hospital; of these, there are instances of inflammation and suppuration of the bursa between the olecranon and skin, which, he says, should be treated by leeching and antiphlogistic measures, to prevent suppuration, and when that state is established, an early and free incision should be made into the bursa and cellular tissue beyond it. Instances are also alluded to, in which other bursæ, situated about the ham, were complicated. In a subsequent report a case, entitled disease of the bursa beneath the tendon of the psoas-iliac, counterfeiting disease of the hip-joint, is recorded by Mr. Johnson. The patient was a surgeon, who was supposed to suffer from disease of the hip-joint, resulting from rheumatic inflammation. When seen by Mr. Johnson, he complained much of pain, referred to the front of the hip and groin, much increased by motion, and consequently by exercise; lameness existed, partly from pain, and partly from stiffness about the joint; the limb was wasted, and the patient thought it rather shortened; the health had also suffered. Mr. Johnson, on examining the limb, found just below Poupart's ligament, and evidently deeply seated, an obscure, but yet not undefined, swelling over the capsule of the joint. It felt, as far as it could be made out, flattened, oval, and not free from tenderness when handled. This was the seat of pain, and this Mr Johnson suspected to be the seat of disease. Striking the head of the femur forcibly against the acetabulum, or flexion or eversion of the limb, did not produce pain, showing that the articular cartilages were not diseased, but extension or violent dragging the limb so as to pull the bone from the socket, and exert traction on the capsule, or forcible inversion of the foot, or eversion or flexion of the foot, made by the patient himself, caused pain, which was referred to the front of the joint—the site of the tumefaction. The disease, therefore, was regarded by Mr. Johnson as being an inflamed, thickened, and enlarged state of the bursa lying between the capsule of the joint and the tendon of the psoas-iliac muscle, and in this opinion he was confirmed by Sir B. C. Brodie. The plan of treatment that was decided on was the application of repeated blisters to the groin, followed up by Scott's bandage; the exhibition of colchicum, combined with sarsaparilla; regulation of the secretions, the use of flannel, very moderate exercise, and careful diet. The result proved, or seemed to prove, the correctness of the diagnosis. The pain gradually became more bearable, and greatly diminished or altogether ceased. The patient died afterwards of some visceral disease. The narration of this case is followed up by the details of a case of lumbar abscess, which, prior to the occurrence of suppuration, was mistaken for hip-disease. Mr. Johnson recognised the nature of the case by the absence of pain on forcing the head of the femur into the socket, on flexion of the thigh, and on eversion of the foot, when made by himself; by its presence when he extended the thigh or simply pulled it down, or inverted the foot, and by equally decided pain when the patient himself flexed the thigh or everted the foot. The pain was referred to the front of the joint, but in some of the movements, especially when the thigh was rudely extended, or inverted, or dragged down, an obscure uneasiness about the spine was acknowledged. These symptoms were regarded by Mr. Johnson as conclusive evidence of spinal disease, shown by the pain excited when the psoas and iliac muscles were subjected to traction, which would be communicated to the vertebræ by those muscles. The results of the case proved the correctness of the diagnosis.

Rupture of the Tendo-Achillis.—Mr. Miller narrates a case of rupture of this tendon, which he treated by bandaging, and the use of the egg-splint. His patient was enabled to walk three weeks after the accident with the assistance of a crutch and a stick, and Mr. Miller attributes his being able to do this to the use of the egg splint. In our opinion, it was scarcely advisable that the patient should have been permitted so to do; a risk of renewal of the rupture was incurred by it.

Disulphate of Quinine.—The following test for the adulteration of disulphate of quinine is recommended by Dr. Nevins, of Liverpool, on account of its delicacy and simplicity:—To one or two grains of the suspected salt, add three or four drops of sulphuric acid, in a white evaporating dish, and twice as many drops of water. If the salt contains either fatty matter or starch, these will remain; whilst, if they are absent, the whole will be dissolved. Let heat be next applied to the solution, and as it becomes concentrated, the acid will char any sugar which may be present, which will be indicated by a black stain round the edge of the solution, and the whole will speedily assume the same colour. By this means, one or two per cent. of organic matter may be recognised in as many minutes without trouble. It is said that salicine is an occasional adulteration; if present, it will be detected by the same proceeding. If a very minute quantity only is mixed with the quinine, blood-red points, and ultimately a general reddish colour, are produced as the concentration proceeds. It is a good plan to observe the effect of the sulphuric acid before the addition of water, as it acts upon the salicine cold, producing the blood-red colour. Thus the single test of sulphuric acid, diluted and heated, detects nearly every impurity which is found in the disulphate; for starch, fatty matters, and insoluble earthy salts, are left undissolved before the application of heat, and salicine, gum, and sugar, are shown by the effects of heat on the solution. Pure disulphate of quinine is not affected by sulphuric acid applied as above.

Displacement of the Uterus.—Dr. J. Hall Davis narrates a case of parturition, which was complicated by a peculiar displacement of the uterus; the position of the uterine neck being that which occurs in retroversion of the womb, the hollow of the sacrum, however, being occupied, not by the fundus, as in cases of that mal-position, but by a portion of the posterior walling, extended and developed in that direction, apparently at the

expense of the lower or vaginal section of the uterus, which had not undergone that amount of development, with obliteration of the cervix, proper to the full period of gestation. The labour was completed by the efforts of nature.

Poisoning by Oxalic Acid.—Dr. Ogilvy was called to a lady, whom, when he arrived, he found to be dead. There existed a suspicion of suicide by poisoning; the body was consequently examined after death. The mouth and tongue had a bleached appearance, but not corroded. The brain was healthy, perhaps rather vascular. The heart was slightly enlarged, without perceptible thickening of the walls, but was more heavy than usual—a condition which agrees with Dr Clendinning's remark, that hypertrophy may be found to exist by having recourse to the balance, though it may not be obvious to the eye. There was no rupture of the heart, nor of any vessel connected with it, and no disease of any of the valves. Both ventricles were full of black uncoagulated blood. On opening the abdomen, the liver was much enlarged, and the stomach was in a state of considerable decomposition. The coats were soft and friable, indeed, so easily torn, that when ligatures were applied to each orifice, and the viscus removed, the weight of the contents produced laceration. The neighbouring intestines, and the portion of the left lobe of the liver in contact with the stomach, were similarly disorganised, as if the contents of that organ had transuded and affected them. The stomach was half full of a dark gelatinous-looking mass, the taste of which was intensely acid. On washing the stomach, the coats were found pale, the blood-vessels ramifying on the surface being dark, and filled with coagulated blood, thick, like extract. The cardiac orifice, and lower portion of the œsophagus, appeared as if boiled, the mucous coat being white, and easily detached. The results of the analysis of the contents of the stomach led the experimentalists to conclude that death had occurred from oxalic acid, an opinion which was further confirmed by finding a quantity of that poison in the deceased's bed-room. It seems from the statement made by the family, that this unfortunate female must have taken the poison during the temporary absence of her sister, who, on her return three minutes after, found her dead, showing an extraordinary rapidity of action on the part of this poison.

Fungoid Tumour at the Base of the Cerebellum; Amaurosis.—Mr. Taylor attended a gentleman who, after having been for many years subject to severe head-aches, became affected with dyspepsia when between thirty and forty; and afterwards with flatulence, noises in the head, and total deafness of the left ear. This was followed by lachrymation and muscæ volitantes, and afterwards the eyes became amaurotic. He was seen by Mr. Tyrrell, who regarded the disease as being of cerebral origin. The pupils were much dilated, though still obedient to a strong light, and the globes appeared more prominent and firmer than natural. The headache recurred with greater severity, chiefly affecting the left side of the occiput. A year or two after the eye-sight began to fail, he was attacked with neuralgic pains, commencing in the left sciatic notch, and extending in the course of the sciatic nerve to the outer side of the knee, and down the leg as far as the ankle. The pain, which was agonising, occurred in paroxysms, and seemed to be increased by exercise of the limb, and to subside altogether at night, or in the recumbent posture. The limb wasted visibly, at the same time general emaciation was making progress. In the latter part of the year in which the neuralgia commenced, he had several attacks of delirium, followed by stupor, and ultimately accompanied by clonic convulsions. The wretched man lingered on for many months in this manner, and finally died four years after he first became amaurotic. An examination of the body was made sixteen hours after death. The bones of the skull were thin, and the diploe scarcely visible. The dura mater was healthy, and not unusually adherent. The vessels of the pia mater were much congested, and serum was diffused extensively into the cellular tissue between the convolutions. The brain was exceedingly firm, and on dissection presented a great number of large bloody points. The lateral ventricles were distended with clear serum, of which four or five ounces were collected. The septum lucidum was broken down; the choroid plexuses were shrunk and pale, and had several small serous cysts formed on them. On removing the brain, the optic nerves were observed to be very small, and of firm consistence; on cutting away the attachments of the tentorium, a bulging of it was seen on the left side, and when this was punctured, about half an ounce of gelatinous fluid, of a greenish colour, escaped. The cerebellum was next raised up, and its left hemisphere a tumour was discovered, lying on the petrous portion of the temporal bone, and firmly attached to the auditory foramen. There were also extensive connexion between it and the cerebellum, which was hollowed out to receive it. In attempting to dissect it out, so as to preserve its relations to the cerebellum, the morbid growth was found to have extended some way into the auditory canal, which was widened considerably, and the surrounding bone appeared to be eroded. The tumour, when removed, was an oval mass, compressed from above downwards, and having the following measurements:—Length, two inches, greatest width, one inch and a third, and vertically, one inch. Its surface was lobulated, and studded with small serous cysts, the colour of a darker tint than the brain, owing to the greater vascularity of its coverings; these consisted of the arachnoid membrane and a thin cellular layer, which were continuous with the investments of the cerebellum, forming the only bond of union between them. Situated in the angle between the lateral mass of the cerebellum and its large peduncle, it pressed also on the pons varolii. The seventh nerve, and the divisions of the eighth, passed under it to their respective foramina, without being at all flattened or displaced. A section of the tumour showed a dense structure of glandular firmness, made up of whitish arborescent fibres, leaving numerous interstices, which contained some gelatinous serum. The striæ of white tissue were speckled here and there with black points, which proved to be coagulated blood, and sections of minute vessels. One half was shown to Dr. Walshe, who considered it to be a variety of encephaloid cancer, and rare, as occurring in the membranes, and not in the substance of the cerebellum. In the thorax, the heart was found much enlarged, from dilated hypertrophy of the left ventricle. There were several patches of cartilaginous deposit at the bases of the mitral valves, and the aorta was somewhat dilated at its commencement, but healthy in its valves and lining membrane. Old adhesions existed between the ribs and middle and lower lobes of the left lung; the latter organ was much congested, and the bronchiæ filled with frothy mucus. In the abdomen, there was nothing worthy of notice beside the kidneys, which were in an advanced stage of granular degeneration.

Strangulated Hernia.—Dr. M'Egan writes to state that his experience is in favour of the use of opium in the treatment of strangulated hernia.

Fellows of the College of Surgeons.—Dr. Waddy states that one of these gentlemen, by whom the honour and dignity of the profession is to be upheld, has offered himself as surgeon to a sick-club, to supply them with medicines and attendance at two shillings per head per annum; and he adds that one of the gentlemen selected by the council of the college for the fellowship, had left the profession for several years, and was, when elected, an eminent country banker.

Urinary Calculi.—When speaking of the formation of urinary calculi, Liebig says, uric acid is always present to a small amount, in the normal urine of man. It is partly to its presence that this fluid owes its well-known acid reaction. In unhealthy conditions of the organism, the proportion of uric acid in the urine is greatly augmented, and accumulating in the bladder, it gives rise to the formation of stones, or calculi. But, in addition to uric acid, there are other matters which enter into the composition, or altogether constitute those concretions, and amongst these there are two organic substances particularly deserving of a minute consideration—namely, cystic oxide, and xanthic oxide, or cystine and xanthine. Calculi consisting of uric acid, and the urates are produced by the deposition of the solid matters contained in the urine, when it is overcharged with them, or when it has been retained too long in the bladder. Calculi may, however, be formed, when neither the proportionate amount of solid matter in solution is increased, nor the fluid retained a longer time than natural in the bladder, because the urine may, from various causes, undergo such a change in its constitution, that those conditions essential to the solubility of certain compounds may be absent, and consequently these compounds necessarily become precipitated. Phosphate of lime is perfectly insoluble in pure water; its solubility in urine depends upon the existence of free acid in that fluid. If, from any cause, the urine becomes alkaline, as, for instance, when organic salts with alkaline bases are taken into the stomach, which, as is well known, are converted into carbonates during their passage through the organism, then the conditions essential to the solubility of phosphate of lime are removed, and this salt is precipitated. All calculi consisting of phosphate of lime are produced in this manner. The calculi containing ammonio-magnesian phosphate are also produced in a manner precisely analogous to this. In many animal fluids, particularly the urine, phosphate of magnesia is found in solution. Normal urine contains no ammonia, but when, from any cause, ammonia is generated, the phosphate of magnesia no longer remains in solution, but is precipitated as ammonio phosphate of magnesia. Beside the foregoing, there is another cause of the formation of urinary concretions. In diseased conditions of the system, peculiar compounds are not unfrequently formed which are never produced in the healthy organism, and being perfectly insoluble in urine, are immediately deposited in a solid form from that fluid. In this manner oxalate of lime calculi are formed, and those concretions of organic matter termed cystic oxide and xanthic oxide. But beyond these chemical causes of calculi, certain mechanical conditions have almost always more or less influence upon their formation in the urinary bladder. When any of these states which have been enumerated exist, and, in consequence, deposits occur of uric acid, urates, insoluble phosphates, oxalate of lime, &c., in small quantities, it does not necessarily happen that calculi are formed, but, in most cases, the urine flowing off, carries with it through the urethra the sediments suspended in it, or already deposited. When, however, the bladder contains mucus, these sediments are apt to adhere to it, and become united into masses. Very often a foreign body, which has accidentally got into the bladder, forms the nucleus upon which these sediments are deposited, and to which they adhere; the irritation they occasion on the internal surface of the bladder induces the secretion of mucus in which the urinary deposits accumulate, and they thus become the direct cause of the formation of calculi.

EXAMINATION FOR THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Anatomy and Physiology.—*Senior Candidates.*—(August 5th.) 1. Specify the several bursæ in the neighbourhood of the knee-joint? 2. Describe the course of the tears into the nose, and the structures met with in the eyelids. 3. What veins form the vena portæ, and from what organs is its blood derived? 4. What vessels enter, or come out of the transverse fissure of the liver, and what is the use of the longitudinal fissure? 5. Where do the spermatic veins, the bronchial veins, the Vena Magna Galeni, and the coronary vein of the heart terminate? 6. Give an account of the peculiarities of the fœtal circulation. 7. Enumerate the muscles of expiration and inspiration, and explain the effects of respiration on the blood, and the changes produced by it in the air taken into the lungs.

Junior Candidates.—1. From what sources is the dura mater of the brain supplied with blood? 2. What are the most remarkable peculiarities of the dura mater of the spinal cord, and in what respects does it differ from the dura mater within the skull? What purposes do the orifices in its sides serve, and what is interposed between them? What does

it adhere to anteriorly, and what parts intervene between it and the vertebræ laterally and posteriorly? 3. What nerves supply the tongue; to what particular part of it is each distributed; and what is the function you would assign to each of them? 4. Is there any correspondence between the fifth cerebral nerve and the spinal nerves in their mode of origin? 5. Which of the cerebral nerves are voluntary nerves, and which nerves of sense? 6. What nerves supply the skin and muscles of the eyelids? 7. What are the peculiarities of the blood-vessels of the brain, and how is the circle of Willis formed? 8. How would you account for the cessation of the action of the heart and the functions of the brain and nervous system in the different forms of asphyxia? viz., by strangulation, submersion, and suffocation.

Surgery and Pathology.—*Senior Candidates.*—(August 7th.) 1. Describe the operation for a strangulated oblique inguinal hernia of moderate size. 2. Describe the *post mortem* appearances usually noticed in persons who die of a strangulated hernia, or after the operation for it. 3. Enumerate the textures and parts divided in a circular amputation of the thigh, at the junction of the lower with the middle third of that part of the limb. 4. Mention the general rules applicable to the treatment of wounded arteries. 5. What is the best mode of arresting venous hemorrhage? 6. How would you distinguish a hernia from a hydrocele, a swelling of the testicle, and a varicocele? 7. Under what circumstances would you advise amputation for a compound fracture of the leg, in the early and more advanced stages of the case? 8. If judged proper to attempt to save the limb, what are the chief indications in the treatment?

Junior Candidates.—Describe the parts concerned in femoral hernia; the characters of the swelling; the diagnosis from other tumours liable to be mistaken for it; and the operation for it in the strangulated state. 2. Enumerate the principal differences between scirrhus and fungus hæmatodes, or medullary cancer. 3. Give a description of scirrhous cancer of the female breast; specifying what textures and organs are often involved secondarily; and the circumstances which should interdict the operation of removing the breast. 4. Describe the process by which broken bones unite, through its several stages. 5. Describe the process by which nature sometimes brings about the cure of an artificial anus, and the surgical means for promoting this object. 6. What is the state of the blood-vessels and the circulation in a part affected with phlegmonous inflammation, according to its degree and stage? 7. Explain the symptoms, consequence, causes, and treatment of phlebitis. 8. Under what circumstances may the pulsations of a popliteal aneurism spontaneously and *gradually* cease; or, in other instances, be *suddenly* reduced, and even stopped, attended with increased swelling, discoloration, and fall of temperature in the leg and foot?

MISCELLANEOUS CORRESPONDENCE.

The Altered Bill.—The thrice-amended Medical Bill, Sir James Graham's great-grandchild, is now before the profession in its printed form, and enables us to hazard a conjecture whether the same bill, or (to use an Hibernicism) *the same bill amended for the worse*, will have a better chance of success next Session of Parliament, than it has had in the past. We were certainly led to believe, by Sir James's closing speech, that the secondary examination, however unpalatable in itself, would at least convey the surgical title; yet no promise of this kind is repeated in the bill, which, on the contrary, degrades the general practitioner from his present position by denying him the slightest pretension to the name or duties of a surgeon, *even though he should possess the fellowship of the College of Surgeons* (Clause 33). The secondary examination is either a mere pretext to extort money, or it tacitly implies that the general practitioners are too ignorant to be entrusted with the education of their own class—an imputation to which it is not likely that they will patiently submit. The subject of the Council of Health is most studiously mystified. That there is to be a Council of Health, and that it will be composed of twelve members appointed by the crown, is evident; but who those members are to be is not announced. Hence a suspicion may be justified, that the council, once established, with Sir James Graham as its president, it may be difficult for the general practitioner to find a seat at its board, should the influence of the favoured colleges be directed to oppose his reception. We glean, also, from the statement of Sir James (for it is not "down in the bill," and is probably one of the screw-powers vested in the Council of Health), that every future general practitioner will have to pay £20 to the Colleges of Physicians and Surgeons; the latter not being required to pay one fraction of a farthing to each other, or to the College of General Practitioners. One half of this sum is to be levied to support the library and museum of the College of Surgeons, with which the future general practitioner is to have little or nothing to do; whilst it is taken for granted, that the new college will not require any considerable amount of funds for the support of its own museum, library, or botanical garden. Is Sir J. Graham so astounded by the jackal cry raised by the College of Physicians, as they join the pack in chase of the general practitioner, that he feels compelled to cast them a share of the spoil to the amount of £5 5s. a victim?—and does a similar impulse lead him to permit the council of the College of Surgeons, like foul-feeding vultures, to cling to their prey to the last, and to maintain a deceptive and sordid union with those whom they have endeavoured to drive from their doors with insult and injury? The college council have asserted, with a boldness of assertion peculiar to themselves, that we do not require their diploma, but seek it only for the honour of their names attached to it! Vain triflers! Do they not know, or *will* they not know, that the most unimportant surgical appointment, either at home or abroad, cannot be obtained without *a* surgical diploma? And when the general practitioners propose to decline the honour of their names and connection, and to be content with their own legally-recognised surgical certificate, what do the college council? Why they hasten grumbling to the Government, and demand protection and the power to keep them—they do not say "the College of Physicians may have them and welcome." Without detracting from the merits of physicians and consulting surgeons, or questioning the utility of their respective positions, we cannot desist from requiring them to "give unto Cæsar the things that are Cæsar's." Let them retain their dignity unsullied, let them move in their own exalted sphere, and let the general practitioners, like satellites, revolve around them; but if they will not borrow light from us, let them at least abstain from borrowing money. I contend that we should most vigorously struggle for the independence and integrity of the College of General Practitioners; and for its power to qualify its members for all the duties they are destined to perform, whether surgical or otherwise. Deprived of the power to qualify in surgery, the New College can be but a college of apothecaries; and deprived of a surgical title and diploma in his own right, the general practitioner can be, under whatever name, no more than an apothecary. The present position of the general practitioner is not so unfavourable that it demands any hurried or hazardous alteration. In fact, it were difficult to say what he essentially requires that he does not already possess, except it be a more respectable home and name than the Apothecaries' Hall can afford, and a consolidated examination in medicine and surgery, to avoid the evil of resorting to two institutions for his perfect qualification, with the option of evading either as his convenience may prompt. Should, therefore, no more advantageous terms be obtained than those hitherto offered, it would be wise to remain as we are, and not dethrone king Log until we are pretty certain that his successor will not be king Crane. for, as long as Sir James Graham continues to dramatise the tale of the Old Man and his Ass, and in trying to please everybody pleases nobody, and loses his bills into the bargain, so long we can never hope for a happy issue out of all our afflictions.—A Practitioner with Two Tails.

Hysteria and Prostitution.—I should feel obliged by your publishing my protest against an erroneous dogma which appeared in the *British and Foreign Medical Review*, for July last, at p. 32, line 22. The reviewer states, that "prostitutes are not hysterical." This statement is utterly opposed to my experience, and I believe to that of all Lock Hospital surgeons. I recollect many years since, in going round the wards of a Lock Hospital, noticing a girl in a strong hysterical paroxysm, and on directing the attention of the medical attendant (Dr. Cumins) to the case, he emphatically said, "This is the field (that is a Lock Hospital), for studying hysteria." As an erroneous assertion, coming from a grave quarterly, might influence an inexperienced practitioner in the treatment of the disease, and also lead to wrong views as to its pathology, I think it ought to be publicly contradicted.—Scrutator.

Midwifery.—*A Statistical Report of the Labours of 3,471 Women, Patients in the Queen Charlotte's Lying-in Hospital, London*; by George Thompson Gream, *Surgeon-Accoucheur to the Hospital.*

Married Women	2051	
Unmarried	1420	
Total	3471	
Twin cases	41	about 1 in 78

No. of children 3515, of whom were	Males	1772
	Females	1743
		3515

PRETERNATURAL PRESENTATIONS.

Arm	15,	about 1 in 234
Face	9,	„ 1 in 390
Face to pubis	39,	„ 1 in 90
Feet	35,	„ 1 in 100
Breech	75,	„ 1 in 46
Funis	8,	„ 1 in 440
Placenta	9,	„ 1 in 390
Total	190,	about 6 in 100

SEXES OF TWINS.

Male and Female	19
Females	12
Males	13
	44

NO. OF TWINS BY WOMEN.

Married	41
Unmarried	3
	41

Children born dead ...... 180, about 1 in 20

INSTRUMENTAL.

Forceps	24, 1 in 146
Crotchet	11, 1 in 320
Blunt Hook	1
	36

Dietary of the Devon Pauper County Lunatic Asylum:—

DINNER.

	Males.	Females.
Sunday, Tuesday, Wednesday, Friday	Meat, 5 oz. cooked without bone. Yeast dumpling. Beer, ½ pint. Vegetables.	Do.
Monday	Suet pudding, 16 oz., or Rice pudding, with treacle, 16 oz. Beer ¾ pint.	Do. Rice pudding 14oz.
Thursday, Saturday	Meat and potatoe pie. Crust, 12 oz. Meat, 1½ oz. Beer, ½ pint.	Do. 10 oz.

BREAKFAST.

Milk thickened with oatmeal, 1 pint.	Do. Bread, 5 oz. in lieu.

SUPPER.

As breakfast.	Do.

MEN AND WOMEN WORKERS.

LUNCH.	SUPPER. Males	SUPPER. Females.	
½ pint beer.	½ pint beer.	1½ oz. tea.	Weekly.
2 oz. bread.	6 oz. bread.	6 oz. sugar.	
½ oz. cheese.	2 oz. cheese.	6 oz. butter.	

Half pint of beer at 4 p.m; 5 oz. bread per diem.

Estimated weekly charge, 9s.; the Devizes, 8s. Answer returned—see 54th, clause 8 and 9 Vic., c. 126, Aug. 8, consequently if the visiting justices made the proper order in the cases, the guardians of unions have no discretion, and the different officers will be bound to obey.—*From a Correspondent.*

REVIEWS.

On Cataract, and its Appropriate Treatment by the Operation adapted for each Peculiar Case. By CHARLES GARDINER GUTHRIE, Assistant-surgeon to the Royal Westminster Ophthalmic Hospital. Churchill. 1815.

A Practical Treatise on the Diseases of the Eye. By WILLIAM JEAFFRESON, late Surgeon to the Bombay Eye Infirmary. Renshaw. 1814.

Our readers are already acquainted, in a great measure, with the contents of the first volume in our list—to those who have carefully perused the valuable lectures on cataract by the Messrs. Guthrie, which were published in the columns of this Journal during the past winter, not a word of commendation need be said on the merits of a practical work based upon those lectures. To the numerous subscribers, however, who have joined us since that period, it may be requisite to observe, that in this work will be found, combined, the results of the experience of the veteran oculist, and of his son, the one long since enjoying an European reputation as a surgeon and as an oculist, and the latter fast attaining an enviable pre-eminence in his profession. It cannot be doubted, therefore, that the work is one of great value, of which a careful perusal of its pages will at once convince the intelligent reader. To every man desirous of acquiring a thorough knowledge of the present state of medical science as regards cataract, we can safely and honestly recommend it. The author is an operator of exceeding skill, coolness, and dexterity, and will, doubtless, take a high position as a surgeon and surgeon-oculist.

Neither our space nor the length of time which has elapsed since the former notice of Mr. Jeaffreson's work appeared, will permit of our indulging in a lengthened review of it at present. We owe consequently both to our readers and the author, our best apologies for the unintentional neglect. The surgeon who would consult Mr. Jeaffreson's work for information, in the belief that it is a systematic treatise on the diseases of the eye, would find himself mistaken. It must be regarded as the record of personal experience only. While, therefore, it will not replace the more elaborate and complete works of Mackenzie, Tyrrell, Middlemore, Lawrence, &c., it will serve as an exceedingly useful adjuvant to their study, and the surgeon who is already acquainted with ophthalmic medicine, will derive both instruction and advantage from its perusal. The constitutional origin of many diseases of the eye is referred to, by Mr. Jeaffreson, in a manner, we should think, to carry conviction to the mind of the reflecting practitioner; if his doctrine in this respect were more attended to, the result would be advantageous alike to the surgeon and the patient.

GOSSIP.

THE MEDICAL TIMES.—We are glad to observe that the public spirit of its proprietary is properly appreciated by the profession, who have come forward with a subscription to defray the expenses of an action for libel lately decided against them at the suit of Mr. Wakley, M.P., Coroner, and Editor of the *Lancet*, who conceived his character affected to the extent of £2,000, but which the jury reduced to £150. As a valuable and impartial record of all that is going on in the medical profession, we recommend this periodical to its members.—*Sheffield Iris.*

APOTHECARIES' HALL. — Gentlemen admitted Licentiates on the 28th of August, 1845:—Richard Gillard, Alfred Stephens, William Withers Moore, Thomas George Wrench, William Waind, William Symington, George Dawson Nelson.

Dr. James Cowles Prichard, of Bristol, has received the appointment of "Medical Commissioner in Lunacy," in place of Dr. Henry Herbert Southey, resigned. The appointment was in the gift of the Lord Chancellor.

OBITUARY.—We regret to record the death of Dr. Robert Graham, Professor of Botany in the University of Edinburgh, which took place near Stirling on the 7th of August last, after a protracted illness.

EDINBURGH UNIVERSITY.—We learn from the *Northern Journal of Medicine*, that the following gentlemen have received the degree of M. D. in this university: *Of Scotland*—William Aitken, on the influence of vaccination on the prevalence and severity of small pox; James Anderson, on scrofula; Henry Arnot, on the physiology and special pathology of asphyxia; Alexander Laing Begle, on diseases of synovial membrane; James Braid, on diseased nutrition; George Brewster, on inguinal hernia; William Alex. Bryden, on intermittent fever; Alex. Forrester Calder, on typhus; George Fenton Cameron, on insanity; Mathew Combe, on the diagnosis and treatment of diseases of the knee joint; John Robert Dickson, on uterine hemorrhage in connection with pregnancy; John Dunlop, on the influence the mind exercises over disease; James Ellison, on bronchotomy; Thomas Fraser, on inflammation of bone, and certain pathological conditions which arise from various stages of the process; Wm. Tennant Gairdner, on death; James Donaldson Gillespie, on the reproduction of bone after necrosis; John Grant, on hemorrhage, accidental and unavoidable; James Adam Hunter, on aneurism; Lawrence Ramsay Hynd, on the influence of vaccination on the prevalence of small-pox; James Keith, on the inflammation of the cellular tissue of the pelvis; Andrew Legat, on hydrocele of the tunica vaginalis; John Mackay, on the principal forms of serous effusion, and their causes; David Mackintosh, sibbens identical with the exanthematic group of venereal diseases; James Innes Macintosh, on the effects and indications of blood-letting in inflammation in general; Daniel Maclachlan, on the croup; William Main, on tobacco; George Augustus Mein, on scarlatina; Brinsley Nicholson, on the coagulation of the blood; John Pirie, on tubercle; James Hunter Robertson, on the induction of premature labour; John Struthers, on the physiology and physiological anatomy of the muscles and nerves of the eyeballs, and on the theory of their derangement in strabismus; George Thomson, on the general doctrines of dropsy; Robert Wilson, on pulmonary tubercle.—*From Berwick-upon-Tweed:* David Fr. Sitwell Cahill, on diabetes mellitus.—*From England:* William Henry Addison, observations on some few subjects connected with midwifery; Charles David Arnott, on aneurism; James Heaton Bennett, on fever; Robert Addison Byers, on the saliva and gastric juice; Henry Crookenden, on the structure and diseases of bone; Richard Domenichetti, on functional diseases of the liver; Ray Charles Golding, on chronic diseases; George Haworth, on tobacco; John Hutchings Jerrard, on surgical hemorrhage; Alfred Sinclair Kingdon, on delirium tremens; James Logan, on the particular symptoms occurring in phthisis pulmonalis; Charles Martin, on digestion; Robert Thomas Marland, on nutrition; James Henry May, on delirium tremens; Samuel Nicholson, on delirium tremens; John Greenway Overton, on the diseases of the larynx and trachea; John Watson Pacey, on gunshot wounds; George Hutchinson Ray, on intermittent fever; Henry James Stokes, on dropsy; Thomas West, on intermittent fever; Thomas Wright, on voltaic electricity and electro-magnetism, and their application to the cure of disease.—*From Wales:* John Roberts, on the influence of temperature on the health of man; George Charles Stacpoole, on the correct method of examining patients and observing disease.—*From Ireland:* Alexander Tod Anderson, on inguinal hernia; John Barclay, on syphilis; Thomas Crawford, the history, causes, pathology, and treatment of paralysis; Richard Dill, on dyspepsia; Gerald Fitzgerald, on the nervous system; John Hutchinson Garner, observations on birds; George Johnston, on hypertrophy of the heart; George Hugo Kidd, on vaccination, its protective power, and the proofs of the necessity of re-vaccination; Robert Wallace, on the symptoms, pathology, and treatment of rheumatism.—*From the Isle of Man:* John Robert Oliver, on chlorosis.—*From Berlin:* Fred. Geo. Wm. Müller, on the signs of pregnancy—*From Canada:* James Stephen Hackett, on asphyxia; Hector Peltier, des retrecissements de l'urethre—*From Nova Scotia:* James Allen, on the principal deformity of the pelvis in relation to parturition; Daniel M'Neill Parker, on the mechanism and management of parturition.—*From Barbadoes:* George Frederick Bone, on yellow fever; William Alleyne Nicholson, on the particular forms of death, more particularly the anatomical signs of syncope.—*From Bermuda:* Samuel Reeve Tucker, on the cure of aneurism.—*From Prussia:* Solomon Edward Casperson, de galvanismo in paralysi adhibendo.—*From the East Indies:* Edward Barons Bowman, on gangræna senilis; William Judson Van Someren, on the causes of difference in the facility of parturition in the different races of man. The annual prizes of the Medical Faculty, being gold medals of equal value, given to the authors of the best thesis among the graduates of each year, were conferred upon—Drs. William Tennant Gairdner, of Edinburgh; George Hugh Kidd, of Newry, Ireland; David Mackintosh, of Inverness-shire; Brinsley Nicholson, of Inverness-shire; Dr. William J. Van Someren has obtained the gold medal in the class of medical jurisprudence.

Reports have reached us from various quarters that the potatoe crops throughout the country have failed, the potatoe having rotted very extensively even while in the ground. The cause of the destruction of this valuable esculent is said to be the encroachment of a worm, not at present well-known to naturalists. Meetings have taken place in various parts of the country, more especially in Surrey, to take this matter into consideration, at which it has been plainly stated by some of the medical men who have attended them, that the potatoes, in consequence of the injury they sustained, have been rendered injurious to health.

FISSURE OF THE NIPPLE.—In the Obstetric Hospital at Padua, fissures of the nipple occurring in nurses are treated in the following manner:—Suckling is suspended; the nipple is covered by compresses, frequently dipped in a mixture, consisting of a few drops of tincture of arnica montana in distilled water, and small doses of sulphur are administered internally. The cure is rapid, and in a short time suckling may be recommenced.—*Annal. De Therapeut.*

MORTALITY TABLE,

For the week ending August 30, 1845.

Causes of Death.	Total.	Average of 5 summers	5 years.
ALL CAUSES . . .	835	904	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	188	198	181
SPORADIC DISEASES—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	71	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	165	158	159
Diseases of the Lungs, and of the other Organs of Respiration	180	229	292
Diseases of the Heart and Blood-vessels . . .	31	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	92	88	71
Diseases of the Kidneys, &c.	7	6	6
Childbirth, Diseases of the Uterus, &c.	12	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	4	6	6
Diseases of the Skin, Cellular Tissues, &c.	3	1	1
Old Age	44	55	70
Violence, Privation, Cold, and Intemperance . .	38	25	26

No. 312. SUMMARY. Sept. 13.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Eleve des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

CASE.—*Discharge from the Rectum; Redness of the Anus previous to the Age of Seven; various Modes of Treatment without success; Antivenereals; Recovery.*

Henry L——, seven years of age, had from his infancy a redness of the anus, as well as an ichorous discharge, which assumed an intermittent type. By an attentive examination, the presence of intestinal worms in the fecal matter could not be detected, nor was there fissure of the anus. The weak and delicate constitution of the child did not improve under the use of anthelmintics, antiscrofulous remedies, or sulphurous baths, &c., which were prescribed for him by the different physicians under whose care he was placed. The father had led a dissipated life when a young man, and a short time before marriage he was obliged to undergo a specific treatment for exostosis, which was attended with osteocopic pain; the mother never had any trace of a venereal affection. It was supposed that the child was labouring under a congenital affection, and sublimate baths were prescribed, which proved so successful that an antivenereal treatment was commenced internally, and this obstinate affection soon gave way under its influence. The child is now twelve years of age; he is tall and vigorous, and never feels uneasiness in the region of the rectum; his constitution, which was so impaired, is now fully restored, and his sight, which was formerly very weak, is now excellent.

We must admit that this affection was syphilitic, as it yielded so quickly and completely to the antivenereal remedies, and had resisted for seven years every other mode of treatment. It had not been communicated by the mother, as she never had the slightest appearance of the disease; consequently, it was only from the father that the seeds of this congenital syphilis had been transmitted to the child with the first elements of life, which goes far to prove that fecundation does not consist solely in a vital excitation of the ovum.

CASE.—*Cutaneous Eruption; Profuse Leucorrhœa at Puberty; Antivenereals; Recovery.*

A young girl, sixteen years of age, had, before the period of puberty, ephelidæ, which extended all over the skin; her sister, who was some few years older, had, when, of the same age, sore throat, as well as a profuse leucorrhœa. The father, in his younger days, had led a dissipated life, and had contracted several venereal affections, of which there were now no traces left: the mother never had been infected. An antivenereal treatment was given to the two sisters, and all these symptoms quickly disappeared, which proved that the opinion given in this case was correct.

Syphilis, when observed among children, may then be communicated in different ways; for instance, the mother may be infected towards the end of her pregnancy, and the child will only contract the infection during accouchement: in these cases, the symptoms show themselves particularly in the parts in contact with the diseased surfaces of the mother, and then they appear shortly after the accouchement. These cases are too numerous to deserve any notice being taken of them here.

If the mother has been contaminated, either before her pregnancy or at its commencement, she may not present the local symptoms at the period of her accouchement, and, notwithstanding, may give birth to a diseased child. There is not then a transmission of the syphilitic virus by direct contact in this case; it is given to the fœtus by the materials of nutrition, which are carried from the mother: the affection is then constitutional from the commencement, and shows itself at some period more or less remote. The mother may have been treated more or less regularly, and the local symptoms may disappear, notwithstanding which, the child may, at a later period, show the characters of a constitutional affection. But it is not the same in these cases as in the direct infection from the parts in contact with the genital organs of the mother, where the traces of the disease are to be found; but in parts not in contact with the vagina, these ulcerations are more frequently found, such as on a mucous membrane, or on some portion of the skin continuous with it, at the margin of the anus, the scrotum, the lips, or under the axilla, &c. Although the mother may be protected from consecutive symptoms, and be radically cured, the treatment may have been begun too late to protect the fœtus; and at some period, sooner or later, we see constitutional symptoms come on in the child. Sometimes it happens that consecutive venereal affections come on in children, without any syphilitic symptom showing itself on the side of the mother; the father must then be considered as having transmitted the infection *directly*, without affecting the mother. These consecutive symptoms are generally very superficial, and not attended with danger; they consist in slight cutaneous affections, sore throat, and sanguineous injection of the eyes, &c. They, however, require an antivenereal treatment. This last point, also, proves that the seminal fluid acts in a material manner in the act of fecundation, and does not only produce a simple excitation in the ovum, like that of the electric fluid, but that the semen contributes an important part in the composition of the fœtus, since it can procreate children who, in later years, will be infected, without the mother ever having been diseased.

SECONDARY FORMS OF VENEREAL AFFECTIONS.

CASE.—*Chancre under the Prepuce; Carelessness of the Patient; Pustules on the whole Surface of the Body; Divers Modes of Protracted Treatment; Recovery.*

Michael Peyre, a soldier in the 3rd regiment, came to the hospital on the 4th of March, 1845, having a chancre under the prepuce. The skin was indurated about the ulcer, and of a scirrhous appearance; the sebaceous matter which is secreted round the glans had accumulated in this space, and the sanious secretion which came from the ulcer remained also in contact with the glans. Excision of the prepuce was deemed necessary, but the patient would not consent to the operation, as he said he could henceforth keep the parts cleaner. The pills of Sedillot were given, and when he had taken about fifty of them, the chancre (to which also mercurial ointment was applied) cicatrised. The treatment was, however, continued until he had taken one hundred and forty pills. About this time some large pustules came out on all the body, even on the face; the pain was excessive; the skin was of a yellow icteric tint, and he grew daily more emaciated: it was then considered necessary to change the treatment. The iodide of potassium was given instead of the pills of Sedillot. At the expiration of one month, some preparations of gold were tried (the hydrochlorate of gold in solution, and oxide of gold rubbed on the tongue). Emaciation continued notwithstanding the employment of these measures, with a cadaveric appearance, and extreme weakness: the profuse suppuration, and the fetid odour which was given from the pustular crusts, all induced the fear of his speedy dissolution; he was then moved from the venereal ward into a ward for the wounded. When his bed was changed, a great number of pills were found concealed in the palliasse: this discovery soon explained the obstinacy of his disease and its severity. But the unfortunate being could not be left to his miserable fate. The iodurets and the preparations of gold produced no improvement; the pustular crusts extended, and became much thicker; blood was continually oozing from them, and it was then considered necessary to have recourse to mercury. The alimentary canal being so weakened, it could not be given internally, but baths containing the mineral were used, and with some prospect of success, as the disease was of a cutaneous nature. The sublimate was preferred, and the quantity was gradually increased from four to sixteen gram. in each bath. These were alternately changed for bran baths, to allay the general irritability, and at the same time the patient was allowed a mild but invigorating diet. Under the influence of these means, the face soon became smooth, the ulcers healthier, and the numerous wounds on the legs and thighs put on an appearance of cicatrisation. He took altogether about one hundred baths, and occasionally the preparations of gold. About the month of November, 1845, the iodide of potassium was again used, but the patient becoming tired of so many ineffectual attempts for his recovery, all medicaments were discontinued, and the wounds were merely dressed with mercurial ointment; from the month of January, 1844 to the month of June in the same year, simple cerate was only used. Gradually the face looked better, also the immense ulcers on the legs, trochanters, on the lumbar region, &c., and six months after, having left off all treatment, these ulcers were completely cicatrised, and Peyre was sent to the sea-side to insure his recovery.

The indocility of this patient must be considered as the cause of the frightful secondary symptoms which showed themselves in the case. To avoid such mistakes, from that period, I resolved to substitute the liquor of Van-Swieten in similar venereal cases for the mercurial pills. Although this mercurial has its inconvenience, it possesses one great advantage, which is of paramount importance in

hospital practice, namely, that the patient can take the medicine in the presence of the nurse.

Cases of this kind, unfortunately, are not uncommon, particularly in hospitals, in consequence of the prejudice which is now so popular, that "mercury" remains in the tissues, and produces the most deleterious effects, from which the economy can never recover: it is for this reason, that when the primary symptoms have disappeared, the patient becomes impatient, and refuses to take further medicines, or conceals them in his bed, as in the case just related. The history of this case was the means of discovering in the venereal wards many persons who acted in a similar manner. The nurses affirmed, however, that they had taken their pills, but they contrived to elude all vigilance by concealing them in some part of the mouth, and merely swallowed the tisane, and afterwards threw away the pills. To avoid repetitions of this kind, the most minute surveillance was put in force. We can easily understand how irregular the statistic researches must be in this method of treatment, and how guarded we should be in drawing conclusions from the reports of cases where frequent relapses take place, although a mercurial course had been apparently most strictly attended to. This fraud is also supported by certain new theories, which are placarded on all the walls, and which tends to give an invincible repugnance to the use of mercury. The many cases of relapse, which are the consequence of these erroneous ideas, become more frequent, and appear to favour their theories; but it is a fatal error to those who are victims to such a formidable disease; and its numbers must increase, if we do not minutely consider the primary cause of the relapse, that is to say, we should ascertain the nature of the specific treatment. Patients are not, however, always to blame, for sometimes the treatment is too soon discontinued, even by the surgeon's orders; but when carefully administered, "mercury" does not expose the patient to greater danger than other therapeutic substances which are daily prescribed.

CASE.—*Constitutional Syphilis reappearing after several incomplete Methods of Treatment; Death.*

A military infirmier, forty years of age, came to the hospital of Saint Eloi, in the month of April, 1844. Six years previously, he had contracted a discharge which he treated for forty days with Chossart's mixture, but without success. At the end of six months, his blenorrhagia still continuing, he had connection with a diseased person, and immediately afterwards two buboes appeared, which were merely opened, and afterwards covered with emollient poultices, and they soon healed. Two years afterwards, a squamous eruption came in the lumbar regions, the head, and right leg, also a large chancre on the prepuce, which continued for eleven months.

The patient was of an ardent temperament, and gave way to his desires, the result of which was fresh buboes that suppurated. Applications of Goulard water and aromatic wine were used, but with no success; however, cicatrisation took place a year and a half afterwards, by repeated cauterisations with the nitrate of silver. At this period he took mercurial pills, which he threw away, as well as the sudorifics that were offered to him. When he came to St. Eloi, two large ulcerations—the first came on eighteen months before—had made great ravages on the external ileo-femoral region. He was alternately attended by me and M. Serres, and for four months he took the solution of hydrochlorate of gold, sublimate, and aromatic baths; but the treatment could not be persevered in, and the wounds were simply dressed with mercurial ointment. Exhausted by a profuse suppuration, this unfortunate being died in the extreme of marasmus eight months after his coming to the hospital. It may be supposed that venereal affections are not so fatal, however, as we have just seen; when they are neglected or badly treated, they produce as fatal an effect as they did formerly.

CASE.—*Venereal Affections; Leproid Alteration of the Skin, particularly of the Face.*

Aurich, a weaver, from Mahon, forty-two years of age, had frequent attacks of blenorrhagia and syphilis, which he had neglected. He came to the hospital of St. Eloi on the 5th July, 1845. His face, legs, and hands, were frightfully disfigured by an enlargement of an "elephantiac" appearance, which continued for five years; his feet and legs were of an extraordinary size and stiffness; the skin was studded with indurated tubercles, and was of a dull brown colour, and covered with innumerable scales. On the hands and feet, particularly in the articular joints, osseous nodosities were seen, which looked like exostoses. The disease was most intense on the face, around the nose, above the eyebrows, and the lobes of the ears had acquired an enormous size; his voice was very hoarse. The prepuce was found to be hypertrophied, hardened, and there were traces of cicatrised chancres on the glans penis. (Circumcision, venesection, pills of Sedillot, sudorifics.) When he had taken about two hundred and fifty pills, he appeared to be much better. It was then I thought of trying the preparations of gold (30 centigrammes of hydrochlorate of gold in solution, 20 centigrammes of the oxide of gold, to be used in frictions on the tongue). In six months' time Aurich left the hospital, if not cured, at least in a much more satisfactory state; his legs and feet had become much thinner; motion was more easy; the engorgement of the hands and feet had disappeared, and the movements of these parts had become more natural; his face assumed a more regular appearance, and lost its hideous aspect. The manner in which the resolution of these tubercles were effected was very remarkable. We sometimes saw a small ulceration, which came on the top of a tubercle; this became covered with a scab, which, at the end of some days, was replaced by a small retractile cicatrix; the small tumour was thus depressed, and the neighbouring skin was drawn towards the cicatrix.

Some authors have maintained that syphilis was the result of lepra, and it is remarkable that, at its first appearance, the venereal disease violently affected the cutaneous surface; but in consequence of the greater care that was given to public hygiene, and the establishment of numerous hospitals for lepers, it prevented this disease from extending its fearful ravages. In this case we observe a consecutive syphilitic affection, which assumed the most hideous leproid aspect, and which rapidly became ameliorated under the employment of antivenereals, notwithstanding its frightful severity.

CASE.—*Extreme Disorganisation of the Face and Scalp; Antivenereals; Recovery.*

X., a drummer, fifty-two years of age, of good constitution, and of a sanguineous temperament, came to the hospital about the beginning of December, 1843. The skin covering the face, and particularly that of the forehead, the ears, and a part of the scalp, was red, tubercular, and had all the appearances of the large "lupus," whigh affects these parts. These disorders had now lasted for six months; the pharyngeal mucous membrane was also engorged, and presented a remarkable injection; the voice was very hoarse. The patient had had many chancres and numerous blenorrhagias. Venesection of 500 grammes, which was to be repeated three times in the space of eight or twelve days; pills of Sedillot, afterwards the liquor of Van Swieten twice in the day. Under the influence of these measures the hoarseness gradually disappeared, the skin became less red, desquamation sot in, and the parts assumed their natural aspect, and in the beginning of February, 1844, the patient left the hospital cured.

This case offers a great analogy to the preceding one, only that the affection was not of so long-standing, and did not occupy the whole surface of the body. It however yielded completely to the use of mercurials.

CASE.—*Chronic Blenorrhagia: Ulceration about the Nail of the Great Toe; Antivenereals; Recovery.*

V., a fisherman, felt pain for a long time around the nail of the left great toe, which had become hard, swollen, and of a violet colour; a profuse suppuration soon came on in this part, and the patient came to the hospital of Saint Eloi on the 12th January, 1844. Repeated cauterisations with the nitrate of mercury were applied around the nail, also to the part from whence this profuse suppuration came, and to the unhealthy granulations. No improvement had as yet taken place, and on the 24th of January the patient told me for the first time of a blenorrhagia which had preceded the disease of the great toe. (Blood to be taken from the arm, leeches to the perineum, infusion of linseed). The pain produced in voiding urine ceased, the antiphlogistic and emollient treatment was continued, and the cauterisation to the nail.

Feb. 14.—No favourable change having taken place either in the urethra or nail, the pills of Sedillot were ordered for him.

March 4.—The toe is cured, and the blenorrhagia has disappeared. Thus we see that the ulceration about the nail and the blenorrhagia depended on a venereal cause. The first affection is so frequent, that it is not necessary to detail other examples of it, and we have spoken elsewhere of syphilitic blenorrhagia. The ulceration which comes around the nail is frequently owing to a scrofulous diathesis, and it is accompanied with swelling of the extremity of the toe. In these cases, the most efficacious treatment is to cauterise the part with acid nitrate of mercury, or with the actual cautery. But when the primary cause of these disorders is owing to a syphilitic taint (which it is often difficult to distinguish from a mere inspection of the part), cauterisation produces no favourable result. However, we should not lose sight of other constitutional symptoms to help us in elucidating the diagnosis, such as pustules, exostoses, &c.; or, as in the case just cited, the coincidence of a rebellious blenorhagia. The difficulty of the diagnosis is increased if the patient presents all the attributes of a scrofulous temperament without having any symptoms of constitutional syphilis; then the want of success in our remedies, the commemorative history, &c., can alone guide the choice of treatment.

CASE.—*Ulceration of a Scrofulous Appearance in the Wrist Joint; Pustules on the Skin; Coppery Spots; Antivenereals; Recovery.*

The subject in this case had scrofulous ulcers of a doubtful aspect, which surrounded the articulation of the wrist; the parts were swollen, and motion impossible. The patient was of a lymphatic temperament. Several small pustules, and spots of a copperish colour, which were spread all over the body, induced me to look on the affection as caused by a venereal taint. The patient was put under the influence of mercury; he afterwards took the preparations of gold, attention being paid to the scrofulous disposition of his constitution. He left the hospital perfectly cured.

CASE.—*Scrofulous Constitution; Ulcer on the Left Arm; Nightly Osteocopic Pain; Antivenereals; Recovery.*

In the month of November, 1843, a young man came into the hospital to be treated for a swelling of the left arm, which was accompanied by nocturnal pain. He was of a decidedly scrofulous constitution. The diseased part was double its natural size, and a profuse suppuration flowed by a fistulous opening from about the attachment of the deltoid muscle. An antiscrofulous treatment had been already tried, without producing any beneficial result. From the history which the patient gave me of his having contracted chancres two years before, and of their disappearance by the use of mercurial ointment, I viewed the case as syphilitic, and prescribed the pills of Sedillot and sudorifics, to which were added afterwards some baths of the deuto-chloruret of mercury, and the preparations of gold. The extremity soon acquired its natural size, its functions were restored, and at the same time the pains disappeared.

POISONING BY ARSENIC.—Mr. Allison narrates, in the *Provincial Medical Journal*, a case of poisoning by arsenic, in which the recovery of the patient is attributable to free vomiting, and the use of the hydrated tritoxide of iron.

PLACENTA PRÆVIA.—Dr. Walker attended a case placenta prævia, complicated with great hemorrhage, in treating which he had recourse to the plan recommended by Dr. Radford and Dr. Simpson, and completely detached the placenta, which was immediately expelled into the vagina. The hemorrhage ceased at once, and did not return. The woman was afterwards delivered, by the operation of version, of a dead child. The mother recovered.

THE STRUCTURE AND FUNCTIONS OF THE BRAIN, WITH NEW VIEWS ON THE NATURE, CAUSES, AND TREATMENT OF MENTAL DISEASES.

By M. PINEL, M.D., Member of the Academy of Medicine, formerly Physician to the Bicêtre and Salpetrière Asylums; Author of the "Traité Medico-Philosophique sur l'Aliénation Mentale," "Medicine Clinique," "Nosographie Philosophique," &c. &c. Translated, with Notes, illustrative of some important doctrines in Physiology, Phrenology, and Moral Education,

By Dr. COSTELLO, Principal of Wyke House Asylum, Editor of the Cyclopedia of Practical Surgery, &c.

LESIONS OF THE INTELLECT IN THE STATE OF MORE OR LESS COMPLETE ABOLITION—IDIOCY, IMBECILITY.

There are, in the Saltpêtrière and Bicêtre, sections exclusively set apart for the imbecile and the idiotic. Having had the opportunity of observing them for many years, it struck me that something better might be worked out of these imperfect fragments of intellect than the statue of Condillac, and that we might realise by living facts what that illustrious thinker had only imagined in theory. The elementary nature of this work precludes me from entering on the physiological developments of which such a subject is capable; but I am nevertheless of opinion, that by carefully analysing the symptoms of idiocy, we may admit three distinct varieties of it, which are, brutishness, stupidity, and foolishness, each characterised by peculiar symptoms. As regards imbecility, it differs from idiocy, in the latter being congenital, while the former is the effect in persons whose intellect had been developed, of an intellectual degradation that has supervened gradually.

Brutishness.—I range in the last stage of intellectual debasement those beings more than idiotic, who are reduced to the condition of mere animated machines; all the senses are dead, not even excepting that of the physical wants, hunger and thirst; they would die for want of food, if food were not supplied them; they remain in the same spot and the same position in which they are placed; their existence is limited to digesting and breathing; intellect, instinct, propensity, all is dead within them. There was a little girl, of eleven years old, in the Salpêtrière, deaf, dumb, and blind; she was taken all but dead from her mother's side, who had expired several days before; she presented the true type of brutishness; she had less instinct than an oyster, for an oyster provides itself with food. We regard this condition of brutishness, *amentia*, as the last degree of idiocy.

Stupidity.—In a somewhat more elevated class we find those idiots who present some fragments of intellect; they at least are conscious of their wants, uttering cries when hungry, and going in quest of food; they often keep up an incessant motion, passing days, nay, sometimes years, in swaying their bodies automatically; grouped together almost continually, it would seem as if they felt the necessity of keeping each other company; and frequently, too, this clinging to each other seems to have no other object than to facilitate their propensity to masturbation. Some traces, too, of perception may be observed in them, but memory, attention, language, will, and conscience, are totally wanting: these are the stupid idiots. We find in them some imperfect traces of that conservative instinct which impels all living creatures, first to nourish themselves and then to reproduce their species; no sooner do we discover any obscure traces of perception in them, than we find an instinct brutishly to direct both these functions. This is stupidity, the second degree of idiocy.

Foolishness.—In a third degree may be classed those idiots who are capable of some education, intelligence, and propensities. They know the persons and objects by whom they are surrounded; they understand what relates to their wants; they go for and fetch what is pointed out to them, and make use of it; they are capable of being employed in cleaning, gardening, &c.; they can pronounce some words, or even portions of sentences. They often exhibit some of the bad propensities strongly developed; some show great adroitness in stealing from patients far above them in the scale of intellect; others give way to furious fits of passion; some show sense enough to conceal themselves when they do wrong, and some are capable of attachment and affection. There is a little idiotic girl in the hospital, who makes herself understood by gestures, cries, and ill-articulated words, and who has formed such a friendship for one of the female attendants, that she will not quit her for an instant. Some of them, too, are capable of education, an example of which I may mention out of a thousand with which I am familiar. A young girl, affected from her birth with hydrocephalus, and retaining an enormous enlargement of the cranium, was brought to the Salpetrière at the age of sixteen, in a state of complete brutishness, with a stupid look, dull eyes, and the limbs no larger than those of a child of six years. She was as incapable of understanding as of acting. After some months of care and perseverance, an attendant who had conceived a liking for her, succeeded in teaching her to hold the knitting needles, and subsequently to knit, and at last to articulate words and sentences. At the end of a year she could chat on various subjects, and at last acquired a certain degree of cunning playfulness. When asked how she was? her answer was "ver well." If she was ill? her answer was always "yes," and, putting her hand to her side, pretended to be in pain, in the hope of getting a little syrup, and in this she was often successful. Ideas, then, were combined in this imperfect head, a circumstance the more remarkable as, at the time of her admission, she was a mere brute machine, apparently destitute of any sensation. In her knitting she never could learn where to stop; her hands were a mere frame-knitter. For numbers her incapacity was the same; she could not count from one to two, nor distinguish them from each other.

In this class of idiots, perception, memory, and judgment exist, but in very feeble degrees; attention is almost impossible, the articulation of sounds is very difficult, and they have no consciousness of their state; the propensities, too, are exhibited the more openly, from the absence of intellect to control or correct them. I regard the possibility of speaking as the distinctive trait of this class, and as placing a great distance between it and the two preceding ones. Some birds also have this faculty, those especially in which the cerebral lobes are most developed; they can pronounce words, phrases, and even sing entire airs. The parrot speaks only by imitation; but by dint of repeating the name of a person, he at last utters the name when he sees the person, and then the parrot gives proof of perception, memory, judgment, and the expression of all these operations by the articulate word: it is also by imitation that the infant first learns.

Quadrupeds have not the faculty of articulate sounds, but in them the whole superior region of the brain is also much depressed. The animals, such as the bear, in which the depression of the skull is almost horizontal, can scarcely utter cries. The carib uses but a few short words, and the same is true of savages, who can never have a wider range of words than that of their wants; it would be vain to attempt to form from them a people with institutions; before this could be done, we should begin by crossing their race with individuals of a superior class. Among men of information, the talent of language always denotes an organisation above the common. Eloquence is the power of a high organisation, and hence its rarity and its influence.

We leave the class of idiots, being stupid from birth, to turn to another in which the loss of intellect is the consequence of disease—the imbecile. Certain physical alterations already noticed, and of which we shall have to speak again, have been the cause of their intellectual deposition; they may have enjoyed their faculties in their plenitude, of which they retain but the vestiges; this is the distinctive characteristic of the class. They hear, see, and feel, but their intelligence is but momentary; the memory ceases with the impression that produced it; their attention, to be sustained even for a little, requires to be stimulated every moment; the judgment seems to be correct, but its performance is null or contrary. We may regard it as intellect, but blunted, inert, inactive, unconscious. They speak unwillingly, work little, live peaceably, may make themselves useful, have not such strongly developed vicious propensities as idiots; they may entertain feelings of friendship, jealousy, shame; they appreciate certain sensations, have memory, can judge of the common acts of life, work at rough labour that does not require any nice discernment; their whole language is reduced to a few formulæ, or expressions that scarcely have any further range than what concerns their daily wants.

In the idiotic and imbecile, the intellectual organ is not only malformed, but this state of imperfection extends usually over the entire economy; they are diminutive, badly developed, and die young; others are ricketty, scrofulous, paralytic or epileptic. In such beings the lesions of the brain must therefore be deep, and, as we shall see, of easy appreciation. They are almost all affected with an alteration of the brain, a kind of hardening of the white substance. We shall relate a few cases of this kind, before entering on its general history.

Case 1.—Beler, a girl, ætat. 18, an idiot from her birth, was admitted into the hospital in June, 1821; her left arm and leg were paralysed, the hand was useless, being strongly bent on the forearm, which could not be extended; she walked with difficulty, dragging the left leg. Her intellectual faculties were very limited; she could only comprehend questions concerning her health, and it was only with difficulty she could pronounce *yes* or *no*, her only answers. She evinced no propensity; she was usually calm and quiet, but required constant care in regard to her natural wants. She had epileptic fits at intervals of about twenty-five days, succeeding each other, with short intermission, for thirty or forty hours. On 4th December, 1821, these fits returned, and were almost continual, succeeding each other for the space of four days with inconceivable rapidity; in the midst of the convulsions, the limbs of the right side were moved with violent shocks and contortions from within outwards. Those of the left side, which had been paralysed for a long time, exhibited strong shocks also; the general sensibility was annihilated. Face flushed, eyes squinting, evacuations involuntary, pulse frequent and irregular, breathing unequal and hurried. The patient died on the 4th day without any remission of the symptoms.

Autopsy.—Marasm; remarkable wasting of the paralytic limbs; skull thick, eburnated, hard to break; meninges white and healthy; the right lobe of the brain much smaller than the left, the convolutions of which are atrophied, squeezed together, and very small, especially in the frontal and occipital regions, while they are large and deep in the superior. The cortical substance seems more abundant, and its layers thicker than usual; the lateral ventricle very small and dry. The substance of the brain throughout the right lobe, that is, beneath the ventricle, is remarkably hard, and tears with difficulty in the fingers into long bands converging towards the corpus striatum.

The texture of the left lobe is healthy, and presents a striking contrast to the organic alteration of the right one; there is a strong injection in the spinal arachnoid. The substance of the spinal marrow, which is of the natural consistence in the cervical region, is softened and diffluent opposite to the eighth and ninth vertebræ; this softened portion is separated above and below from the healthy parts by a reddish line; the rest is sound. Nothing remarkable in the viscera. The sciatic nerve of the left limb, which had been paralysed and contracted a long time, and which I had expected to find atrophied, was redder and larger than that of the right thigh, in which motion was performed till the time of her death.

If we apply pathological analysis to this case, we shall see the necessity of distinguishing, amongst the different lesions found in the dead body, those which are to be considered as the cause of the long-standing paralysis and idiocy from the recent alteration of the spinal marrow, the accidental cause of death.

1. The induration and atrophy of an entire cerebral lobe can scarcely be imagined as giving rise to consequences less serious than the loss of movement in one side of the body, the almost complete annihilation of the intellectual faculties, and the epilepsy in all probability. This alteration, which is a frequent one in idiots, but of which it is often difficult to perceive all the various shades, shews itself usually less by the paralysis of the limbs than by the distortions it produces in the

feet and hands. In regard to the augmentation observed in the size of the sciatic nerve of the paralysed limb, Reimarus appears to have remarked this condition in certain alterations of the nerves.

2. The partial softening of the spinal marrow is a much more rare disease. This is only the third instance in which I have met with it. M. Magendie published the two first in his journal (January, 1821). In the present case, the symptoms present a complication not observed in the former, viz., the convulsive shocks in the limbs; while in the former cases they were confined to the trunk only, and did not extend to the arms or legs. This symptom is chiefly referable to the induration of the brain, of which convulsions so often usher in the fatal termination. I persist in regarding the convulsive shocks that affect the trunk solely, as one of the characteristic symptoms of inflammation of the spinal marrow. It must also be borne in mind that this patient was epileptic, and that the profound lesion of the brain was, in all probability, not disconnected with the origin of the nervous affection; and let us bear in mind, also, that epilepsy affects fatally both the sensibility and muscular motion, that the spinal marrow is the principal organ of the movements, that the principle of sensibility resides in a portion of this organ, and that the spinal marrow, before it became so rapidly inflamed, must have been for a long time the seat of a chronic inflammation, on which the epilepsy may have in a great degree depended.

Case 12.—A woman, named Borna, ætat. 52, had experienced within the last three years several attacks of paralysis, which had reduced her to a state of complete demency. During the year she had been in the Salpêtrière her symptoms were, a flushed face, natural corpulency, difficulty in walking, standing, or talking; the intellectual faculties almost gone, she could scarcely think of asking even for food; she was quiet, and her appetite voracious. On the 21st of January, 1821, she had a fresh attack of paralysis, taking away all power of speech and motion; paralysis of the right arm, and contraction of the right leg; her answers were tears and cries.

March 7.—Face flushed; eyes brilliant; the right side without motion; sensibility also very obscure, as no sign of pain is produced by pinching or deep pricking; but any attempt to move the right arm or leg excites her to utter piercing and painful cries; pulse frequent and irregular; breathing nearly natural; evacuations involuntary.

10.—Countenance ghastly; eyes fixed, and turned upwards; there are some slight convulsions of the right limbs; the insensibility seems general. Death during the night.

Autopsy.—Cranium thin and very fragile; cerebral convolutions large and deep. On attentively examining the right lobe, cutting it in thin slices, three small cavities were discovered just over the ventricle, the largest situated anteriorly, and only a line and a half in diameter, contained a reddish fluid, and was lined with a citron-coloured resisting membrane. The rest of the substance of this lobe was remarkably firm—almost indurated. In the corresponding point of the left lobe two similar small cavities were observed. In the upper middle portion of the left ventricle there was a considerable induration of the medullary substance, resembling white of egg, boiled hard; very resisting, and containing a cavity four lines in diameter and depth, and filled with serum, lined with a similar yellow membrane, and divided by membranous bands in every direction. The indurated portion was as large as a walnut. Beneath the ventricle there was a similar cavity. The indurated portion was continuous with the rest of the cerebral pulp, which was throughout hardened in the same manner as the right lobe.

The cerebellum shrunk and wrinkled presented a fibro-cartilaginous induration throughout its posterior edge, resembling whitish hide. I shall speak of this alteration hereafter. There was a sanguineous affection of about the volume of a nut in the left lobe, containing blood, and a few granulations. The membrane lining this small cavity was of a reddish hue, and seemed organised (the patient had an attack of paralysis about forty days before). The spinal prolongation was bulky, and of remarkable hardness and consistence, especially in the interior, where the grey substance was abundant. The other viscera healthy.

Reflections.—This patient having only been in the Salpêtrière one year, it is scarcely possible to fix the precise period of the commencement of the disease. The details show that, up to her forty-ninth year, she had been lively and active; that during the three following years she had frequent attacks of paralysis, and that, at last, she lapsed into a state of tranquil demency. The small cavities found in the two lobes, and which were the only vestiges of sanguineous effusions, account readily for the frequent occurrence of the paralytic symptoms; but the general induration of the encephalon, the partial indurations of the brain, and the alteration of the cerebellum particularly, cannot with certainty be attributed to any known cause. Let us for a moment consider each of these alterations separately.

1. Five out of the seven small cavities found in the white substance were lined with yellowish membrane, filled with serum, and divided by membranous bands. One only of them appeared to have no lining membrane, and another resembled a cylindrical hole, and contained nothing. There can be no doubt of the hemorrhagic origin of the first five, particularly when we notice the same smallness, commencement of organisation, and appearances in the small cavity of the left lobe of the cerebellum. But this was not the case with the remaining two, and I cannot say whether they are to be considered as the results of long-standing effusions entirely absorbed, or as another kind of alteration hitherto unknown.

2. The general induration of the encephalon, and the two partial indurations of the brain, are not more easily explained; but we may remark, in reference to this lesion, that the two circumscribed indurations of the brain correspond with a cavity formed by sanguineous effusions; that in all probability this softened and altered the surrounding parts, and that the blood having been removed by absorption, this process may have changed the state of the softened parts into one more compact and hard.

3. The induration of the cerebellum is the more remarkable from the fewness of the well-established instances of such alteration. The hardened edge, when separated from the sound cerebral pulp, and placed on live coals, was quickly converted into a substance like horn, while the sound matter from the same cerebellum dilated under the action of the fire, producing a nauseous smell. A portion of the diseased tissue, subjected to roasting on a hot iron, was changed into a brownish resisting mass of varnished appearance, while the healthy pulp was converted into a dark, light substance, resembling lampblack. This difference in results shows plainly a great difference of organisation, and assimilates the morbid substance with fibrous tissue. It is also important to remark the severe pain the patient complained of whenever her limbs were moved, contrasting with their profound insensibility to the action of the most powerful external irritants. This symptom almost always indicates that a deep organic alteration is going on slowly in the nervous centres; and hence have I observed it in several cases of cancer and induration of the brain.

Case 3.—Louise Dumont, ætat. 31; her life was almost automatic; has lived in a state bordering on stupidity since her infancy; she was incapable of either precaution or care; all her wants had to be attended to; she spent almost the whole day in a corner of the dormitory, rolled up, and on the ground, uttering only sounds without meaning, incapable of replying to or comprehending even the simplest question. The left arm and leg were paralysed. Circulation, respiration, and digestion were natural. She seemed wild, and concealed her visage on her breast when any one looked at her. She died during the night on the 7th of March, 1820, without exhibiting any symptom of organic disease.

Autopsy.—Countenance livid, head large in proportion to the rest of the body; vertebral column strongly deviated to the right. Cranium thick, eburnated; dura mater thin and transparent; arachnoid healthy. Right lobe of the brain much larger than the left, presents under the ventricle a well marked induration of the medullary substance, and confined to the space of the ventricle. Instead of yielding under the fingers, as in the healthy state, the altered brain can be torn in longitudinal fibres. The other lobe seems healthy. Cerebellum soft on its under surface; spinal marrow firm, bathed in the lumbar region by a little serum. Lungs healthy; walls of the left ventricle of the heart thickened to such an extent as almost to obliterate the cavity; it scarcely admitted the end of the little finger. This hypertrophy of the heart was general. The rest of the viscera healthy.

Reflections.—After the induration and the atrophy of the left lobe of the brain, the most remarkable alteration in the case was the great hypertrophy of the left ventricle of the heart. This disease often terminates during cold weather by sudden syncope, and the night of her death was cold. We might be surprised that so grave an alteration had given rise to no apparent symptom during life, did we not know that amongst the insane, and the idiotic more especially, the accidental maladies are almost always latent, and we may add that, amongst the idiotic affected with induration of the brain, there is superadded the physical impossibility of having the perception of pain.

Case 4.—Marie Grichois, an idiot from her birth, of robust constitution; the catamenia appeared for the first time at the age of 17. Having lost her parents, she was admitted into the Saltpetrière 1st Pluviose, anno v.; her age at the time was 27. Her appearance was squalid and disgusting, and she often gave way to fits of passion and impatience; if nothing were given her to do, she remained idle, but she readily performed the most fatiguing labour; she even seemed capable of some attachment. Intellect limited, memory null, answers slow, and seldom correct; she could comprehend only such questions as related to her wants. Although there was no appearance of paralysis in the arms, the lower limbs, particularly the right leg, seemed to drag. The digestion and circulation possessed remarkable energy. She had an attack of measles at the age of 47; on the second night of the eruption she got out of bed, and wandered almost naked through the dormitory. Next day the eruption changed from red to violet, and then to a blackish hue, and faded away altogether. On the fourth day she had all the symptoms of typhus; complete abolition of sensibility; breathing short and difficult; pulse small, frequent, irregular; cold, clammy sweat; general prostration; tongue and lips covered with black sordes; death during the night.

Autopsy.—Head and skull small in comparison with the rest of the body; anterior and lateral parts of the head much depressed; skull thick, its capillaries injected; cerebral sinuses gorged with blood; dura mater thickened in the parietal depressions, and strongly adherent to the skull. Down to the ventricles the brain presented no sensible alteration; but just beneath them, the rest of the brain, and the left lobe more particularly, presented a remarkable degree of density and hardness. This part appeared to be destitute of capillaries, while in the upper brain they were very numerous and highly injected. Cerebellum appeared healthy; spinal marrow presented the same hardness, particularly throughout the length of its posterior surface; thoracic viscera healthy; liver large; the intestinal canal, from the middle of the œsophagus downwards, was deeply inflamed; its mucous membrane red, bloody, dotted with brown circumscribed spots. The other viscera healthy.

Reflections.—In this, as in the preceding case, we find two distinct alterations; the one accidental, followed by a fatal termination; the other anterior, the cause of the idiocy and of the paralytic symptoms. Both deserve to be inquired into.

1. While labouring under an acute cutaneous eruption, the patient exposed herself to cold; next day the eruption disappeared, and metastasis suddenly took place to the mucous membrane of the intestines. We were prepared by the brown sordes on the lips and tongue, the cold clammy sweat, and the general prostration, to expect high inflammation of the membrane. This close sympathy between the skin and mucous membranes, the analogy of their structure and functions, must predispose them to the same disease; and hence Bretonneau has shown that the alimentary canal, like the skin, may become the seat of variolous eruptions, and that

most of the putrid and typhoid fevers are owing to similar affections.

2. The induration of the encephalon, in this case, possesses a peculiar character, particularly remarkable in the left lobe of the brain, and extending also to the posterior part of the spinal marrow. This last lesion must have deeply affected the movements and sensibility of the limbs; and, accordingly, we find in this woman, besides the evident paralysis of the right leg, a general sluggishness and inertness of the movements, and a complete insensibility of the skin covering the limbs.

REPORTS ON DISEASES OF FEMALES.

By EDWARD RIGBY, M.D.

Fellow of the Royal College of Physicians, Senior Physician to the General Lying-in Hospital, Lecturer on Midwifery at St. Bartholomew's Hospital, Examiner on Midwifery to the University of London, &c.

In illustrating with cases the observations which I lately made on prolapsus uteri, I must premise the confession that I have taken notes of very few; the displacement is so common, and its symptoms and treatment are generally so simple, that a description and history of every case would have soon become little more than an useless repetition.

S. P., ætat. 51; married; no children.

Sept. 9, 1836.—Complains of much pain and dragging about the loins and groin, increased by exertion in the upright posture, and becoming worse towards night; occasional difficulty in passing water, which is high coloured, and, when it does flow, the direction of the stream is more horizontally forwards than usual; no appetite; much gastric derangement; bowels confined; no leucorrhœa.

Ceased to menstruate three years ago; was formerly much subject to leucorrhœa.

Exam. per Vaginam.—Os externum very tender; uterus is large, and has descended quite to the perinæum; os uteri painful.

R. Pil. hydrarg., Extr. coloc. co. āā gr. v, o. n.

R. Magnes. sulph. ℥ss, Magnes. carb. gr. xv, o. m., ex aqua menth. pip.

R. Quinæ disulph. gr. ij, bis die.

R. Lotio plumbi.

16.—Better. Pergat.

23.—The symptoms of prolapsus have almost, if not entirely, disappeared, but she complains of much heat at the os externum, and has a bad taste (sour and bitter) in the mouth. Urine of a better colour than before, and flows more naturally.

Rep. pilulæ et lotio.

R. Acidi nitrici dil. m. xv, ex Infus. gentianæ co. ter die.

R. Pulv. jalapæ co. ℈j, o. m., sumat Sodæ sesquicarb. gr. x, o. nocte ex aqua cum pilulis.

30.—Improves; less heat of vagina. Pergat.

October 14.—Better in every respect. Pergat.

28.—Better. Pergat.

It is difficult to say how long this state of partial prolapsus had continued; but from the fact of her having been long subject to leucorrhœa, it is probable that the displacement was also of some standing.

As she had never had a child, the perinæum formed a sufficient support to prevent the uterus from descending lower. The catamenia also having ceased, and the mucous membrane of the vagina becoming much less freely supplied with blood than before, not only had the leucorrhœa disappeared, but the pressure of the os uteri upon the perinæum had begun to produce a good deal of irritation near the os externum; the more so as the uterus had swollen considerably from the obstructed state of its circulation. The altered direction of the stream of urine, from the urine having been dragged more or less downwards, is also worthy of notice.

The treatment was simple enough. The bowels were well cleared of their contents, so as to remove, as far as possible, all pressure from the uterus, and tonic medicines given. The only local application was Goulard's lotion, to allay the irritability of the vagina and os externum, and as her health improved the prolapsus gradually disappeared.

M. C., ætat. 30; married three years; had an abortion soon after marriage.

August 7, 1842.—Has a white creamy discharge, with dragging pain of back, and other symptoms of prolapsus. The os uteri is felt just within the os externum; but there is neither much local pain nor general derangement of health; bowels rather confined.

R. Pil. hydrarg., Extr. hyoscyam, āā gr. v, o. n.

R. Aquæ menthæ viridis, Aquæ distill. āā ℥vss, Acidi sulphurici dil. m. x, Syrupi rhœados ℥ss, Magnes. sulph. ℥i. M. ft. haust. o. m. s.

R. Acidi nitrici dil. m. xv, ex Infus. gentianæ co. ter die.

Lotio plumbi.

13.—General health much improved; prolapsus has diminished.

R. Pil. hydrarg., Extr. coloc. co. āā gr. v, alternis noctibus sumend.

R. Pulv. rhæi gr. x, Confect. aromat. ʒss, Aquæ cinnam. ℥iss. M. ft. haustus o. m. s.

R. Decoct. quercus c. alumin. Rep. haust. gentianæ.

20.—Much better; has had no symptom of prolapsus since last report. Rep. omnia.

It is always desirable to commence the treatment of prolapsus with a gentle purge; for, by unloading the bowels in the first instance, it is sometimes astonishing what progress we can make in the cure of the displacement by this simple means. Saline purgatives are usually the best to begin with, for they not only thoroughly clear the bowels, especially if preceded by a mercurial, but, by producing watery evacuations, they seem to relieve the congested state of the uterine vessels, and diminish the size and weight of the prolapsed organ itself. Having persisted in their use for a few days, it will then be desirable to adopt the purgatives which I prescribed on the 13th, and which, by promoting the peristaltic action of the intestines, would prevent accumulation and consequent distention, and counteract that disposition to abdominal swelling which usually exists in these cases.

In most cases it is better not to commence with an astringent injection. There is usually more or less irritation present, and we shall proceed much more safely by using the common lotio plumbi in the proportion of ʒij of the liquor plumbi diacet. to ℥viij of distilled water. In some cases of partial prolapsus this will be sufficient; if not, we can then have recourse to astringent injections.

A. W., ætat. 58; mother of six children.

April 23, 1835.—Complete prolapsus uteri of seven years' standing; bowels much confined.

R. Haustus sennæ o. m.

R. Decoct. quercus c. alumine.

Let her lie down, and push up the uterus into its natural position. Let her pass a cylindrical piece of sponge into the vagina, previously soaking it with the lotion, and then apply a broad T bandage to support it.

28.—Feels much better; the uterus not descended, except when she has exerted herself. Pergat.

May 26.—Is much improved in health; feels more comfortable, and is more active. Uterus came down only once last week. Pergat.

June 23.—Feels well; removed the sponge a few days ago, but was obliged to have recourse to it as the uterus began to descend. Pergat.

July 14.—Rep. mist. sennæ.

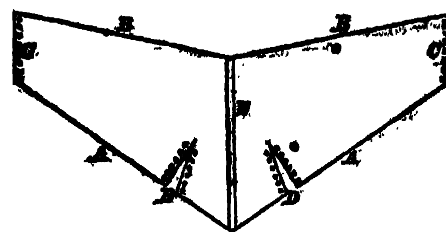
R. Decoct. quercus lb. j, Tinct. catechu ℥ss, Alumina ʒij, Zinci sulph. ʒi. M. ft. lotio.

Nov. 17.—Uterus has come down but two or three times since last report. Rep. lotio.

R. Pil. aloes, c. gr. v, o. n.

At the time this case was taken, I did not sufficiently appreciate the value of a bandage to support the abdomen, and thus prevent the weight of its contents from passing upon the uterus, and have no doubt that the disposition to relapse would have been greatly diminished in the present case if this simple means had been employed.

It is generally supposed that a properly adapted bandage, or belt, to support the abdomen in cases of prolapsus, or advanced pregnancy, is a comfort which is unattainable by a poor person on account of the expense; but so far from recommending any of the elaborate pieces of workmanship which are made for that purpose, I have generally found that, independently of their costliness, they were not only uncomfortable from their thickness and consequent warmth, but failed in the main object of supporting the abdomen. I have for many years been in the habit of recommending to my patients a belt which they can make themselves with the greatest ease, and the cost of which is so trifling as to be within the means of the poorest hospital patient. The annexed diagram gives a representation of it; the material is either linen or calico, and therefore may be worn at all seasons without inconvenience.



AA. The lower edge sloped so as to fit closely into the hollow of each groin.

BB. The upper edge.

CC. The ends of the belt furnished with eyelet holes for the purpose of lacing behind.

DD. Wedge shape portions cut out for the purpose of contracting the lower margin, and thus making it sit closer into the hollow of the groin.

E. A thin strip of whalebone running down the centre, so as to keep it quite smooth, and prevent the lower edge from sucking.

A. H., ætat. 50; mother of eleven children.

April 28, 1835.—Complete prolapsus uteri of a year's duration; much leucorrhœa.

R. Liq. plumbi diacet., Tinct. opii. āā ʒij, Aquæ distillatæ Oj. M. ft. lotio. Haust. sennæ o. m.

May 12.—Uterus has only come down once since last report, but there is much leucorrhœa and a slight discharge of blood.

R. Pil. hydrarg., Extr. gentianæ āā gr. v, o. n.

Rep. Haust. sennæ.

R. Decoct. quercus c. alumine.

19.—Uterus has not come down once since last report; the leucorrhœa continues, but there has been no blood. Has had a good deal of heaviness and pain of head, and was very feverish two days ago, since which a leprous eruption, which itches and burns exceedingly, has come out; it is most upon the right arm; mouth slightly sore; gums swollen. Omitt. Pil. and decoct. quercus c. alumine.

R. Magnes. sulph. ℥ss., Magnes. carb. gr. xv, ex Aq. menth. pip. o. m.

R. Ung. hydrarg. ammonio-chloridi.

21.—Feels better; uterus has not prolapsed; eruption much less irritating.

Rep. Lotio. plumbi. et haustus magnes. sulph.

R. Decoct. sarzæ., Liq. calcis āā ℥j. quater in die.

June 21.—Uterus has not prolapsed; eruption has almost entirely disappeared.

Rep. Decoct. sarzæ c. liq. calcis. et haust. magnes. sulph.

Rep. Decoct. quercus c. alumine.

Aug. 21.—Itching and eruption have disappeared; the uterus has prolapsed. Let her use a sponge tied into a cylindrical form, and soaked in the lotion. Pergat.

Sept. 4.—Feels stronger; no prolapsus; has still some leucorrhœa. Pergat.

The feverish attack and eruption which appeared during the early part of this report was, I presume, an effect of the astringent lotion suddenly checking a discharge to which the system had become accustomed, without substituting an adequate evacuation by some other outlet. I trusted that sufficient precautions on this head had been taken, by ordering the mistura sennæ and lotio plumbi., but the result proved that I should have done better if I had used a saline laxative, which, in all probability, would have prevented the astringent lotion disagreeing with her.

J. P., ætat. 31; mother of three children.

Feb. 9, 1836.—Complete prolapsus uteri since last confinement, eighteen months ago. Much leucorrhœal discharge, occasionally mixed with blood. The uterus is so prolapsed that it prevents her sitting down. Is unable to retain her water long, and suffers much pain when the bowels are moved, or when she coughs. The uterus is so swollen that

she is obliged to lie upon her back for two hours before she can return it. Bowels much relaxed.

R. Pil. hydrarg. Pulv. ipecac. co. āā gr. v, o. n.

R. Acid. nitrici. dil. *m.* xv, ex Infus. gentianæ co., t. d.

R. Lotio plumbi.

March 1.—Ten leeches were applied to the uterus on the 23rd, and bled freely; is better; the uterus only comes down when she walks about.

R. Pulv. rhæi formâ pilulæ, gr. v, o. n. Rep. Haust. and lotio. Let her use a sponge.

8.—Uterus has kept up by means of the sponge; much cough. Rep. Pilulæ.

R. Decoct. quercus c. alumine.

R. Vini. ipecac., *m.* xv, ex Mist. ol. amygdal. t. d.

22.—Has caught cold, and did not come to the hospital last week, when the uterus again prolapsed. Pergat.

29.—Much better; cough still troublesome; leucorrhœa diminished; uterus has not come down. Rep. Pil. and lotio.

R. Tinct. scillæ, *m.* xv., ex Mist. ol. amygdal. t. d.

April 12.—Bowels much relaxed; has been exposed to much fatigue since last report, and the uterus has come down once. Rep. Mist. ol. amygd.

R. Mist. cretæ p. r. n.

R. Argenti nitr., gr. v, Aquæ distill., ℥ j, solve ft. lotio.

19.—Uterus has not prolapsed; cough still severe. Pergat.

May 3.—Has been obliged to work hard, and the uterus is again completely prolapsed. Pergat.

The original cause of the prolapsus in this case was probably her having risen too soon after her last confinement, and being very poor, and obliged to work very hard, the displacement soon became of an aggravated kind. The discharges of blood which occasionally accompany a complete prolapsus, quickly disappear when the uterus is returned to its natural situation, and the patient preserves the horizontal posture. In the early part of the case there seemed to be every promise of a successful termination; but her extreme poverty compelling her to work hard, when unfit for any exertion, and requiring rest, gave her little chance of permanent amendment.

ON STRICTURE OF THE URETHRA, AND ITS TREATMENT.

By LEROY D'ETIOLLES, M.D., Member of the Academies of Brussels, Madrid, St. Petersburgh, &c.; of the Imperial Society of Physicians at Vienna; of the Royal Medical Society of Edinburgh; of the Medico-Chirurgical Society of Berlin; of the Society of Medical Sciences at Lisbon; of the Royal Society of Arts and Sciences at Nancy; of the Medical Societies of Antwerp, Bruges, Ghent, Guadalaxara, Lyons, Malines, Munich, Nancy, Willebrock, and Paris; and of the Council of Health at Brussels.

Condensed from the original by JOHN FOOTE, Esq., M.R.C.S.L.; Honorary Secretary of the Royal Medico-Botanical Society; Corresponding Member of the Sociedade Pharmaceutica Lusitana; of the Société Industrielle at Angers, &c. &c.

(Illustrated by wood-engravings.)

NATURE OF STRICTURE.

Stricture of the urethra may be regarded as a permanent diminution of the size of the canal, resulting from a morbid condition of its parietes. The pathological nature of the changes which produce it, however, is still a matter of doubt, owing probably to the infrequency of death from stricture; when a fatal termination does occur, it is in a secondary manner, either from catarrh, nephritis, prostatitis, &c., and then the characters of the stricture disappear before the more important alterations which have caused the death of the patient. In the second place, the traces of a stricture are not always discoverable after death, even when it has been a very firm one, and has been repeatedly cauterised. As soon as the vital spark has left the body, its different parts are modified in their structure: the part of the urethra which previously would not allow a bougie, the thickness of a hair, to pass, will then give admission to bougies two or three millimetres thick. It is also very difficult to ascertain the existence of strictures by slitting up the canal in its length; it is better to cut it across above and below the part where the contraction exists, leaving that part altogether intact.

These difficulties have been the cause of the difference of opinion which at present exists with respect to these affections, of which several classifications have been given, among which the following may be cited:—

Desault admitted three kinds of stricture: one external to the canal, another in its parietes, and the third in its interior, on the surface of the mucous membrane. Sir Charles Bell only recognised two: the dilatable, and the non-dilatable; but the greater number of English surgeons divide strictures into three kinds: spasmodic, permanent, and mixed, the latter being the organic stricture complicated with spasm. M. Cruveilhier made only one distinction in strictures: one is superficial, and confined to the mucous membrane; the other deeply seated, and of a fibrous nature. Béclard established two divisions; in the one he placed inflammatory stricture, and in the other organic stricture, which he subdivided into bridles (or bands), callosities, sub-mucous indurations, ulcerations, carnosities or vegetations, and varices. This division, which is correct in some respects, is nevertheless faulty. Can it, for instance, be said in a case of inflammatory stricture, that there is not any organic alteration? This division will admit of modification relative to the character of the strictures, and especially to practical applications.

The following is the classification which I would propose, without, however, attaching more importance than they deserve to those species which are not always recognisable during life:—

Organic Strictures.—1, Inflammatory; 2, fungous; 3, valvular, comprising folds, valves, bridles or bands, and rugosities; 4, fibrous, corresponding to callosities; 5, turgescent and erectile; 6, ulcerated; 7, vegetating, corresponding to carnosities; 8, varicose; 9, cartilaginous.

The *inflammatory* strictures sometimes affect healthy urethræ, sometimes those that are already strictured; to this Messrs. Bégin and Lallemand have with great propriety drawn attention, as they differ very greatly in their consequences. It may be re-produced by violent gonorrhœa, the use of injections, the introduction of foreign bodies into the urethra (catheters, calculi, &c.), by blows, or other acts of violence. The swelling caused by the inflammation generally yields to the antiphlogistic treatment, but the resolution is sometimes not complete, and then there follows one of the varieties of stricture which has been enumerated above. *Fungous* strictures depend on a chronic vascular tumefaction of the mucous membrane. Nearly all strictures begin thus, and they only lose this character in the course of time, or by rash treatment.

It has been already said that *valvular* folds are occasionally met with in the urethra, particularly at the commencement of the prostatic portion, and at about an inch from the meatus urinarius, on the projection formed by the deep lip of the fossa navicularis. These natural folds are not the only ones which offer an obstacle to the course of the urine; others, in much greater number, the products of a pathological alteration, are formed, sometimes by a mere puckering of the mucous membrane, at others by the cicatrix of a superficial ulceration. These, like the greater number of strictures, are met with at the commencement of the membranous portion. These bridles are thin at first, and formed merely by the adhesion of two thicknesses of the mucous membrane, but after a time the base is enlarged by a gradual effusion of coagulable lymph and the thickening of the sub-mucous tissue, but the centre or free edge generally remains thin, as may be seen by the impression made on the wax bougie, which resembles that caused by a thread ligature. The base or fixed point of these valvular folds is not always on the same paries of the urethra. At the meatus urinarius they generally spring from the inferior angle, on the side of the frænum, and they resemble the hymen; that which sometimes exists on the deep lip of the fossa navicularis, about an inch in the canal, adheres most frequently to the upper paries; at the commencement of the prostatic portion, on the contrary, the free edge is found above. The valvular folds at the orifice of the membranous portion are sometimes above and sometimes below, according to the cause which produced them. During the spasmodic contraction of the muscles which take place at this part, there is sometimes formed a transverse fold on the upper part, and the repeated resistance this offers to the passage of the urine, together with the consequent irritation, change it into a valvular stricture. Congenital valves of the same part also adhere to the upper surface, but the bands and cicatrices to which gonorrhœa gives rise are generally seated on the lower paries of the urethra. These bands have a great tendency to pass into the fibrous state.

Fibrous or *callous* strictures are formed by thickening, deep cicatrices of the mucous membrane, and by engorgement of the sub-mucous tissue, the result of this simultaneous alteration being an inodular substance which becomes dry, loses its sensibility, assumes a pearly aspect like that of tendons, from which it differs in the very close interlacing of its fibres. When a catheter is passed through such a stricture, the hardness of the tissue, and the force with which the instrument seems to adhere to it, is remarkable.

The attentive examination which has been made of cicatrices of the skin and the external tissues, may by analogy afford a satisfactory explanation of the phenomena which occur in the inodular tissues of the urethra. The diminution of the vascularity of this tissue, demonstrated by the injections made by John Hunter, the want of porosity, the almost complete absence of exhalent and absorbent vessels, pointed out by several authors, and especially by Dupuytren, explain the dryness of the surfaces. The retractile power which cicatrices possess is, as Delpech said, exercised in a slow but constant manner, and can only be stopped by a mechanical resistance as powerful as itself: this concentric retraction explains the alway-increasing diminution of the calibre of the urethra, and the almost immediate reproduction of the stricture, as soon as the surgeon ceases to force through it by dilatation. In order to neutralise this retractile power of the inodular tissue, no more certain means has been found than the ablation of the external cicatrices. We shall see in what way it is possible to make the resection of fibrous strictures of the urethra, and what is the result.

M. Cruveilhier is of opinion that the fibrous stricture is not only the most frequent, but almost the only form of stricture. He says there is a complete disappearance of the mucous membrane at the situation of the stricture, and a more or less complete disappearance of the spongy erectile tissue of the urethra. He explains its origin either by chronic inflammation of the mucous membrane, or by the previous occurrence of ulceration, but he adds, there are too few pathological facts in relation to the state of the canal of the urethra in gonorrhœa to settle this question in a positive manner. He is, however, inclined to refer the formation of the stricture to ulceration, because it would be difficult to understand how the effects of inflammation could be almost constantly limited to a single point in the length of the canal. The therapeutic consequences of the fibrous nature of the stricture, according to M. Cruveilhier are, the inconvenience of the *cathetérisme forcé*, and of conical catheters, the pre-eminence of dilatation over cauterisation, the necessity of a long-continued dilatation, the tendency of the stricture to relapse, and the *absolute incurability of every stricture in the canal of the urethra*:—such are the therapeutic data obtained from the pathological anatomy of strictures.

There is, unfortunately, a great deal of truth in these remarks of Cruveilhier, as far as regards fibrous strictures; but, happily, they are not all of that nature, and the learned pathologist has himself divided strictures into two classes: the superficial, limited to the mucous membrane; and the deep-seated, in which the entire thickness of the canal of the urethra has undergone the fibrous transformation. The first class are readily curable, when the inflammation has not extended to the sub-mucous tissue, or destroyed the mucous membrane, in consequence of imprudent manipulations.

M. Cruveilhier has seen fibrous stricture affect two forms; in the one, in common with many other pathologists, he has found it spindle-shaped—that is to say, it resembled two cones with their bases lying back to back, the fibrous tissue occupying the entire thickness of the paries to the centre of the swelling, and then diminishing in thickness towards the extremities, where the alteration in structure is confined to the mucous membrane. In the second form, the fibrous tissue occupies one

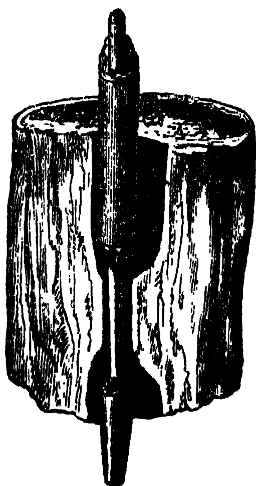
point only of the urethra, so as to resemble a circular strangulation, similar to that which would be caused by a tightly drawn cord. Bands and valvular folds are here evidently spoken of; a large number of which, not being the result of a cicatrix, are not formed by inodular tissue. The spindle-shaped enlargement constituting a fibrous stricture, has also been noticed by M. Lallemand.

The *turgescent* strictures may be met with in every part of the urethra, inasmuch as the turgescence is the result of an afflux of blood in the vessels of the tissues which form the stricture, and of the tissues which enclose it; but they are more frequently found in the spongy portion, on account of the erectile nature of the tissue around the stricture, which swells much more than the mucous membrane can. This turgescence, this erethism, by which the bougies introduced into the urethra are more compressed after they have been in the canal half an hour than when they are first passed, and by which they are in some cases expelled from the urethra, has been mistaken for spasmodic action. These phenomena must be referred to the blood in the spongy tissue, when no appearance of fibrous tissue can be distinguished after death under the tumefied mucous membrane.

Whilst the mucous membrane remains undestroyed, and the inflammation has not passed beyond it, the stricture is curable; passing a sound for a few days will remove it, but if the low inflammation has extended to the sub-mucous cellular and to the spongy tissues, if the latter tissue be exposed by the destruction of the mucous membrane, if it has become hardened, and fibrous, then its cure is no longer probable; the stricture does not impart to the catheter or bougie the sensation of an elastic substance, but rather that of a hard and horny substance, as has been already remarked. This transformation of tissue increases rather than diminishes the constriction which strictures, when they have become fibrous, exercise on catheters and bougies, for the eccentric layers of the spongy tissue, which have not become fibrous, preserve their erectile property, and exert a very energetic degree of pressure on the fibrous circle, when a cause of irritation brings that property into play. Of this the following is a remarkable case:—

M. D——, of Batavia, 49 years of age, had had several attacks of gonorrhœa, the first when eighteen years old, and the last when five-and-twenty, for which he was treated at first by vinous, and afterwards by astringent injections. Mercurial frictions were also had recourse to in treating chancres at the base of the glans. Immediately after the last attack of gonorrhœa, the size of the urinary jet rapidly diminished, until the water was at last passed only by drops. A medical man at Java, Dr. Fritz, passed bougies, but without effecting a full dilatation. The next year, Dr. Vanderkhoven cauterised the urethra nine times at two points, behind the bulb, about two inches deep, from which much improvement was derived for about three years, after which he had again a difficulty in making water, without any appreciable cause for the relapse. The difficulty continued to increase slowly, and, in 1840, neither catheter nor bougie could be passed, the patient not being able to procure one at Java less than a line in diameter. This state continued for two years, and in 1842 M. D—— came to Europe. I found a fibrous ring at two inches depth; a bougie half a line diameter passed through, and I then met with a second stricture at five inches and a half—this offered less resistance. Temporary dilatation for an hour at a time was practised daily; bougies of two millimetres, two and a half, and three, being successively introduced. No further improvement taking place after the lapse of a fortnight, and the first stricture being rebellious, I kept a small catheter in for thirty hours, and then, when the ramollissement began, I made the dilatation *coup sur coup*, increasing the size of the instrument by a millimetre every eight hours.

The introduction of the first catheter was so far peculiar, that in order to traverse the neck, which was turned very much to the right, I was obliged to use a gum elastic catheter without a stylet, having a curvature as sudden and as short as that of the Eustachian tube catheter. I shall refer hereafter to these sounds and their use. The fourth day of the rapid permanent dilatation, the urethra could admit a catheter of three lines and three quarters diameter; the catheter was withdrawn. The next day, the seat of the first stricture had resumed the same condition as before the catheter remained in the canal. After a few days the dilatation was resumed, and carried on more rapidly than before; this time the catheters, of seven millimetres, were retained in the canal for three weeks. Two days after their removal, the first stricture was as narrow as before. Scarifications were then made on three occasions, followed by temporary dilatation, but with the same negative result. I then determined to have recourse to cauterisation, in order to excite a discutient action in the indurated tissue, in the hope that the nitrate of silver might thus repair the mischief it had made. In order to be sure that its action should be exerted on the diseased, and not on the healthy parts, I used the retrograde porte-caustique, a tube pierced near its extremity with two lateral openings, and terminated by a semi-olivary projection. This latter body, after having passed through the stricture, is arrested by it in returning, so that the apertures through which the caustic acts are brought forcibly in relation with the stricture which it should destroy.



Bougies numbering two, three, and four and a quarter millimetres each respectively, were first introduced, and immediately afterwards the olivary body of the porte-caustique was passed through the obstacle, after which it was drawn back, and pressed against the back part of the stricture, the caustic carried by its articulated stem being introduced through the oval apertures. It was brought into contact with the fibrous ring, and then withdrawn. After waiting two minutes to allow the cauterisation to take effect, I endeavoured to remove the tube; but the spongy tissue which surrounded the stricture was so swollen by the afflux of blood, that for three hours, in spite of oily injections, it prevented its withdrawal. Belladonna ointment was applied through the tube to the stricture, and rubbed in externally, but in vain. It was finally removed without much effort, after the patient had been in a bath for an hour. Had this failed, I should have surrounded the penis with ice, for if cold contracts the tissues, it also prevents the afflux of the fluids, and repels them from the parts on which it exerts its influence. The practice appears to me to be reasonable, as the afflux of blood in the spongy tissue was the cause of the turgescence which prevented the exit of the olivary body, and I should certainly have recourse to such a practice, if the same occurrence were to happen again.

Three other cauterisations were afterwards practised with the direct porte-caustique, at intervals of four days, after which bougies were introduced temporarily. The tissue of the stricture seemed to be softened, and yielded; the dilatation made progress; we reached as far as five millimetres, and then, in spite of the daily introduction of bougies, we lost ground, and fell back to three and a half millimetres. I proposed to the patient to attempt the resection of the inner ring, to which he readily assented, and I accordingly practised it. Immediately afterwards, a catheter of five and a half millimetres was introduced, and left in the passage. Another of seven millimetres was next used, and remained in three days; temporary dilatation for an hour at a time was then practised for a week, the stricture admitting an instrument of six millimetres at once.

While in this state, the deplorable accident of the Versailles railway happened. M. D—— had his left arm broken in two places, and was under the care of Professor Moreau for two months, during which time neither bougie nor any other dilating means was introduced; the urine passed sufficiently freely. The patient afterwards travelled for six months in Holland and Switzerland. When he returned he came to see me; he had not been once threatened with retention of urine. I examined the urethra; the projection was not effaced, but the passage was more open; it readily admitted an instrument of five millimetres. He then went back to Java, with directions to pass bougies every week to keep the canal so far dilated. The stricture at the curvature had entirely disappeared.

I have reported this case in detail, because it shows clearly the nature and effects of those strictures which are at once *callous* and *turgescent*, formed by the *fibrous* and *erectile* tissues; and because it demonstrates the danger of cauterisation in the spongy region, and the transformation under its influence from the turgescent to the fibrous condition.

ON THE NOXIOUS EFFECTS OF AMMONIACAL VAPOURS DISENGAGED FROM GUANO.

By G. C. WATSON, Esq., M.D.

The escape of ammoniacal gas from the ordinary guano of commerce is notorious enough, and the pungency keen in proportion to its rapid evolution; but the toxicological effects of this irritant gas, as developed from the manure, have not been noticed, so far as I know,[1] in any accredited way. I take the liberty, therefore, of placing on record, for practical purposes, and especially as facts relating to juridical medicine, the following observations, for the accuracy of which I can sufficiently vouch.

The port of Liverpool has lately been notorious for large importations of guano, either from Peru, which is considered the best in the market, or from the little barren island of Ichaboe, on the western shore of Africa, or from other islands along this coast similarly situated as to intertropical climate. The temperate zone, by its frequent or periodic rains, is unfavourable to the slow accumulation of the bird's dung, the deposit being washed away as soon as it falls, which is obviously the reason why the localities where this manure is found are always intertropical. The rain so washes out the more soluble salts of ammonia, soda, &c., that the valuable part of the substance to the agriculturist is removed, and the more earthy residue left is not worth the cost of conveyance.

The accumulation of this peculiar excrement under a burning sun, explains the mode of its concentration, the heat rapidly evaporating all the contained moisture, and promoting the formation of those crystalline deposits in which the virtue of the manure consists. As layer upon layer has thus hardened in the sun, and become successively a *super* and a *sub*-stratum, the more volatile salts of ammonia have been delayed in their escape by the encumbrance of moisture, and fresh layers, so as to form, along with the more fixed salts, such as the oxalates of ammonia, a mass dried and condensed by superincumbent pressure into a solid cake, which on the island of Ichaboe is so hard as to require the use of the pick-axe in order to break it for removal to the ship. At first the ships rejected the dry and crusted bed, and addressed themselves to the task of loading with the moister substance which lay nearer the water; but this error soon corrected itself.

This passing notice will enable those who may happen not to know much about the natural history

[1] I was unaware, when this was written, that a paper had appeared in the *Medical Times* of July 26, from the pen of Dr. Charles Kidd, on the noxious effects of guano. I need scarcely add, that I perfectly agree with his remarks, as well as the remedial agents used, in the case reported himyb.

of the guano soil, to perceive that in the act of digging up and removing hills, composed of beds fifteen or twenty feet deep of these volatile saline accumulations, it cannot be a matter of surprise that the labourers suffer severely from the liberation of irritant gas on disturbing these strata of nature's pliocene geology, her fossil penguin coprolites. The very atmosphere of the island is impregnated with vapours which ordinary nostrils would be inclined to sneeze at, and this, too, even on board the ships lying in the offing, a few miles out, whenever the wind carried the pungent stream in the direction of their anchorage; but when working at the "pits," as the beds of the guano are called, the effect must be something beyond a mere sneezing affair; and in reference to this ultra-sneezing point, I have the authority of Mr. Guthrie (the intelligent mate of a ship which went to Ichaboe and brought back a large cargo),[2] for stating that the effects were very severe upon many of the labourers taken out as stout able men for the purpose; sailors themselves making bad hands at the spade and pick-axe. These labourers suffered very much on first applying to their task; the vapours produced all the shades of irritation of the air-passages and their outlets, from simple lachrymation, coryza, titillation of the fauces, cough, and embarrassed respiration, to regular muco-purulent secretion, from some or all of these lining mucous surfaces; pain, or sense of tightness in the chest, and, in some cases, severe frontal pain, or sense of weight referrible to the region of the frontal sinuses; incessant cough, accompanied with expectoration streaked with bright arterial blood, as well as bleeding from the ears, mouth, or nostrils, from the two last so severe and prolonged as often to cause fainting. This latter mode of suffering from the hartshorn vapour was especially observed on first working at the pits early in the morning, after sleeping either on board, or in at least a more diluted atmosphere of ammonia under tents on shore. Before the island was cleared of its valuable coat of soil, several deaths had occurred, chiefly amongst the labourers, and though, without being able to ascertain with any exactness the causes of death, which, of course, in a tropical climate, are at all times referrible to fevers of one kind or other, or to those sudden and sharp inflammatory attacks of the vital organs, due to vicissitudes of diurnal temperature, hygrometric changes, and, perhaps, we should add, the peculiarly exposed and irregular life of seafaring men, yet it cannot be doubted that several, or some of those silent occupants of the little grave-yard at Ichaboe, had reason to date the secondary or proximate cause of their fatal illness to the noxious fumes of this very remarkable soil.[3]

I think, then, that, in the absence of direct proof, we may fairly assume that the acrid nature of these vapours was sufficient to account for death in some instances, although the mortal per centage amongst the sufferers cannot be now learnt, even approximatively. When we consider the constant daily (to say nothing of nightly) exposure of the air tubes and their approaches to the same sources of irritation, it is not difficult to satisfy our minds in strict accordance with chemical and physiological facts, that the mode by which a fatal issue to an early and slight irritation might be procured, would be due to the exposure of already inflamed surfaces to the repeated action of chemical effluvia, the first effect of which would be to excite the progressive phenomena of irritation and inflammation; and the second would follow up this first by a direct chemical effect operating upon exposed and abraded surfaces, so as to develope the features of that state termed "erosion" locally, with liquefaction of the blood generally.

From these data the following proposition may be derived:—"that, probably, in no case on the records of forensic medicine has there been so great and so continued an amount of mischief from ammoniacal gases as in the present instance."

Lest this should seem an exaggeration of facts, let the number of ships sent to this locality alone be ascertained, and, as I understand from persons present, a number hardly, if at all, short of a "thousand sail" will be found from first to last to have busied their hands in removing the dung of the African sea-fowl to a land of unrivalled plenty—depriving the barren rocks of Ichaboe of their adventitious covering, in order to enrich the famed shores of Old England—the "one talent," because useless where it lay buried, carried to the account and credit of the "ten."

It can be no wonder, then, that days passed in hard labour under a tropical sun should debilitate a frame, perhaps in many instances not free from the taint of disease, and that when we review the kind of compound exposure to which the frame was liable, exposed by day to toil in excessive heat and acrid fumes, by night to the cold winds and heavy dews, either on shore or afloat, to be followed up daily by the first morning shock of bleeding and fainting, can we wonder that under such inauspicious circumstances the nights should be passed (as is known to have been the case) in restlessness and fever; and that under such combined forces the delicate anatomy of the human frame should be injured, and that too often irretrievably? The little "grave-yard" at Ichaboe cannot now be interrogated, as I have said, but if it could, the number of victims England has sacrificed in some sense to her thirst for gain, would make the philanthropist pause ere he assented to an expedition to an inhospitable and disease-bearing coast in search of that substance at so great and precious a cost as the life of one human being, when the same ingredients essentially are within our reach at home; but the far-fetched and dearly earned ever bears the palm in a British market over the accessible home commodity.

How in this instance this is no libel on the mercantile world any more than in other cases may not here be discussed; it belongs to that new and important section of practical science—agricultural chemistry—whose wand, of more than magian power, will open up before our eyes, at home and within our very precincts, resources of fertilising agency, perhaps only typified by the stinking manure of the Guano Islands!

The shores of this "Fortune Isle" are now cleared, and other spots, as Soldanha Bay, &c., have to be ransacked for the second-best commodity; but the noxious effects of the compost are still plentiful. After the load has been dug from the pit, and safely deposited in the hold of the vessel, the ship must be trimmed at first whilst at anchor, or if on her homeward voyage a heavy sea run, or a breeze untrim her balance, the cargo-ballast must be trimmed as often as is needful, and the labourer's occupation must ever and anon be—whilst "his thoughts oft homeward veer"—to descend for a few brief moments to level the pungent and shifted material with his spade, his mouth and nostrils covered securely with a handkerchief; for the vapours in the ship's hold, with all but covered hatches on account of a heavy sea, are *irrespirable:* the pit on shore was a fit preparation for the poisonous pit of the hold; consequently, he can only stay down just as long as he can hold his breath; like a diver, his work is "adown below"—but there is no possible renewal of the air for him, and the guano labourer in the hold, for the moments of plying his spade, is worse than the negro in the close and impure atmosphere of the hold of a slave ship; but the former is a volunteer in the African Manure Fleet!

When the cargo gains the port, it must be placed in bags in order to be carted to the stores, and again the hold is busy with its occupants. But there is an improvement now; the labourer can work with open hatches, and he can breathe the diluted gas for a few seconds, though how he does so is a puzzle to those who know nothing about the guano when told of its unadulterated pungency; but let any one descend into the hold and stand on the guano heap beside the workmen, and his astonishment will know no bounds, for to him the diluted vapour is so excessively pungent, that to breathe a second or third time is impossible. A chemical friend once went down such a place with me, and though fond of a pinch of pungent snuff, and heeding not the fumes of his laboratory, yet the moment he got to the foot of the ladder he turned, without stopping one instant to look around, exclaiming that "he could not stand this!" I lingered a second or two, holding my breath, as it was not the first time I had visited such a scene, but immediately lachrymation and coughing came on, so that I was obliged to re-ascend, and we neither of us feel any wish to repeat the dose.

The history of guano-manure-gathering ends here; surely enough has already been brought forward. It is now divided into lots, sold, and dispersed abroad, still, in the acts of storing and warehousing, it may become a nuisance of no mean order, as the subjoined case will show:—Several months ago in a street of this town (Liverpool), near the centre of the population, some large cellars were let for guano stores, and here the article was stowed away. A short time after I was requested to give a medical certificate of nuisance, complained of in the first floor offices above the cellars, one of which was occupied by an artist as his "studio." On going there to inspect the rooms, the vapour proved to be so strong, that it was impossible to remain, and to run was the only thing for us. The chemical friend previously alluded to, Dr. B., was, at my request, also asked to certify as to the deleterious nature of the ammoniacal vapours in these offices, and we wrote out the certificate in the room, using an effort to stay whilst so doing. Lachrymation was produced to a painful degree; it was truly impossible to remain in the rooms for any length of time, even with windows and doors open; and to prove the deleterious effects of the *gas* when *diluted by as much ventilation* as possible, the occupant of each office suffered severely; one got inflammation of the bronchial tubes, if not of the structure of the lungs, presenting peculiar spasmodic cough and expectoration streaked with blood, hoarseness, pain over each side of the chest, coryza, with headache and sore eyes. The other was attacked by inflammation of the frontal sinuses, hoarseness and cough, but without bloody expectoration; I believe he did not recover the attack for two or three weeks. One was obliged to leave the town for a time, and the other was kept at home for some days under appropriate remedies.

It is a strange fact that, in the present state of our law, the chief magistrate has only jurisdiction over a *public* nuisance; this was pronounced by the competent authorities to be a *private* nuisance, and consequently remediable only by private suit at law.[4] For days matters, then, remained in statu quo, through differences between landlord, tenants, and sub-tenants; and in about a fortnight the guano was all removed, to bless, with its pungent graces, some other favoured spot. There can be little doubt, I think, that such a nuisance ought to be abated by summary process, instead of being left to be dealt with by the tardy hands of private indictment.

A canary-bird soon died from being left in the room day and night. An atmosphere of chlorine was resorted to, which cleansed the rooms.

There is another question on the guano subject which merits some inquiry at the hands of Government, and doubtless would obtrude itself upon their notice, if the whole thing were not a transient commerce. It is the occurrence of scurvy on board the Ichaboe ships on their return home. This was notorious in the port, and, like the other facts, so well known, that it is possible no record of the fact may have found its way to suitable channels of medical science, beyond the current tradition of the hour.

One case was said to have occurred, where all the crew were so diseased as to be unable to work the ship, and fresh hands had to be obtained at some port in the Channel, in order to work the ship to Liverpool. Whether this sea-scurvy was owing to the inferior quality of the provisions, or to short quantity, is not ascertained, as far as I can learn; or whether the remoter effects of the guano could operate so specifically or not, by diminishing the vitality of the blood. Perhaps some share ought to be attributed to the debilitating labours on the

[2] The same party brought me the "Canadian Resin," the analysis, &c., of which was reported to the Liverpool Literary and Philosophical Society, and is printed in their Transactions for 1844 and 1845.

[3] Some fell in quarrels for precedency amongst the crews of the various ships, which were at one time carried to such a height that a war steamer was sent there to keep the peace.

[4] A paragraph noticing the above facts, as a subject of mercantile interest, was put in the *Times* a week or two after.

island, along with limit of fresh provisions, owing to the ships waiting two or three months sometimes at anchorage, for their turn at the landing-stages, the only approach to the island, which the early ships rigged out for their own service, and then bequeathed to their successors on payment of a certain fine, unless, as happened more than once, when the landing-place was carried by a *coup-de-main*. During their stay, in most of the ships water was very scarce; and, in some instances, vessels had to run for water to St. Helena or the nearest port, or to pay dearly for a supply from ships which arrived after them. There were times, as I am informed, when money could not purchase it.

It is painful to suppose, in the absence of any fuller information on the subject, that our fiscal regulations may be at fault in this particular; such is the impression given to me, after all possible inquiry has been made on this head. There is no reason apparent in the nature of the case, why ships should run short when often they had no cargo out, at least to any extent; but, possibly, the Customs did not, or could not, make any extra allowance of provisions for lying off some months at the island, waiting their turn, in addition to the voyage out and home, which would amount to *several months' absence*, so that even the ordinary allowance for the most distant port could hardly meet the requirements of the case, supposing that, by a happy fiction, like those of the law, they were to enter out for "*the longest port*." If mercantile pursuit of gain, and Custom regulations, both tend to press injuriously upon the ignorant sailor or labourer, the "hireling is oppressed in his wages," and a remedy must be sought; or if he get full wages, but forfeit life or health through excess of risk, which could have been mitigated, is it not the worthy object of a paternal Government to economise the life of its subjects? For the law of the land lays down the proposition in the statute-book, that a subject may not make away with his or her life, because such is a loss to the state, consequently, this is "an indictable misdemeanour." These remarks are longer than may appear needful, except in the large and philanthropic sense; but they are offered in the way of duty to the profession, with a full belief in their accuracy, and without wishing to give any offence to parties concerned, beyond what the acting upon conviction of duty in pointing out error or wrong may inseparably entail upon itself; in which case, if any be aggrieved, let it be with the fault itself, and not with the writer who holds himself bound fearlessly to do all he ventures simply as a duty, with all charity and good-will.

P. S.—The preservative effects of guano in mummifying bodies are sufficiently proved by the Ichaboe mummy of a man now going about the country, which had been buried about ninety years ago, and which is briefly noticed in the report before alluded to of the Liverpool Philosophical Society.

Bedford-street North, Liverpool.

PENCILLINGS OF EMINENT MEDICAL MEN.

PHILIP PINEL.

(Concluded from page 450.)

The number and the solid worth of Pinel's writings, the talents of his pupils, and the respect which attached them to his person and doctrines, all assisted in forming, in the very centre of the Parisian school, what was at that time called the "school of Pinel," in contradistinction to the school at La Charité, of which Corvisart was the chief. Neither Corvisart nor Pinel intended this rivalry unworthy of their noble characters. Pinel would not suffer any one to breathe a word against Corvisart in his presence; Corvisart repressed, with his utmost severity, the shade of an insinuation against Pinel. But they were equally the idols of their pupils. There was this difference between them: M. Corvisart's impulse supplied the place of study; M. Pinel's study that of impulse. We see on the one side all that nature was capable of; on the other, all that can be done by art. The talents of both were perhaps equal. On seeing a body, Corvisart *declared* the subject to have died of indigestion. At the sight of a supposed phthisical patient, Pinel *judged* that the disease was in the stomach; both were right, but Corvisart *guessed*, Pinel *concluded*; the one reached the truth by his instinct, the other by induction. Both arrive at the end with the same certainty, and with almost the same promptitude. Corvisart had in his character a *force* which carried him always in the first rank. When, some years after the decennial prize was to be awarded, the same causes produced the same rivalry between them, other works were forgotten to compare the "Traité des Maladies du Cœur," with the "Nosographie Philosophique." Hallé was the judge, and dared not decide, and, perhaps, the whole Academy, formed into a tribunal to judge so delicate a cause, would have manifested the same indecision. The different productions of the mind are, without doubt, of very unequal value; but how are they to be measured? and if the men thus compared are both of superior talents, how is one to be sacrificed to the other? In this case, Corvisart was too generous, Pinel too modest, and both were too just to wish to carry off the prize the one from the other.

We will now point out a few of the minor points on which they differed. Corvisart had little faith in the simplicity of diseases, and, consequently, in the possibility of a good nosological arrangement. Is it possible that what appeared simple to Pinel, seemed complex to Corvisart? Who can now judge and decide between them? In the second place, Corvisart admitted what experience did not permit him, and, in fact, permits no one, to reject. I mean the alterations of the fluids in disease. He was a *humorist*. He believed in the cachexies without disavowing altogether the part taken by the solids, either in the production or the cure of diseases. This doctrine was then one of mingled *humorism and solidism*. Pinel, on the contrary, was a solidist almost without restriction; not that he wished to deny altogether the alteration in the humours, but this alteration, according to him, was always secondary, and subordinate to the disturbance of the solids. He thus formally expressed his opinions at the introductory lecture towards the end of 1805:—"But this disturbance of the solids, whence comes it? from an alteration of vital properties? And this alteration, whence its cause?" This question Pinel leaves undecided. He rejected the cachexies as imaginary, and in his nosography he made a class for general organic lesions, such as scurvy. Is not this to admit under one name what he rejected under another, and thus to fall into a manifest contradiction?

It was in points such as these that Pinel's logic, otherwise so sound, lost in some degree its solidity, and turned him from one object only to draw him towards an equivalent one. He avoided the *name* without avoiding the *thing*. To this fault we must add that of having affected in his works a brusque style, without connection or coherence, and deprived of grace and ease. He wished, after the example of botany and natural history, to make a language for medicine entirely in substantives, without verbs or conjunctions. He flattered himself by this means to obtain the energetic conciseness of aphorisms. But conciseness does not exclude the common ties of words; and for want of these necessary ties, Pinel's sentences, dry and meagre, have sometimes a jostling sound which renders them fatiguing. His interrogatories are also too frequent, and this has taken something from the clearness of his writings. It seems as if Pinel had accustomed himself to think internally, and not in words; and by this means, when he wished to express his thoughts, words were wanting. To express himself with proper freedom on any subject, it was necessary that his heart should be interested in it. Those who consulted him on their diseases, or on those of their friends, quitted his presence touched by the softness, the varied flow, and the harmony of his words; his kindness made him eloquent.

Pinel was a member of the Legion of Honour, member of the Institute, chief physician to the Salpêtrière, and professor at the first school, and afterwards at the Faculty of Medicine of Paris. When this faculty was reformed in 1822, Pinel was made an honorary professor. The august founder of the Academy named him among its honorary members. His Royal Highness the Dauphin of France went to visit the Salpêtrière, and the next day Pinel received the grand order of St. Michael. He was of short stature, lively physiognomy, an impatient temperament, and singularly active constitution. He idolised the talent of Rousseau, and it is related of him that, after going in 1778 with M. Chaptal to see the remains of this great author, he passed five days and nights without sleeping, and that on his return to Paris, far from yielding to fatigue, he gave his lectures as usual. In 1823 he had a first attack of apoplexy. Scarcely was he convalescent, and even still very weak, when he chose again to visit his patients; but he was soon obliged to retire from active life. At length, in spite of the cares of his numerous pupils, who are at present the ornaments of medicine, and who crowded round his death-bed, an attack of apoplexy carried him off on the 25th of October, 1826. If his loss has been felt by science, it has been still more so by his family, or, what is the same thing, by that crowd of unfortunate sick to whom he was the father and the benefactor. At the news of this fatal event, a general cry of grief resounded through the wards of the hospital. Deputations from the Institutes, the Academy, the Faculty attended his remains to the grave. In the midst of this solemn assembly, which was enlarged by the hospital staffs, and persons of all classes, crowds of the sick, and even some suffering from paralysis, were seen to drag themselves to the tomb. What honour to his memory! The *savans*, by their eulogies, rendered honour to his genius; the poor by their grief rendered honour to his kindness!

Pinel was married twice; he left a widow, whose cares had softened the infirmities of his latter years, and two sons, happy in feeling the name they bore to be the most honorable portion of their heritage.

Philip Pinel published "Institutions de Médicine Pratique" (1781), translated from Cullen's English work; "G. Baglivi, opera omnia medica, practica et anatomica, novam editionem mendis innumeris expurgatam, notis illustravit et præfatus est Ph. Pinel" (1788); "Nosographie philosophique, ou méthode de l'analyse appliquée à la médecine" (1798), "Traité médico-philosophique sur l'aliénation mentale" (1801); "La médicine clinique rendue plus précise et plus exacte par l'application de l'analyse, ou recueil et résultat d'observations sur les maladies aiguës, faites à la Salpêtrière" (1802); "Discours inaugural sur la nécessité de rappeler l'enseignement de la médecine aux principes de l'observation" (1806); "Abrégé des transactions philosophiques, dirigé par Gibelin." (1791).

Pinel also inserted papers in various scientific works, as follow:

"Mémoire sur l'application des mathématiques au corps humain, et sur le mécanisme des luxations;" "Mémoire sur le mécanisme des luxations de l'humerus;" "Mémoire sur les vices originaires de conformation des parties génitales, et sur les caractères apparents ou réels des hermaphrodites;" "Mémoire sur le mécanisme des luxations des doux os de l'avant bras, le cubitus et le radius;" "Mémoires sur les moyens de préparer les quadrupèdes et les oiseaux destinés à former des collections d'histoire naturelle."—(*Journal de Physique*, 1787—89.)

"Mémoire sur une nouvelle méthode de classification les quadrupedes, fondée sur les rapports de structure mécanique que présente l'articulation de la mâchoire inférieure."—(*Actes de la Société d'histoire naturel de le Paris*, 1792.)

"Observations sur une espece particuliere de mélancolie qui conduit au suicide;" "Réflexions sur les buanderies, comme objet d'économie domestique et de salubrité;" "Exemples frappants de l'abus de la saignée dans les maladies aiguës de la poitrine;" "Recherches sur l'étiologie ou le mécanisme de la luxation de la mâchoire inférieure."—(*Médécine éclairée par les sciences physiques*, 1791.)

"Mémoire sur la manie périodique ou intermittente;" "Recherches et observations sur le traitement moral des aliénés;" "Nouvelles observations sur la conformation des os de la tête de l'éléphant;" "Observations sur les aliénés et leurs divisions en espèces distinctes;" "Sur les vices originaires de conformations des parties génitales de l'homme et sur le caractere apparent des hermaphrodites;" "Résultats d'observations pour servir de base aux rapports juridiques dans les ca

d'aliénation mentale."—(*Mémoires de la Société médicale d'émulation*, 1798—1817.)

"Résultats d'observations et construction des tables pour servir à déterminer le dégré de probabilité de la guérison des aliénes."—(*Mémoires de l'Institut*, 1807.)

Pinel was editor of the *Gazette de Santé*; he wrote articles in the *Encyclopédie Méthodique* on medical subjects; and in the *Dictionnaire des Sciences Médicales*, both alone and assisted by Bricheteau.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, September 5, 1845.

Academy of Medicine; Meeting of September 1, 1845; M. E. de Beaumont in the chair. G. B. Airy, Esq., F.R.S., Director of the Greenwich Observatory, was present.

M. Ebelmen on the Production of Hydrophanous Bodies.—At the last meeting, a communication was made by Professor Arago, in M. Ebelmen's name, relative to the deposition of silicious masses from the evaporation of silicic ether in a moist atmosphere; when this substance contains a small quantity of chloride of silicium, evaporation causes the formation of true hydrophanous matter, perfectly opaque when dry, and acquiring transparency when placed in contact with water. The following interesting result is also brought forward by the same chemist:—Having closed a phial of silicic ether with a cork previously used for creosote, he observed that under the influence of a trifling amount of organic matter, a deposit was formed in the ether, similar in composition to the fossil shells of inferior animals in a state of petrifaction. This is the substance called *calcédoine* by French chemists.

Nerves of Serous Membranes.—M. Bourgery read the first part of an interesting anatomical memoir on this subject. When the paper is concluded, we will present an abstract to the readers of the *Medical Times*.

Sir H. Davy's Safety Lamp.—Miners have in general a very great aversion to use this instrument on account of the dimness of the light it conveys, and yet the importance of its adoption is admitted by all, and is rendered still more urgent by recent statistical accounts, wherein it is proved that no less than 7,000 lives are yearly sacrificed in the various mines in Europe, by the negligence of the men, who prefer incurring positive risk, to subjecting themselves to trifling inconvenience. A letter from M. Boussingault relates a recent accident of the nature of those referred to, which occurred at Wissemburg. The men were returning to their work, the foremost miner bearing a common lamp, by which an explosion was immediately produced. The bearer of the light escaped uninjured. The man who followed was only slightly hurt, but the five others were killed on the spot. M. Boussingault immediately instituted a series of experiments on the degree of protection afforded by Sir H. Davy's lamp. He threw sulphuric ether upon it, and the ether did not take fire; he introduced the lamp in an atmosphere of detonating gas, and no explosion took place. M. B. concludes the use of the miner's lamp should be enforced by persons in authority in all mines, and hints at the possibility of lighting the vaults by electric agency, the flame being contained in glass lanterns exhausted of their air. This plan is doubtless open to many objections, some of them even insuperable—the fragility of the lanterns, for instance. The object of M. B.'s researches is, however, so important, that they are deserving of every encouragement, and we can only hope they will meet with the success they merit.

Academy of Medicine; Meeting of September 2, 1845; Dr. Roche, Vice-President, in the chair.

Intestinal Suture.—An elaborate and interesting report was read by Dr. Jobert, on a new plan of intestinal suture proposed by M. Moreau Boutard. The following is a summary of the report:—When an intestinal wound is united, its lips become puffed, and form a sort of mucous *pad* (bourelet), which M. Moreau Boutard removes by excision; he then joins the serous intestinal surface of one lip with the submucous tissue of the other, and maintains them in apposition by a suture. He presented nineteen experiments on dogs, in support of this plan, and submitted to the Academy four anatomical preparations. It is a report on this operation which M. Jobert brings forward. After disapproving of the excision of the mucous *pad*, as being next to impossible to perform in man, and as a dangerous practice, exposing the intestine to gangrene, by the removal of vascular connections; the reporter further considered the proposed operation as a dangerous one, offering great chances of abnormal anus. The reporter, after enumerating the various intestinal sutures proposed by T. and B. Bell, Travers, Sir A. Cooper, Smyth (of Philadelphia), Louis, Lapeytonie, and others, proceeded to remark, that down to the last few years, surgeons were not guided by any fixed principles in the suture of intestines, and that the operation was generally abandoned to the inspiration of the moment. Three methods may be said to have outlived all others, and to unite the various modes of intestinal suture at present in practice:—1, Union of structures of the same nature (*i. e.*, serous surfaces); 2, union of the serous, mucous, and muscular tissues with each other; 3, union of the serous surface with the submucous cellular layer. M. Jobert does not think that one form of suture is applicable to all cases, but that the stitches should vary with the shape and condition of the wound. M. Jobert closes his report by the appreciation of the three following sutures:—1. M. Denan's supports the intestinal walls by a foreign body, and always seeks to obtain the contact of the serous surfaces; this operation has been successful on dogs, but who will not fear producing even a limited gangrene of the intestine in man? 2. M. Gely employs a suture, the object of which is to replace the union by the invagination of the gut, and to ensure the removal of the threads with the fæces. His stitch is very like that used by cobblers; it is called "suture en pique." M. Jobert has carefully examined it, and finds it causes valves to form in the cavity of the intestine, valves which time does not diminish, and which may occasion serious accidents by retention. M. J. would not advise its use, except in wounds of small dimensions. 3. M. Reybard's operation, the endeavour to obtain union by the first intention, by the exact apposition of the lips of the wound, M. Jobert considers impracticable in man, on account of the thinness of the intestinal wall. A new suture, successful in three cases, has been lately proposed by Professor Nunciante, of Naples. The thread forms a spiral, alternately passing from left to right, and from right to left, leaving its ends in the angles of the wounds, each in a different lip, so that traction on the threads must produce inversion and apposition of the serous surfaces.

Intermittent Fever and Tubercular Consumption.—It has been of late frequently asserted that these two maladies are not met in the same localities, and a recent memoir read to the Academy, goes so far as to deny the possibility of finding in marshy districts any proportion of tubercular patients, to be compared to the numbers who are victims to consumption in other provinces. This startling assertion was made with such confidence, that the Academy requested the physicians practising in countries where intermittent fevers are endemic, to report the result of their experience and researches on this important subject. Dr. A. Lefevre, physician to the naval hospital at Rochefort, a city where ague is observed in its severest forms all the year round, forwards to the Academy statistics on the point under discussion. Out of 30 deaths in his own practice, 10 were undoubted cases of pulmonary consumption. The case-book of the hospital makes mention of 615 dissections, where tubercles were detected 105 times in the lungs, and 27 times in other viscera, forming altogether an amount of 142 cases of tubercular disease out of 645 deaths; *i. e.*, rather more than one-fifth, a result quite contradictory to the alleged antagonism of phthisis and ague.

HOPITAL ST. LOUIS—M. JOBERT.

Paralysis of the Serratus Magnus.—George D——, ætat. 23, a locksmith, entered the hospital on July 1, 1845. This man, of an athletic constitution, has not been at any time affected with syphilis, neither has he ever been submitted to the deleterious influence of preparations of lead. Accustomed to employ a hammer weighing six pounds, he exchanged it seven weeks before his admission for an instrument weighing eighteen pounds, and, two days after, experienced sudden loss of power of the right arm, and great difficulty in the elevation of the limb. The shoulder became painful, although the pain was not so intense as to oblige him to discontinue his labour. A fortnight before he entered the hospital his companions noticed a marked swelling of the right shoulder, and attributed the deformity to dislocation of the arm. On examination, the head and body being erect, and both arms hanging down, the right scapula was found to be raised from the thorax, the right shoulder higher than the left by fifteen lines, and the inferior angle of the scapula of the affected side eight lines nearer to the vertebral column than the inferior angle of the bone on the healthy side. The deformity was considerably increased on the arms being carried horizontally forwards. The inferior angle of the right scapula was two inches and nine lines nearer to the spinous processes of the dorsal vertebræ, than on the left side; for the superior posterior angle the difference was of six lines only. *Pain* was experienced in three distinct regions; at the anterior insertions of the serratus magnus, at the lower angle of the scapula, and towards the internal edge of the acromion process. The voluntary *movements* of the arm were impaired. The strongest efforts of the patient do not succeed in raising the limb to an angle of more than 45 deg. with the thorax; but *the scapula being firmly pressed by an assistant against the ribs*, and *maintained in its position*, the movements of the arm were almost completely restored, and the patient could at will raise the limb or carry it forward. The general condition of the patient offers no detail worth noting. The diagnosis of this singular affection chiefly rests upon the peculiar deformity of the scapular region, and upon the restoration of voluntary movement when the bone is fixed. The treatment hitherto pursued has not yet been productive of any marked beneficial results. Shower and vapour baths, stimulating frictions, blisters, moxas, and cupping, have all been resorted to without success. M. Jobert intends applying a stronger revulsion with the actual cautery. We shall report the results of cauterisation in this interesting case.

HOPITAL DES ENFANS.—M. GUERSANT.

Foreign Body in the Trachea; Operation.—A little girl, aged four years and a-half, was brought to the hospital on the 12th of August; she had, in play, swallowed a bean, which had entered the larynx, and which, notwithstanding the exhibition of several emetics, had not been expelled. The child was troubled with violent fits of coughing, followed by periods of calm; the face was a little injected; the chest yielded a natural sound on percussion, and slight mucous and sibilous râles were distinct on both sides of the thorax, both in front and in the back. The foreign body was distinctly felt moving up and down in the trachea, particularly during the cough. The diagnosis being fully established by the physical signs, as well as the history of the case, tracheotomy was decided on. The operation was rapidly performed, and was attended with an unimportant hemorrhage. We noticed the incision of the trachea not being quite large enough to permit the extraction of the bean—it was enlarged, and the foreign body was expelled by a strong effort of expiration. The wound united rapidly by granulation, and ten days after the operation the child was sent home cured.

LA CHARITE.—PROFESSOR VELPEAU.

Fibrous Tumours of the Uterus; Clinical Lecture.—Fibrous bodies occurring in the walls of the womb, form one of the most commonly observed diseases of that viscus, in the parietes of which they frequently grow without betraying, at least for a long time, their presence by any symptom. These tumours lie encircled by the muscular structure of the viscus, with which they are never continuous, and can generally be easily enucleated; they occasionally attain an immense size, and some have been found to weigh no less than sixty pounds; it is a common occurrence to find them equal in size to the head of an adult. Their structure is not vascular, and they are never the seat of pain. During the first years of their existence these fibrous nuclei are seldom detected, on account of the impossibility of the exploration of the walls of

the womb, and of the vague nature of functional disorders produced in the organs of generation. The symptoms they occasion are chiefly—frequent hemorrhage; a sense of weight towards the anus, attended with obstinate constipation; pain in the inguinal regions; exploration per vaginam will prevent confusion with any disease whatever of the os tincæ, *i. e.*, cancer, granulations, &c., and the absence of nervous disorder, a distinguishing symptom of the deviations of the uterus, will also assist the diagnosis. When a tumour situated in the pelvis in front of the womb, and adhering to it, has acquired a considerable size, it becomes often a matter of difficulty to ascertain if the complaint had its origin in a fibrous nucleus of the nature of those we are describing, or if it is the result of an ovarian disease. The recollections of the patient must here be brought in to facilitate the investigation. Ovarian tumours invariably have their origin in the lateral and inferior abdominal regions, from which they have gradually descended into the pelvis; the uterine tumour, on the contrary, arises from the centre of the hypogastrium; a valuable diagnostic sign. Intestinal or peritoneal tumours cannot be confounded with those under consideration: 1st, because their appearance must have been accompanied or preceded by morbid changes in the digestive functions, the recollection of which will lead to a correct appreciation of the nature of the case; 2nd, because intestinal or peritoneal tumours do not give rise to uterine hemorrhage, and whitish discharges so commonly observed as consequences of the existence of fibrous bodies in the uterine structure. Such are the leading characters of the first period of the existence of these tumours of the womb, the diagnosis of which is far more important in their incipient state than at a further stage of their existence.

Preservation of the Intelligence in a Case of Wound of the Brain.—M. P., ætat. 44, was the last of an unfortunate family singularly addicted to suicide; the father, a brother, and two sisters, although in good circumstances, and without any known cause of sorrow, had all committed suicide. On March 8th, 1845, M. P. endeavoured to put an end to his life by firing, at the same time, two pocket-pistols, one directed to each temple. One of the shots singed the skin of the forehead without causing any material injury; but the right bullet took a more fatal course, having perforated the temporal bone, and penetrated into the substance of the brain. The unfortunate man did not, it seems, lose consciousness, for, on being brought home in a carriage, he told his friends to pay the driver two francs and a half, the price agreed upon when he was placed in the coach. He recognised his friends, and his speech remained free and unimpaired. Dr. Trélat, on being called to the patient, found the left arm deprived of sensation and motion, and the left leg quite insensible, but still capable of some voluntary motion. On the 17th of March he expired; but up to the 15th he understood all that was said about him, and answered every question. Sight, taste, hearing, and olfaction were all preserved. The post-mortem examination shewed the ball had merely perforated the skull, forming a neat round hole in the temporal bone, without any stellated fracture or splitting—penetrated in to the fissure of Sylvius, passing between the middle artery of the dura mater and its branches, without injuring any of them,—traversed diagonally the right lateral ventricle, and lodged itself under the membranes, close to the falx cerebri, the resistance of which had arrested its further progress. The cerebral membranes were found inflamed, and the substance of the brain firm and healthy, free from any injection, and even from that appearance called "piquet."

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

We regret to hear that Mr. Thomas Wakley, M.P., has had an attack of apoplexy, accompanied by paralysis, during his sojourn in the Isle of Skye. His duties as coroner are performed by Mr. Mills, a gentleman not belonging to the medical profession, but who has acted for Mr. W. as clerk and reporter for the press for a considerable time.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

Cases of Poisoning—Poisoning by Sugar of Lead.—A girl, ætat. 24, took half an ounce of sugar of lead by mistake for Glauber's salt. Violent burning of the stomach, sickness, and vomiting was immediately produced. A quarter of an hour after the author found her with increased redness of the face, violent pulsation of the carotids, the ephithelium of the mouth white, the epigastric region very sensitive, skin dry, pulse accelerated, small, and weak. An emetic of ipecacuanha was ordered, and vomiting kept up by abundant draughts of milk. A violent diarrhœa, with slight colic, supervened. With vegetable diet the patient recovered in a few days.

Poisoning with Vinegar.—Though Christison denies the poisonous property of acetic acid, the author considers the following case as a proof of this action. A man, ætat. 36, recovering from pleuropneumonia, took, instead of a teaspoonful of aqua laurocerasi, the aromatic vinegar only destined for smelling. He jumped out of the bed instantly, and lay writhing in the most excruciating pain on the ground; he also drank a large quantity of water. When the author arrived, he found the epithelium of the mouth white, violent pain in the chest and stomach, sickness, profuse perspiration. Pulse very accelerated, small, and contracted. Milk was given with carbonate of magnesia, and an emulsion. After frequent vomiting and diarrhœa the pains diminished, and the patient recovered.

Poisoning by Digitalis Purpurea.—A man, ætat. 24, was treated for hypertrophy of the heart and disease of the mitral valve, with fox-glove, which, after thirty-two grains had been taken in the form of powder, and three drachms in the form of infusion, occasioned slight symptoms of intoxication, easily removed by means of an oily emulsion. The same patient was again obliged to take fox-glove three months afterwards, when, after the use of one drachm of the infusion, a complete poisoning ensued, in the first stage of which, increase of the urinary secretion was the most prominent symptom. The second stage was short, and the third was developed very rapidly. The patient neither complained of dryness of the mouth, sickness, nor digestive disturbance, and though the pulse was scarcely diminished in frequency, he was in a tetanic and unconscious state soon after he first felt any affection of the head. An accumulation of fox-glove in the body must have occurred (as with mercurial preparations), by which means the rapid development of the third degree took place.

Poisoning by the Berries of Belladonna.—Two girls, of eight and five years of age, ate some belladonna berries; four hours afterwards they were stupefied, unconscious, and struggled with their hands and feet. The pupils were much dilated, the look staring, the power of speech and sensibility were lost. An emetic was administered with great difficulty, which caused several pieces of the berries to be discharged. The author then ordered a teaspoonful of castor-oil, with clysters. Sensibility returned by degrees; speech was perfect after twenty-four hours, and the hearing became regular much before vision.—*Dr. Mellon, of Treudenthal, in Prag. Viertcljahrscrift.*

Poisoning by Putrid Herrings.—P. Frank has already noticed the injurious effects of putrid herrings, the brine obtaining a caustic acrimony after a lengthened period. A healthy woman, ætat. 30, dined off a few pieces of herring with a good appetite, although they had a putrid smell and mawkish taste. Soon afterwards symptoms of intoxication appeared; weight at the stomach; violent thirst; feeling of cold and dejection; anorexia and vertigo were added towards the evening, so that the slightest movement caused her to fall to the ground. This feeling of dejection gradually passed into insensibility; cold perspiration ensued on the face; the pupils became dilated, and the pulse imperceptible. When the patient was brought into the fresh air, she vomited a great quantity of an almost colourless liquid, mixed with mucus and chyme, whereupon sensibility returned. Now the second stage of the poisoning begun; very insupportable excruciating colic appearing in paroxysms; great sensitiveness over the abdomen. The intermissions were very short. During the paroxysms the muscles of the face were drawn, the lips contracted, and teeth spasmodically closed; nausea; pulse weak and thready, 100 per minute; the whole body covered with cold perspiration. The patient obstinately refused to take anything, even a drop of water. After the paroxysms had lasted half an hour, the pains gradually diminished. A warm perspiration appeared all over the body; the pulse improved; sleep ensued; and the patient took afterwards a powder of magister. bismuth. c. ext. hyoscyam. The next day sickness, and a slight sense of weight at the stomach were still present, but soon disappeared. Two other persons who had likewise partaken of these herrings (but, probably, less putrified portions), were inconvenienced by a sense of weight at the stomach, lasting for several hours.—*Dr. Tayrer, ibidem.*

Some Observations on the Epidemic of Intermittent Fever, which raged in the Summer of 1842 at the Manufactories of Zarewa and Wasnescinok, near Moskwa.—This epidemic was so considerable that the author had to treat about two thousand patients in five months. In three cases complete aphonia appeared with the first paroxysm; the tongue was moveable and consciousness undisturbed. The skin was very sensitive, and the ileo-cœcal region presented a similar noise to that heard in abdominal typhus. After a mustard poultice had been applied this region, one patient began to stammer. At the end of the paroxysm the power of speech gradually returned, but irritability and excitable temper generally took the place of the paroxysm. In the following attacks—consciousness was slightly affected, the intermissions became shorter, murmuring delirium was present, and two patients died at the climax of the fourth paroxysm. The different pains of the head, throat, testicles, &c., accompanying this epidemic, frequently required local abstraction of blood. Many cases resembled typhus abdominalis at first. Pain of the thoracic vertebræ was rarely perceived, and had no influence on the treatment. Swelling of the liver and spleen was equally rare and slight; but pain at the pit of the stomach was almost constant. Towards the end of July and August a papular eruption appeared frequently in and about the mouth, with the first paroxysms, or two or four days after the removal of the fever, with great heat and sensibility of the mouth, and previous swelling of the lips. This eruption, which generally caused great relief, either passed off quickly, or returned several times, and then remained from four to six days. An infant and his mother were both simultaneously affected with a quotidian intermittent, but, after the mother had taken two doses of quinine, both were cured. In another case, however, the child could not be cured without itself taking quinine. The convalescence was generally accompanied by weakness and heaviness of the head, which were removed by means of local sanguineous depletions, valerian, and ether. The sulphate of quinine acted better, at the dose of two grains every two hours, than at four grains every four hours. Immediately before or after paroxysms its effects were uncertain, even in large doses; in pills it was less efficacious. Prussiate of iron, from two to four grains every two hours, only removed one series of symptoms, and caused the other to be more prominent. The *chinoidine* did not at all answer the expectations entertained of its efficacy. *Indigo*, five to ten grains every two hours, exerted a visible influence on the fever (from forty to eighty grains were taken altogether). The solutio arsenicalis Heimii was only four times inefficacious in fifty-four cases; half a drachm (eight to fifteen drops three to four times a-day) was generally sufficient, but relapses were not uncommon. No injurious consequences were observed from this remedy.—*Dr. Von Guttceit in Medicine Zeitung Russlands.*

Hermippus.—The following observation shows the injurious effects of old people causing children and grand-children to sleep in the same bed with them. The wife of a peasant, upwards of seventy years of age, had shared her husband's bed for half a century, when she became a widow. Afraid of sleeping by herself, she desired her youngest son, ætat. 27, strong and healthy, to sleep with her. Three months after, the young man sought the author's advice, because he perceived a feeling of

bodily weakness increase every day. His sallow appearance confirmed his statement; but no peculiar disorder could be discovered, till it was found out that since his father's death he slept in the same bed with his aged mother, who had increased in health and spirits perceptibly. The problem was now solved. The patient got a simple tonic; was advised to adhere to a substantial diet; to take half a dozen salt baths, and to sleep henceforth by himself. This soon had the desired effect; he became as healthy and blooming as he ever had been. The revival of the mother did not continue; she died a year afterwards.—*Dr. Cramer, of Aschersleben, in Casper's Wochenschrift.*

PROGRESS OF IRISH MEDICAL SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Dublin, Sept. 6.

Excision of the Lower Maxilla.—This operation was performed on Monday last at the Meath Hospital by Mr. Rynd, for the removal of a large osteo-sarcomatous tumour, occupying the left side of the face, and exhibited, in the method pursued in its performance, one or two peculiarities that may not be uninteresting to the profession. The subject of the operation, a female, aged twenty-four, came from the Isle of Man, and was admitted to the hospital about a fortnight since. The tumour, now of eight years' standing, had commenced as a very small prominence, having during this period gradually obtained its present bulk; the comparative measurements of the diseased and healthy sides being as follow:

From the zygoma to the symphysis menti, over the most prominent part of the tumour, eight inches and a half, the corresponding measurement of the sound side being six inches; from the angle of the jaw to that of the mouth, across the tumour, six inches and three-quarters, corresponding measurement of the healthy side three inches and one-eighth; circumference of the tumour round its base sixteen inches. Its growth had been unattended by any considerable pain or constitutional disturbance, but the patient sought for its removal from the impediment to deglutition and respiration produced by its pressure on the neighbouring organs. Fits of most distressing dyspnœa had latterly occurred during the night. An issue had been made in the fundus of the tumour some time ago by a medical man—for what purpose it cannot well be conceived—which, however, healed soon after, the discharge having been very trifling, and accompanied, according to her own account, with an escape of some fragments of bone, but the subsequent examination of the maxilla detected no appearance of exfoliation. The first incision was made by Mr. Rynd over the symphysis, in preference to the more usual method of commencing at the angle of the mouth, and instead of including the tumour in two semicircular incisions, as suggested by some of the gentlemen present, for the purpose of avoiding a redundancy of integument. Mr. Rynd, believing that considerable shrinking of the soft parts would take place, rejected this precaution, and cut, first, in a vertical direction downwards from over the prominence of the joint for a short distance, then with a semicircular sweep, to meet the angle of the flap made by the perpendicular incision at the symphysis. The disease having been found now to have involved a considerable portion of the bone at the right of the symphysis, the bone was sawn across at this part, and an incision having next been made to separate the base of the tumour at its connection in the neck, the diseased mass was dissected out. It now remained only to finish the operation at the joint, and, in order to effect this without risk of wounding the internal maxillary artery, it occurred to Mr. Rynd, a few days before the operation, to have an instrument constructed, the use of which might be expected to guard him effectually from the occurrence of this accident. The instrument closely resembles the ordinary dressing spatula, being somewhat thicker, blunt at the edges, but with its rounded extremity made sharp enough for cutting. This Mr. Rynd passed between the bone, the internal pterygoid, the internal maxillary artery, and the other structures on its inner side, loosening their connection with the ramus of the jaw, and then cut into the joint from its anterior aspect, and so completed the operation. The edges of the wound, brought in contact by means of the interrupted sutures, have almost completely united by the first intention, and the patient's progress has been in every respect completely satisfactory.

A longitudinal section of the tumour, which weighed about a pound and a half, exhibited the diseased mass of a reddish-white homogeneous appearance, somewhat more consistent than fat, replacing the central structure of the bone, and surrounded by its cortical substance, reduced to a mere shell. A cavity of smaller size, at the base of the maxilla, contained some ounces of a dark-coloured grumous fluid.

Effects of large Doses of Ether in cases of Enlarged Spleen.—In an account of some cases of ague, treated by Dr. Corrigan at the Whitworth Hospital, and recorded in the *Hospital Gazette*, he alludes to the statement of Piorry in reference to the action of quinine, of which a single dose had the effect of reducing almost instantaneously the enlargement of the spleen which so generally accompanies ague; and then cites the following case, illustrative of similar effects produced by a large dose of ether given by himself:—

Henry Magee, a sailor, ætat. 31, who had been exposed to a great deal of wet in various ways, had, while at work one day about two months previous to his admission, suddenly felt a general lassitude, with dull boring pains in his loins. After being two or three hours in this state, shivering supervened, which lasted for the two succeeding hours. Since that period, he has had shivering fits almost every twenty-four hours, being pretty well during the intermissions. About a month before coming to the hospital, his abdomen became enlarged without previous pain or tenderness. On admission, December 2, 1844, he had shiverings almost every night, preceded by a feeling of creeping over his skin, a sense of lassitude and depression, and an inclination to stretch himself. The duration of the rigors was very irregular, sometimes continuing a quarter of an hour, at other times two or three hours; usually followed by sleep, during which there was copious perspiration. The abdomen was swollen to a considerable size, with a distinct feeling of fluctuation; no tenderness in the liver or spleen; whites of the eyes not discoloured; tongue clean; urine considerable in amount, and high-coloured. Ordered, on the 4th, a senna mixture, and the day after pills with half a grain of aloes and half a grain of calomel three times a-day.

9.—Abdomen thirty-five inches, with a good deal of tympanitis over it; spleen much increased in size, encroaching on the thorax. To take ten grains of quinine at night. At the morning visit at eight o'clock, Dr. Corrigan found that the usual rigor had been absent the night before, but had come on at this moment, and on examination he was enabled to trace out with Bennet's pleximeter the area occupied by the spleen, the information afforded by percussion being so distinct, that there was no difficulty or danger of mistake in marking the boundaries. The margin of the spleen having been several times traced out in this way, its area was thus marked on this surface, and was found to occupy a space measuring six inches in length and seven and a half inches in breadth. The rigor being still on him, he was given two drachms of ether with twenty drops of tinct. opii. Five minutes after the rigor had entirely disappeared, the pulse had come down from 120 to 96, skin got warm, and the spleen only measured six inches and three quarters by four inches and a half. The subsequent treatment consisted in the administration of a few ten-grain doses of quinine at bed time; no rigor took place from the time the dose of ether was given, and the fluid in the abdomen disappeared under the use of a solution of iodide of iron, taken three times a-day. The man was discharged on the 30th of December.

The following facts are, Dr. Corrigan observes, established by the foregoing case:—1. That the spleen can suddenly alter its volume; 2. That other agents as well as quinine can effect this sudden alteration of size; 3. A confirmation of an old observation, that a cure of the disease may be effected by other remedies as well as quinine. Here, he observes, the ether acted even better than the quinine, large doses of which failed to cut short the disease, having merely prolonged the interval and made the supervention of the attack later than usual; but the two drachms of ether with opium at once cut short the cold fit, and the attack never returned.

To a woman who laboured under tertian ague, Dr. Corrigan gave, in the intervals of the fits, ten-grain doses of quinine, under which she recovered. A singular result in this case, he observes, followed the administration of the first dose. In two minutes after there was a reduction in the size of the spleen, similar to the former case, but in an hour or two the organ regained its former bulk; in the afternoon of the same day, however, it had again diminished, and the patient gradually recovered.

M. Kelly, ætat. 32, a sailor, had been attacked with ague several times in the course of nine months previous to his admission on the 3rd of February, 1845, to the Whitworth Hospital.

4.—Had a fit of ague which lasted half an hour; during the fit there was considerable tenderness over the region of the spleen, and percussion showed it to be considerably enlarged. Skin cool and of a jaundiced hue; eyes also yellow. Spleen enlarged, occupying the space from the last rib to the crest of the ilium; tongue rough and furred in the centre; appetite bad; bowels regular; urine copious and high-coloured; sleeps badly at night; epigastrium tender on pressure.

A dose of ether was given to this man on the day after his admission in the cold stages, by a pupil who had seen its efficacy in the former case. The next day there was no fit, but the day after the attacks returned and continued. A pill of Pil. hydrarg. gr. ij, Calomel gr. j, Ext. taraxici gr. ij, Opii gr. $\frac{1}{4}$, was given three times a-day until the gums were touched, and under this treatment, directed against the local subacute inflammation of the liver, the cold fits shortened from about two hours' duration to twenty minutes. By the use of the ordinary treatment of quinine the spleen now considerably decreased in size, and the man was discharged on the 13th of April.

Dr. Corrigan observes, in reference to chronic enlargement of the spleen, independent of ague, that he has seen it occupy nearly the whole of the left side of the abdomen, remaining so for years without causing dropsy. He believes that considerable enlargement, where there is also induration, cannot be removed, having tried mercury, iodine, and quinine with no benefit, and has known counter irritation to be equally inefficacious in the hands of others. The actual cautery, he observes, is a remedy in constant use in India. He is of opinion that, in cases of this kind, attention to the general health is better than trying to act on the local disease; and that if the constitution be not tampered with, there will probably be little injurious effect for many years; but, as in all chronic cases, that circumstances may arise requiring interference. For the relief of the oppressed breathing, difficulty of lying down at night, and inability to walk much, which most persons of large spleen complain of, Dr. Corrigan recommends the use of small bleedings, to the amount of four ounces repeated two or three times, at intervals of two or three days. There seems in these cases, he observes, a great disposition to an accumulation of venous blood, as evidenced by the enlargement of the superficial veins over the body. The smallness of the pulse and coolness of the skin must not prevent the employment of the lancet; at the same time that large bleedings, which would depress the strength, must not be ventured on. The other means to be used to assist the bleedings must depend on the indications to be fulfilled.

M. Müller, of Berlin, has been appointed a Corresponding Member of the Académie des Sciences, Paris, in the room of M. Provencal, of Montpellier, deceased. The unsuccessful candidates were MM. Carus, of Dresden; Baer, of St Petersburg; Rathke of Küningsberg; Purkinje, Breslau; Valentin, of Berne; Della Chiaje, of Naples; Nordmann, of Odessa; Eschricht, of Copenhagen; and Newport, of London.

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in three numbers of the *Medical Gazette*.]

ALBUMINURIA.—Dr. C. J. B. Williams details, in the course of a clinical lecture, the principal features of several cases of albuminuria, which have terminated fatally under his care. The cases are five in number; three of the patients died in the course of a few hours after admission. One of these three died of pneumonia, another of delirium tremens, and the third of apoplexy. Of the other two, one died of pneumonia supervening on phthisis, together with albuminuria, and in the fifth there was very extensive organic disease of the heart complicating the albuminuria. In the cases of pneumonia, the inflammatory action affected both lungs. In the first of these, the patient was a young man of very intemperate habits, who, having been deprived of his accustomed stimulus, was seized with a kind of delirium or maniacal affection, in consequence of which, according to his own report, he spent several days running or walking about, taking refuge at night in some out-house without sufficient covering, and with very little nourishment. When admitted, as he presented evidences of double pneumonia, he was bled to twelve ounces, which produced faintness; some reaction took place, and he became delirious, dying the same evening in a state of great exhaustion. On examination of the body, nearly the whole of the right lung was found to be inflamed, in a state rapidly advancing towards hepatisation, and the left lung was affected considerably in the same way. There were several old tuberculous lesions at the upper part of both lungs, and at the apex of the left a cavity of the size of a hazel-nut. There were hemorrhagic spots in several parts of the lungs, showing not only inflammatory engorgement, but extensive extravasation of the blood from the vessels. The kidneys were found diseased, being affected with one of the forms of granular degeneration. The urine which was found in the bladder was ascertained to be albuminous. The post-mortem examination in the case of delirium tremens showed some congestion of the cerebrum, considerable effusion throughout the substance of that organ, with general softening and atrophy. The sensibility of the patient during life was diminished, but there was not any paralysis of motion. The man's kidneys were in the state of granular degeneration. It is also stated that there was a little urine in the *blood*—enough to exhibit the appearance of albumen. [This must be a careless misprint of blood for bladder.] The case of apoplexy was attended with complete insensibility, with more loss of power on the left side than on the right. On opening the skull there was found hemorrhage to an enormous amount, breaking, and forming a very large clot in the substance of the brain, over the whole extent of the right ventricle, and reaching into and quite filling both lateral ventricles; the septum lucidum was completely broken down, and the large clot communicated through the fourth ventricle even to the base of the brain and cerebellum, so that the whole of the central portion of the brain seemed to be occupied by this enormous clot of blood, which was so much matter added to the encephalon: hence the brain seemed too large for the skull, and projected a great deal when the cranium was removed. There was a great deal of blood also in the vessels of the dura mater. The blood-vessels of the brain generally were remarkably thin. The left kidney was very small and atrophied, and weighed only two ounces. The capsule was strongly adherent to the texture, and on being torn off drew many grains of cortical texture with it, interspersed with larger masses of opaque deposit. There was much fat in the pelvis and calices of the kidney, and its cortical substance was very much reduced. The right kidney was larger than usual, weighing seven ounces six drachms. Its capsule did not adhere; but the organ was much congested and coarse in texture, particularly at its lower part, and was mottled with a whitish deposit of soft consistence. The urine in the bladder was albuminous. Dr. Williams is of opinion that in the majority of cases of thundering apoplexy, where a large quantity of blood is effused on the brain, the affection is connected with granular degeneration of the kidneys. The next case is one of pneumonia complicating phthisis and albuminuria. On examining the body after death, there were adhesions at the apex of the left lung, and in the same part were some large clusters of grey tough consolidations; and some small masses of the same kind near the root of the lung. The lower half of this lung was in an engorged and softened state, between engorgement and hepatisation; almost sinking in water. At the apex of the right lung was old consolidation with puckering, and something like the remains of a cavity. A little yellow tuberculous matter could be detected there; but the chief mass was composed of a kind of dwindled grey tubercle, as if partially absorbed. The two lower thirds of the lung were in a state of soft hepatisation, when squeezed exuding a red jelly-like matter, and sinking in water. In the vicinity of the consolidations at the apex of the lungs, portions of the tissue were emphysematous. There were also some opaque patches on the outside of the heart; no other disease. Weight eight and a half ounces. Patches of opaque contractile deposit were found on both surfaces of the liver, and some appearance of interstitial deposit. Weight two pounds twelve ounces. The kidneys were rough and granular on surface; the removal of the capsule drew up many grains; texture coarse, and of a dirty brick colour. Weight of each kidney about five ounces. They were larger than usual, but not softer. The last case was one of morbus cordis, the complication of which with albuminuria caused Dr. Williams to give an unfavourable prognosis. He observes that all cases of morbus cordis, to the extent in which it occurred in this patient, are dangerous, but not so much so as is commonly supposed. Morbus cordis, in by far the greater number of instances, becomes complicated with other affections; and, as a general rule, singly it does not destroy the patient, though it may do so in extreme cases. It may, as a chronic disease, attain an enormous amount without destroying life, and, indeed, the tendency to produce that result is usually proportioned to the extent to which it interferes with the function and structure of other organs, more particularly with the lungs, the liver, and the kidneys, and the latter most of all. Now this fact is the more important, because it shows that, by removing or preventing these complications, we may avert the fatal termination for a considerable time. The ultimate result of heart-disease, where it increases very much, is to induce albuminuria. At first the albuminuria is a mere temporary or functional state, and it may be said to be induced by a great amount of congestion during the severe embarrassment of the circulation, caused by a transient aggravation of the heart-disease, and this may be carried off under proper treatment. It is where the urine becomes permanently and increasingly albuminous, and where, with the presence of albumen, there is a deficiency of the natural constituents of the urine, so that the excretory function of the gland is reduced, that the approach of the fatal termination of the heart-disease is announced. On the post-mortem examination of this case, the pericardium was very firmly adherent to the heart at every part, and to a large surface of the front walls of the chest. The lungs were pushed aside by the enlarged heart. The liver descended very nearly to the umbilicus. The right lung presented some opaque false membrane on the lower and middle lobes. It was moderately congested, but crepitant throughout, and felt of firmer texture than usual (hypertrophy). A well-defined apoplectic clot at the lateral portion of the lower lobe. Weight thirteen ounces and a half. Left lung small, weighing nine ounces and three-quarters. Lower lobe only moderately congested. An apoplectic clot in the lower part, firm, and very dark in colour, mottled with patches of paler opaque matter. The aortic valves were found to resist the passage of a strong current of water; they were small, but the calibre of the aorta also was small; some small vegetations attached to the corpora arantii, and adjoining free margin of the valves. Both laminæ of mitral valve considerably thickened and shortened, especially the posterior lamina, which was puckered into a mere ridge on the auriculo-ventricular ring. The tendinous cords were also shortened, and some of them were adherent. The valves on the right side were healthy. The heart was itself very much enlarged, weighing sixteen ounces and a half. The right kidney was mottled, but not in a high degree. The capsule raised granules only in parts. Cortical substance paler than usual. Weight four ounces and three-quarters. The left kidney was remarkably firm in texture, and the cortical substance was paler than that of the right. Weight four ounces and three-quarters. Both kidneys exhibited the appearance of cacoplastic deposit, and also a considerable amount of congestion. The liver also was much congested; it was of a dark red colour; and on cutting into it the branches of the hepatic vein were so large that many of them admitted the tip of the finger, and were full of blood. There was a considerable amount of pale deposit in the liver, mottling its structure, and this was observed to be accumulated especially around the portal veins. Some parts of the pale substance were stained with bile, and these masses were interspersed with portions of the ordinary texture of the liver. This organ weighed two pounds two ounces and a half, and when closely examined, presented numberless orange-coloured points, smaller than the acini, but still resembling them in form. Between and around these the tissue was of a fawn colour, and less opaque. Under the microscope the fawn-coloured deposit was found to be composed of numerous nucleated cells. The smaller central points contained much fewer cells, and more filamentous tissue. Dr. Williams next proceeds to account for the prevalence of albuminuria at the time these cases were admitted, from the changes in the weather. Changes of temperature, sudden transitions from cold to warm, from warm to cold, operate mainly by affecting the general circulation, by causing a great internal congestion, driving the blood from the surface, and thus in an undue degree taxing weak organs. There are a number of facts which bear on this point, in connection with albuminuria as a temporary disorder, or a permanent affection arising from congestion of the kidneys. In a subsequent lecture, Dr. Williams treats of cases of this complaint which did not prove fatal, even when accompanied by structural disease. The first case is that of a man, labouring under general dropsy and albuminuria for the second time, he having been cured five years previously of a similar attack. When first admitted, there was general dropsy and anasarca, and the urine was highly albuminous. He remained in the hospital three months, and when discharged he was free from dropsy, the strength and flesh in a great degree restored, and the urine had lost its albuminous impregnation. It was, however, of a lower specific gravity than usual. He remained well for two years, when he had a slight attack, of which he was soon cured. The second attack was, apparently, as severe as the first, and while in the hospital the man had an attack of sub-acute pleuritis. The dropsy was very obstinate, and long resisted the treatment by hydragogue purgatives, blisters to the loins, and diuretics, but at last yielded. The man was ultimately dismissed relieved He has, however, again been admitted into the hospital with general dropsy and albuminuria, and there can be but little doubt that the third attack will terminate fatally. The next case is that of a man, who was admitted with pneumonia, after drinking to excess. Exposure to cold, after the kidneys have been exhausted by the excitement of alcoholic drinks, is, Dr. Williams says, peculiarly trying to the function of the kidney. The man's urine was scanty and turbid, specific gravity 1·017, and it contained a great deal of albumen. The daily progress of the case showed a gradual increase of the specific gravity, and a corresponding decrease of the albumen in the urine. The man recovered perfectly. This appears to have been a case of quite temporary albuminuria, and to have occurred from the same cause as that which produced the inflammation in the chest, and such a cause as is known frequently to produce acute albuminuria. The next case was a slight attack of albuminuria occurring in an hysterical subject, after exposure to cold, and was soon cured by purgatives and a blister to the loins. In the next case, one of nephralgia with hæmaturia, combined with albuminuria, Dr. Williams suspected the

presence of a calculus in the kidney, or of some permanent structural disease, tending to the obstruction of the circulation through the kidney. The treatment adopted was calculated to remove congestion of the kidneys, and medicines which diminish the lithic deposit were also given. The urine continued albuminous when the man was dismissed, although he was in apparent health. The next case is one of acute dropsy with albuminuria, and was treated by cupping on the loins, diuretics, and hydragogue purgatives; and when convalescent, quinine with nitric acid was administered. The man was dismissed cured, but Dr. Williams thinks that there has been laid the foundation of a disease which may ultimately prove fatal sooner or later—sooner if he neglects precaution; sooner if he goes on in his habitual intoxication; sooner if his circumstances expose him to sudden transitions of temperature, or any other cause tending to an internal determination of blood, or continued congestion; sooner if his nutritive function should become impaired, so that there should be a tendency to increase the degenerative disease:—but later if these different causes are avoided, if he adopts regular diet, careful management, warm clothing, and other means of securing the proper regulation of the circulation, and a sufficient freedom in the functions of excretion. Next follows a case of valvular disease of the heart, with symptoms of low endocarditis and albuminuria, the patient suffering several relapses while in the hospital, but being ultimately dismissed, relieved as to the heart-disease, and apparently cured of the albuinuria. There was then scarcely any albumen in the urine, and the specific gravity was about natural. In the next case, the disease was complicated with a small amount of pulmonary affection, and a diseased condition of the uterus also complicated the case. The patient is still under treatment, and has already manifested some degree of improvement. The last case is that of a ricketty patient, labouring under albuminuria, consequent on the dropsy following scarlatina, and complicated by sub-acute pulmonic inflammation, with effusion into the chest, and enlargement of the spleen and kidneys. She was treated by blistering between the shoulders, the exhibition of squills, digitalis, and iodide of potassium internally, moderate purgation, and, afterwards, mild tonics. The pain which existed in the right loin was removed by cupping, and the patient was ultimately discharged without any apparent ailment.

Emphysema.—Mr. B. Phillips narrates a case of emphysema from fracture of the sixth and seventh ribs near the angles, in which air was effused in the neighbouring cellular tissue, the cavity of the chest not being implicated. He accounts for this by the presumed existence of old adhesions at the part, as, he says, under those circumstances, the air can more easily find its way into the cellular tissue, than through the false membrane into the cavity of the pleura.

Fracture of the Humerus.—Mr. B. Phillips describes a case of fracture of the humerus occurring from muscular action in a man who had long been labouring under rheumatic inflammation of the bone, by which it had been rendered fragile. Iodide of potassium and the compound decoction of sarsaparilla were exhibited internally, and, under their use, callus was formed, and the bone united. Mr. Phillips remarks, that it will be interesting to observe whether, if there be any return of rheumatism, the callus will give way.

Strangulated Hernia in the Inguinal Canal.—A man was admitted into the Westminster Hospital with symptoms of strangulated hernia. He had been ruptured six or seven years previously, but had not worn a truss for several months. There was a fulness of the upper part of the canal, and a distinct protrusion could be felt against the finger when the man coughed. Mr. Phillips operated the day after his admission. The incision extended from a little above the inner ring to a little below the external ring, and certainly at that time there was nothing to make it probable that there was much intestine in the canal. When the incision had passed through the aponeurosis of the external abdominal muscle, a tumour of the size of a hen's egg became at once apparent. The sac was found perfectly flaccid, and could be drawn down much below the gut; there was no fluid in it, but when the inner ring was enlarged, three or four ounces of fluid escaped from the abdomen. The intestine was dark in colour, a good deal congested, but had not lost its polish. Some symptoms of peritonitis followed, which were appropriately treated, and the man recovered.

Causes of Sudden Death.—An anonymous correspondent gives the following as the causes of sudden death:—In the head—rupture of the basilar artery; rupture of one of the other large arterial branches in the vicinity of the respiratory tract; apoplexy occurring in the pons varolii; sudden effusion of blood or pus into the lateral ventricles; general venous congestion of the brain and its membranes, especially in coincidence with cardiac and pulmonary obstructions. In the thorax:—right side of the heart—Rupture of the right cavities or pulmonary artery; inefficiency by rupture or ulceration of the pulmonary valves; sudden influx of blood to the right ventricle, or the occurrence of additional pulmonary obstruction, in any case where that cavity has become weakened from any cause: Left side of the heart—Rupture of the left auricle, instantaneous death; rupture of the left ventricle, generally in connection with fatty degeneration or thinning of the heart, or obstruction of its nutrient vessels: death is usually, but (from the cause mentioned in speaking of rupture of the right ventricle) not always instantaneous; rupture of the coronary arteries—immediate death. The coronary arteries have been found greatly obstructed or obliterated in cases of sudden death. Persons in whom the left ventricle is, from any cause, much weakened or dilated, especially where the aortic valves are inefficient, are liable to die suddenly, or to be seized with symptoms of thoracic oppression, which prove fatal in a few hours. Sudden rupture of the cords of the mitral valves may cause death within an hour in a diseased heart, but does not appear to be suddenly fatal when occurring in a healthy one Sudden death from rupture of the vena azygos is rare, but cases have been recorded by Morgagni and Dr. J. Flügel. Transverse rupture of all the coats of the aorta, or of an aneurism within the pericardium, is instantaneously fatal. Respiratory apparatus—Dr. Francis gives a case of purulent infiltration and œdema of the glottis, in which death took place within five minutes. Profuse arterial hemorrhage from the lungs may cause death, either by suffocation or by collapse. The bursting of an aneurism into the trachea, bronchus, or substance of the lungs, is generally fatal at the first or second gush. The sudden occurrence of a communication between an aneurism of the aorta and the pulmonary artery, auricles, superior cava, or other part of the cardiac apparatus, is liable to cause immediate collapse and distress, and death within a few hours; but sometimes dissolution occurs at a later period, and probably never instantaneously. Rupture of an aneurism into the pleura is followed by instant death. In the abdomen—In rupture or ulceration of the splenic or coronary artery into the stomach, sudden death from hæmatemesis may occur; but the time of death has varied in several cases, according to the size of the aperture and amount of the hemorrhage. Rupture of an aneurism of the abdominal aorta or other large vessel, into the peritoneal cavity, is followed by death within five minutes. Extravasation of feculent matter, bile, or other irritant, into the peritoneum, may produce death from collapse in from three to seven hours, or from inflammation in from eight hours to three days; but extravasations of this kind are not invariably fatal.

The Frequency of Cancer in the Two Sexes.—Mr. T. Wilkinson King says, of all females who die about forty-four years of age, nearly one-half have cancer; of males, one-eighth. Cancers, he says, increase in frequency from youth up to the forty-fourth year, and then decrease; but in males above sixty-five, one-fifth of all who die are cancerous.

Lead Palsy.—Mr. Pearl narrates several cases illustrative of the toxic effects of lead on the system. Its ingestion was owing to the use of water containing a certain proportion of carbonic acid which had passed through lead pipes, by which means it became charged with carbonate of lead.

Dislocation of the Sternal Extremity of the Clavicle backwards.—Mr. Brown had a case of this rare accident, which occurred from a fall in wrestling. The man had been thrown to, or rather *upon*, the left shoulder, so that this was forced forwards. The great force of the fall was assisted by the weight of the other wrestler coming down upon him. Instead of the clavicle giving way in its outer curvature, the sternal end of the bone was completely driven backwards. There was much pain, with some embarrassment of breathing. The limb was put up with the wedged-shaped pad in the axilla; the elbow, in order to be made to act as the lever, being fastened to the side by means of a roller passing alternately round the body, and over the right shoulder. Thus the elbow was supported, and the fore-arm fixed upon the breast, whereby the shoulder was kept back, in addition to the primary object being obtained, of confining the elbow to the side, and so making the pad effective as the fulcrum. The result of the case is not stated.

Discolouration of the Nails from the Internal Use of Nitrate of Silver.—From an experiment made by Dr. Madden, it would seem that this discolouration is not in the nail itself, but in the matrix beneath.

Perforation of the Cœcum.—A case of this kind is narrated from the practice of Mr. Cooper. The patient was a man sixty-four years of age, who had been ruptured for five or six years previously. He was admitted into the hospital with sickness, tympanitis, and constipation, accompanied by considerable restlessness. Scirrhous obstruction of the rectum was discovered by means of the flexible tube about five inches from the anus. The man, two days after his admission, was suddenly seized with violent pain in the abdomen, with great prostration, and he died early the next morning. Sectio cadaveris twenty-nine hours after death. The abdomen was enormously distended, but the external appearance of the rest of the body was that of a healthy man. Whilst opening the abdomen a quantity of very fetid gas escaped, and the parietes collapsed. Fæces were found spread over the surface of the peritoneum. A small portion of the small intestines were glued together by recently deposited lymph, and they were minutely injected. The large intestines were enormously distended, and their coats thin. In the cœcum there was found a perforation about the size of a shilling, and its peritoneal surface was congested and of a dark colour. Upon laying it open there was exposed a large oblong whitish slough, at one end of which was situated the perforation. The ileo-cœcal valve was healthy; nor was there any source of interruption to the passage of the contents of the small intestines through it. Upon removing and laying open the rectum, it was found contracted at its upper part for about two inches, with the coats thickened and indurated, and its mucous surface ulcerating and sloughy at that part. About three inches from the margin of the anus were one or two transverse folds of mucous membrane. The brain and thoracic viscera were not examined. There can be no doubt that the cœcum had been the contents of the inguinal hernia, and its nutrition deteriorated by its protrusion.

Rupture of the Bladder.—Mr. Spencer Wells describes two cases of rupture of the bladder, which terminated fatally. The first was a carpenter's mate, thirty years of age, who, while in a state of intoxication, fell out of his hammock, striking, as he supposed, against a stool. He complained soon after of severe pain above the pubes, considerable distention above the pubes and umbilicus, with great desire to void his urine, but inability to do so. The pulse was quick, small, and intermittent; skin cold; great pain and extreme tenderness on pressure above the pubes. A small quantity of urine was drawn off by the catheter, with partial relief; a hip-bath and a full opiate were afterwards employed. The symptoms increased in severity during the night; six ounces of nearly pure blood were drawn off the following morning by the catheter. A few hours afterwards he was admitted into the Malta hospital. The countenance was then very anxious and contracted, the surface cold, and covered by a clammy perspiration. There was also circumscribed distension, about the size of a cricket-ball, between the pubes and umbilicus, and such excessive tenderness that he shrunk from the slightest touch in that situation. A catheter was passed, when between nine and ten ounces of nearly pure blood flowed.

On examination of the bladder by the rectum it gave the sensation of a hard solid body pressing towards the concavity of the sacrum. On rotating the catheter, so as to cause motion of its beak, a sensation was felt as if it were pressing against some elastic substance. He was at this time troubled very much with vomiting. Opiates, leeching, and turpentine enemata were had recourse to, but peritonitis set in soon after, and the man died a hundred and twenty-two hours after the accident. The body was examined twelve hours after death. On dividing the parietes of the abdomen, the whole of the tissues beneath the superficial fascia were found of a reddish-black colour, softened, gangrenous, and exuding copiously, on pressure of the knife, a bloody serum, having a urinous odour. A catheter was passed through the urethra into the bladder, when its point immediately became visible in a large cavity, which was bounded superiorly by the reflections of the peritoneum from the anterior surface of the rectum, and the posterior and superior surfaces of the bladder. The peritoneum being pushed upwards had left a large cavity, filled with urine and coagulated blood; at the bottom of which was the bladder, quite contracted, with a rent in its anterior surface about an inch and a half in length. The edges of this opening were red, hard, and rounded. The whole of the cellular tissue surrounding the bladder, the muscles around the pelvic cavity, and the superficial abdominal muscles, were all softened and gangrenous, and permeated by a urinous fluid. The peritoneum exhibited the usual marks of intense inflammation, but was perfectly entire. Very little serum was effused into its cavity, but the intestines were adherent to each other by the recent effusion of coagulable lymph. The kidneys presented no sign of disease. No mark of any blow could be discovered upon the integuments of the abdomen. The second case, which was caused by a fall across the loins on a chain cable, presented symptoms of cystitis, with hemorrhage into the bladder, supposed to originate in the kidneys. Peritonitis set in soon after, and the case terminated fatally in a hundred and ninety-five hours after the fall. On examination of the body after death, the thoracic viscera were found to be healthy, also the liver, spleen, and stomach, and the intestines, except their peritoneal coat. The right kidney presented no signs of inflammatory action, but appeared to have been the seat of hemorrhage, as several small coagula projected from the calices and infundibula. The same state was observed in the left kidney, but in a less degree. The whole of the moveable intestines were displaced from the lower part of the abdomen, and pushed upwards to a level with the umbilicus. They were here united together, and to the walls of the abdomen, by lymph recently effused upon the surface of the peritoneum. The cavity formed by these peritoneal adhesions, and by the reflections of the membrane over the pelvic viscera, was distended by a clear bloody serum, not urinous in its odour. This fluid was removed by a sponge, when the bladder appeared much enlarged, and its postero-inferior surface was dark-coloured and gangrenous in appearance, the peritoneum being implicated in the gangrene. On injecting the bladder *in situ* through a catheter passed by the urethra, the fluid exuded through this dark gangrenous portion into the peritoneal cavity. The whole of the cellular tissue surrounding the bladder, and connecting it with the walls of the pelvis, was exceedingly thickened by urinary infiltration, and the results of inflammatory action. It had a fetid ammoniacal odour, and was dark brown in colour. The mucous membrane was excessively inflamed, raised into highly vascular rugæ, and a perforation upwards of an inch in length was found on the anterior surface, a little to the right side, and just below the reflection of the peritoneum. Its edges were red, hard, and turgid. The muscular coat was very distinct, and of a light slate colour. In this case the operation of opening the bladder was proposed, but rejected on account of the peritoneal complication. With regard to the diagnosis of similar cases, if immediately after any accident likely to injure the bladder, severe pain follows in the hypogastric region, with passage of blood or bloody urine by the catheter; if more than a very small quantity of blood is never voided at one time, nor drawn off by the catheter; if a peculiar sensation of pressure against the point of the catheter be felt, and if these symptoms be unaccompanied by the severe prostration of strength and depression of pulse, which always follow peritoneal perforation, rupture of the bladder external to the peritoneum may fairly be inferred, and the treatment founded on the inference. The most rational treatment would appear to be to make a free opening through the perineum and deep pelvic fascia, in order to allow a free exit to the urine infiltrated through the pelvic cellular tissue, and, if necessary, a counter opening above the pubes. The case would then be no worse than one of wound of the bladder with extravasation, and by keeping an elastic catheter constantly in the bladder, further infiltration might be to a great degree avoided. Under this treatment, with opium, and the necessary means for combating peritonitis, if it arise, Mr. Wells would not consider the case by any means so hopeless as one in which the peritoneal cavity was opened.

Lithotomy.—Two cases of lithotomy are reported from the practice of Mr. Key, in which considerable difficulty was experienced in seizing the stone, from its position at the fundus of the bladder, and which was only overcome by pressure made externally over the fundus, when the calculus dropped between the blades of the forceps. Mr. Key in some clinical remarks on these cases, observed that a calculus usually lies free in the bladder as long as the mucous coat of the organ preserves its healthy condition. The oxalate, urate, and even the phosphatic stones, are found in the base of the bladder until the surface of the membrane becomes villous from inflammation, and its secretion becomes alkaline and viscous. The bladder, inflamed and irritated by the stone, contracts upon it with more force, and secretes an abundance of alkaline mucus, the phosphatic salts of which crystallize on the surface of the stone, and make it adhere often with considerable tenacity to the surface of the organ. This fixed state of a calculus is not only an evil in itself, adding much to the difficulty of an operation, but is met with in patients whose bladders have suffered much from irritation of the stone, and who are generally least able to bear up against the effects of a difficult and protracted operation. The part of the bladder usually occupied by a calculus under these circumstances is the fundus, which retains the stone with tenacity, while the lower part of the organ receives the urine as it passes from the ureters; in sounding such a bladder, the calculus is felt either on the concave surface of the instrument, or by withdrawing it towards the pubes—a circumstance that always portends some difficulty in seizing it after the bladder is opened. It has happened more than once that a patient has been removed from the operating table with the stone remaining in the bladder, after long and continued efforts made in vain to seize it; and the failure has arisen, not from the extraordinary size of the calculus, but from its peculiar position. The forceps, at first, though opened to their full extent, obtain but a very slight hold of the stone; the extremity of it only is seized, and it soon escapes from the grasp of the operator. Repeated attempts are made to gain a firmer hold of it, and at each attempt the stone is pushed further from the opening, until the forceps are obliged to be buried nearly to the handles before the stone can be felt. It is in the retreat of the stone before the forceps that the difficulty of seizing it lies. The stone, instead of retreating in a direct line from the opening into the bladder, ascends behind the pubes, where the forceps cannot without assistance, reach it, much less grasp it. The handle of the forceps, though depressed as much as the wound will allow, cannot carry the blades high enough to reach the stone, and it requires very firm pressure on the lower part of the abdomen to depress the stone sufficiently to enable the forceps to seize it.

Abdominal Presentation.—Dr. Reid mentions a case of presentation of the abdomen (a very rare occurrence), in which the insertion of the funis in the abdomen was distinctly ascertained at a short distance from the os uteri. It was converted into a footling case without much difficulty.

Spontaneous Double Expulsion.—Dr. Reid mentions a case of twins, in which the second child was expelled double. Both children were living three weeks afterwards.

NOTICES TO CORRESPONDENTS.

A Handsome Portfolio *for holding the* "Medical Times"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

☞ Defaulters.—*We regret to announce that Mr. J. Selkirk, of Sanchie, by Alloa, North Britain; and Mr. F. Clarke, late of Ballyconnell, Ireland, can receive from us no more Nos. of the Medical Times.* We cannot afford *to send journals on their system of non-payment. We understand that Mr. F. Clarke has recently quitted Ireland for America, where we hope this notice may meet his eye.*

J. G. F., Brentford.—*A new arrangement of the elementary bodies takes place. Acid properties are obliterated, but as probably a resinous body is formed, it would not be in accordance with chemical nomenclature to call it a sulphate of turpentine.*

Galen *sends us the following queries:—In what number of your paper will I find the following recipes:—" Le Rob de Laffecteur" (sudorific), " Acidulated Kali" (febrifuge). Would you be kind enough to search Cooley's last Cyclopædia of Practical Recipes, for the ingredients or recipe of Green's Medicated Soap (patent medicine)?—We presume our correspondent supposes time hangs heavily on our hands, and is accordingly willing to afford us a little amusing employment. We are compelled to undeceive him, and regret to say we have* not *time to attend to his request.*

E. B., Crewkerne.—*We must beg to refer our correspondent to the "Students' Number of the Medical Times," which will be published on the 26th of September, and will contain all the requisite information.*

Anglo-Irishman, *who sends us half-a-guinea as a donation to the Subscription Fund, but who will* not *subscribe to a prize endowment, is informed that we are unable to alter our intention respecting the allocation of subscriptions received. Unless we hear from him to the contrary, we shall place the sum to our correspondent's credit, in advance for the ensuing year. We cannot but be gratified at the kind feeling displayed by Anglo-Irishman in his highly flattering letter.*

E. K.—*We should say that, under present circumstances, it is not* practically *necessary.*

We must refer Old Man *to the "Medical Guide and Almanac, for* 1845."

A Constant Subscriber.—*Both the gentlemen named are examiners in medicine to the University of London.*

A Student, Shaftesbury.—*The Winter Session at Guy's and Bartholomew's Hospitals commences on Wednesday, October* 1.

J. H. G. W., Hoxton.—*We recommend our correspondent to break himself of his bad habit with all convenient speed. We have no doubt that, the excitement being removed, the effect will soon disappear. J. H. G. W. cannot persist in his present habits without serious injury to his health.*

We regret that Dr. Orpen *should not have received the numbers he sent for. They were posted in London safely, and the blame must be laid with the post-office. They were again sent on the 9th instant.*

Gentlemen connected with medical schools are particularly requested to forward immediately their prospectuses to the Medical Times Office, in order that they may appear in our Students' Number, *of 26th instant.*

On the 21st of June, 1845, we received a letter, signed James D. Protheroe, Surgeon, Medhurst. We gave a short abstract of part of the contents of his letter; but on writing to the address given, find our letter returned through the Dead-Letter Office. Can Mr. Protheroe, or some correspondent in Medhurst, throw any light on this subject for us?

Alpha.—*The session of the University of Edinburgh commences in November.*

Other correspondents next week.

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s.; Quarterly, 6s. 6d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is 6s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 13TH, 1845.

Orandum est, ut sit mens sana in corpore sano.—JUVENAL.

IN a country whose pre-eminent greatness depends so much on that industry which *creates* for commerce its due *pabulum*, viz.:—exchangeable materials -the diseases to which artizans are subject acquire an especial interest. While ruminating or studying in a luxurious ease, unknown even to a Sardanapalus or a Darius, there is the pleasurable sorrow of a contrast, mingled with the ennobling solace of a duty, in reflecting on the morbid results of that ill-appreciated activity which contributes so much to, and shares so little, in the happiness of civilised society. There can be no more pleasing office in the brotherhood of man, than that of mutually aiding to soften the primal curse of our race, labour, into a blessing; and if, by some stern necessity of the active, and perhaps not too perfectly managed, times we live in, a great portion of our skilled labourers must be subjected not only to toils protracted and burdensome, but to toils constantly assaulting, by morbid agencies, the very organism itself; if—odd paradox!—human beings catering to our enjoyments must be compelled by the progress of society to sacrifice, slowly but surely, one portion of their lives to win subsistence for the rest—then, we say, it is especially becoming in us, who profit by their self-nocent industry, to endeavour to return in some other kind our obligations, so as to make our luxuries come to us as costless as possible to our brethren, and benevolently meeting the woes of toil-worn necessity by the good offices of wealthy ease, adjust to some fairer proportions Nature's disordered balance of happiness.

In the vast process of social amelioration—for vast it is considered as a need on one side and a *duty on the other*—the Medical Profession forms the great active engine. Under all circumstances, our aid in mitigating the evil is called into unceasing play; and were social remedies and evils in anything like due proportion, were there any organisation to call out and adopt latent supplies to meet obvious and palpable wants, our share in the work of benevolence would be greater, our place in the station of honour higher. But as it is, we soothe many an hour's agony to wretches who, without our solace, would know none. The word of kindness, too rarely heard from the luckier of their kin, they have from us always—the prompt relief from pressing penury often—the medicament of health not unfrequently. Without a witness, we stoop to them; in the dark, our purses open to them; almost unconsciously we live to save them. Daily, in thousands and tens of thousands of cases, does our Profession act to injured, wounded, and ill-used Society the good Samaritan. Our actual exertions by the bed-side of the sufferer would, however, be the least of our services if there were those in high power who would seek in our experience, lessons "to teach the wretched how to rise." Much do we to *cure*, infinitely more with watchful governance and national aid could we do to *prevent* human misery. Seeing sufferings, it is as much our place to trace as to remedy them; and when, by our labours, the causes are detected, it would be well indeed if there were those in power whose especial office it would be to see to their mitigation. In any case there is much of utility in laying bare the mysteries of diseases lurking unseen by Government among some of the most useful and profitable of our fellow subjects; and, bringing in our humble contribution, we propose in this, and two or three succeeding articles, to touch on the diseases to which the workmen in lead mines are more especially subject.

These labourers are exposed to a multitude of agencies—some inseparable from the nature of their occupation, others arising from, or at least aggravated by, their ignorance—which deteriorate the system and *predispose* to disease, as well as to numerous agencies, which act as direct *excitants* on organs weakened by previous mismanagement.

It is, perhaps, unknown to many of our readers, that miners are peculiarly prone to intermarriage, and also to very early marriage. A very intelligent correspondent, Mr. William Armstrong, who has lately addressed a communication to us on the subject, and to whom we owe most of the facts on which these articles are based, accounts for this by stating, that as lead mines are always found in mountainous districts, and the miners live generally in the valleys, the people of one vale, or district, are often at a considerable distance from any other. This isolated state of communities is believed a cause of frequent intermarriages. Certain it is that intermarriages, are frequent and that is is a fertile source of degenerate offspring. But not content with this, the miner, with the true improvidence of ignorance, adds another source of evil—that of *early* marriage—marriage at a period when the whole *vis* of the constitution is requisite for the consolidation of the frame. How can we, from such parents, expect strong and healthy children? Not only do the parents suffer in their own persons for their imprudence, but they bequeath suffering as an inheritance to their unfortunate offspring. Add to this, the father's confinement in a close atmosphere, where the sun's rays never penetrate—his bodily labour and insufficient diet, of which we shall speak presently—and what result are we to expect? That infants are weak and puny—that they suffer from strumous diseases as children, and that as adults they fall victims, on slight exciting causes, to the scourge of our nation—tubercular phthisis.

Here, then, we have a being brought into the world to undergo a daily toil in an unhealthy situation, the atmosphere impregnated with particles of an irritating nature, with an hereditary constitution of the kind least fitted to withstand disease. But the first eighteen years of this individual's life are exempt from the exciting causes to which he is afterwards exposed. During this period he is engaged, at least in the case of the London Lead Mining Company's labourers, in washing the ores at the mouth of the pit, an occupation of a comparatively healthful and invigorating nature. From this short respite much is gained. At the period of his first descending into the deleterious atmosphere of the mine, growth is in some degree complete, at all events in the majority of instances; and if the bones are not firmly consolidated, and the limbs have not attained their full vigour, it must be evident that considerable progress towards this point has been made. The youth, also, by his employment in the open air, has had the full benefit of the sun's influence during a period when it is most necessary, and his system has obtained, during its greatest need, a due supply of healthy blood. Some benefit is to be expected from this mode of early life; and we find accordingly, by reference to Dr. Holland's tables, that whilst the greatest mortality among a class of men (the Sheffield grinders) exposed from boyhood to the same causes in an aggravated degree, which affect the miner at a later period, occurs between the ages of twenty and thirty, in the miner the greatest number of deaths occurs between thirty and forty-five.

Arrived at the age of eighteen, the labourer descends into the mine, and now he is subjected to several influences of importance predisposing to disease, to which he has not been previously so much exposed. The first of these for our consideration is *want of cleanliness*. The miners, partly from apathy, and partly from ignorance, never practise ablution. Working, as they do, in an atmosphere loaded with particles of fine dust, unless frequent baths be obtained, the surface not only of the exposed parts, but of the whole body, soon becomes covered with a kind of crust, in many cases so thick that the cutaneous texture is not visible in any situation. The miners believe that this crust renders them less liable to cold and to the injurious influences by which they are surrounded, and in consequence, instead of practising rigid cleanliness, rather preserve the crust. The result of this is naturally to throw the mass, which ought to be excreted by cutaneous transpiration, on the only other channel open to receive it, and thus to impose on the lungs, already badly able to perform their own functions, the extra duty of providing for the deficient cutaneous action.

We now proceed shortly to consider another predisposing cause of disease—deficiency of diet—as it affects miners. Our correspondent before alluded to—an observant and acute practitioner residing in the very centre of the lead-mining districts, whose opportunities of observation are unquestionable—states, that after a young man has entered the mine, one of the first things that demands attention is his "crowdie" diet. It is a matter of astonishment to all who know the miners' habits, how any man can, on such insufficient food, perform the daily arduous toil that he is exposed to. The small quantity of animal food consumed is indeed incredible. "Many of the miners," says our correspondent, "reside at a considerable distance from their place of labour, and consequently leave their homes on Monday, carrying their week's provisions, consisting of a small piece of bacon, some potatoes, brown bread, milk, tea, and coffee, and a little oatmeal, in a wallet; they remain at the mine during their period of labour, and sleep in a 'shop' built for them. Their diet consists chiefly of tea or coffee, and bread, with the exception of the morning meal, composed of 'crowdie' or oatmeal, on which boiling water has been poured."

The point that strikes us most forcibly here is the almost entire absence of animal food; for surely the small portion of bacon does not deserve to be ranked as a meal of flesh. We are fully aware that the quantities of meat consumed in the substantial fare of the middle classes are more than superfluous—positively injurious; but there are many and vast steps between the two extremes of

the daily bill of fare. The necessity of animal food in our climate is now well recognised, and more especially is it needful when called for by bodily labour. The miner's diet, even if continued daily for a lengthened period, in a person unexposed to exertion, must tend to weaken the constitution; much more, then, must it be hurtful to men who, in addition to extreme fatigue, are surrounded by so many deleterious agencies. The miners are accordingly subject to habitual constipation, dyspepsia, and a constant and distressing flatulence—causes sufficient to debilitate an iron frame: what effect must they then produce on one already predisposed to disease by nature? In another article on this subject we propose to consider the more immediate or exciting causes of disease to which miners are exposed, and subsequently to make a few remarks on the diseases as they actually occur, with the hygienic means most suitable to their prevention.

Divide et impera.

The "odium medicum" reigns nowhere so strongly, or so enduringly, as in Carlisle. All that is hateful, all that is evil, all that is unfortunate in medical dissensions, grows there in prolific rankness.

> Fy on't! O fy! 'tis an unweeded garden
> That grows to seed!

The Cumberland Infirmary, and the system of its medical appointments, have been, we believe, the "fons et origo" of this enormous evil. Some strong, and, we can hardly doubt, *reasonable* objections were felt against the manner in which it was arranged that the surgeons and physicians of that institution should be chosen. The principal medical men confederated to secure a system more satisfactory. The governors of the Infirmary became, however, as unyielding as the medical union showed themselves determined, and, for a time, it was in doubt whether the Infirmary would be able to muster a medical staff. The refractory governors, however, held the strong ground; the well-known dissensions of the medical profession were in their favour, and they had little difficulty in manning their hospital with a physician out of the ranks of the residents, Dr. Barnes, and with a surgeon, Mr. Page, from some distant locality. As might be expected, the defeat did not soothe the hostility, nor disconcert the union of the medical men leagued against the governors' system; the combination for mutual protection, defeated through treason in its own ranks, now showed some of the characteristics of an internecine feud, and the ill-feeling against Dr. Barnes and Mr. Page got vent in ways we need not now describe, but an illustrative instance of which was shown in the inquest on an old man, whose death was attributed to the ill-treatment he had received in the Infirmary.

Within the last few weeks Dr. Barnes, whose skill was in this unfortunate case brought in question, announced his intention to resign his appointment; about which time, or a little before, Dr. Goodfellow, a London physician, was found canvassing Carlisle for the successorship. He was speedily followed by two other candidates, residents of the town—Drs. Atkinson and Taineswood, who were in some slight degree, it would appear, identified with the previous insurrectionary movement, but who, on the present occasion, felt it not improper to put in the offer of their adhesion to the "existing order of things." The medical junto, if deserted, were not disheartened, and feeling that the drama of the hour would be a sad, mutilated performance, if they—the true *dramatis personæ*—were omitted in it, came, late it is true, on the boards with the following manifesto—at once the prologue, play, and epilogue of their performance:—

"September, 2nd, 1845.

"We, the undersigned, are still ready to give our professional services, as physicians and surgeons respectively, to the Cumberland Infirmary, on the condition that a fixed number of physicians and surgeons be taken in rotation, for six or twelve months each, as the Governors may determine; that in cases of difficulty the whole medical staff may be called in if necessary; that in case of absence, any other of the staff shall act; and that there be no paid medical officer except the House Surgeon.

(Signed) "Richard Jones, M.D.
"Joseph Cartmell, M.D.
"John Hodson, Surgeon.
"Francis W. Kerr, Surgeon.
"Thomas Elliot, Surgeon.
"John Mortimer, Surgeon.
"Peter Linton, Surgeon.
"Edward Bowman, Surgeon."

By the day of election it was very visible that Dr. Goodfellow was to have everything his own way. The chairman of the charity, the Bishop of Carlisle, brought more proxies in his pocket than sufficed to carry the election; and though against so formidable an antagonist, Dr. Tinneswood had the advantage of Dr. Atkinson's resignation and warmest support, he was defeated by a majority of fifty-four out of one hundred and fifty-two votes.

One circumstance of the election is worthy record: Dr. Barnes's resignation was coincident with Dr. Goodfellow's appearance as a candidate; it was understood that there was a very intimate relationship between the two circumstances—yet Dr. Barnes was the sturdiest opponent Dr. Goodfellow met with on the day of election! How was this? Dr. Barnes protested it was because he had discovered that Dr. Goodfellow was not allowed private practice while a resident medical officer to the Fever Hospital; and that the post itself was not as honourable as it should be. On examination, however, it appeared that Dr. G. was allowed private medical practice; and had practised during twelve years; and that Dr. Barnes had been frequently, but unsuccessfully, in treaty with him for a partnership in practice, and this while the canvass for the Carlisle appointment was going on!

And now for a word on the medical ethics of the Carlisle medico-civil war. As between the candidates, Drs. Goodfellow and Tinneswood, no single topic offers itself for the medical censor. Both are respectable and accomplished physicians; the one enjoying a fair provincial, the other a fair metropolitan repute, and, as far as the Profession is concerned, it is of no earthly moment whether *one* was non-resident, or both, or neither. The Carlisle Governors with their bustling bishop (whose conduct on this occasion proved him the sort of person one would have as a friend), in showing us that Carlisle physicians—deservedly or undeservedly—have no honour in their own country, and by brightening *our* escutcheon and tarnishing *their* own, acted—as they can prove *perhaps*—on good and sufficient grounds. At all events, it is not a matter on which we or the Profession have anything to do, except the ground on examination, should turn out to be that illicit kind of private, personal influence, which makes good scientific appointments to our public offices a mere matter of chance or personal caprice.

Between the two candidates and the Carlisle Medical men—between the supplicants for the Infirmary appointments and the Profession—there is another, and far more serious question opened that deserves our best consideration. The Medical Profession is the depository of its own honour, the conservator of its own privileges, and has the right, as far as justice sanctions, and the law of society allows, to determine under what conditions, in what manner, and to what extent, it will extend its services to the public. It is of the first consequence to society, as well as to ourselves, that we should prescribe and enforce on ourselves, as an aggregate public body, a career of honourable and worthy action. If we, or any profession, abandon the high duty of self-government, and indulge in all the lawlessness the strict letter of the law will concede us, we should be an anarchical faction in the commonwealth, degraded by trade conflicts into vulgarity and demoralisation, and sink, from a corps of gentlemen honourably serving our fellow-citizens (the noblest institution a civilised country can offer), into an irregular band of venal pettifoggers, extracting a miserable existence from the aggravation of social sufferings. We must, then, be privileged, as a general rule, to lay down our own code of internal government to our own body; and to fix the loss of such privileges as lie at our mutual disposal for the penalty of breaking our regulations. We are a voluntary incorporation for mutual good fellowship. A dissentient, to serve a private interest, is free to infringe the regulations made by us for the common weal, if he please; but if he do, so are we free to exclude him from the benefits and comforts of our mutual brotherhood. He is a person willing to participate of the advantages the individual sacrifices of the other members may bring to the whole body; yet ready not only *not* to yield a return, but to compromise its interests for a selfish end the moment the opportunity offers. In proportion as the general system is useful to society and honourable to the Profession, in that proportion stands disgraced and dishonoured the dissentient who places it in jeopardy for a small private interest.

With these views, therefore, we can have no hesitation in saying that the medical men of Carlisle who, uniting for a good professional object, refused to acquiesce in those regulations, laid down for them by laymen, which they believed incompatible with the interests of their science and the maintenance of good professional feeling, deserved well of their order, and should have been supported by the whole muster-roll of their brethren. It has been said of Irishmen—"Find me one, and I will find you another ready to cut his throat." If the same could not be said of medical men, Carlisle governors and Poor Law Commissioners would never have had to boast of their triumphs over the "doctors!" We must return to this subject.

Apothecaries' Hall.—Gentlemen admitted Licentiates on the 4th of September, 1845:—John Eardley, Thomas John Kent.

By a recent garrison order, the practice of Mesmerism as a remedial agent has been forbidden to the medical officers of the troops stationed at Gibraltar.

University of London.—M. B., First Examination, 1845, for Honour.—*Anatomy and Physiology:* William H. Ransom, University College (exhibition and gold medal); Thomas H. Huxley, Charing-cross Hospital (gold medal); William Brinton, King's College; John Reid, King's College; Walter Johnson, Guy's Hospital. *Chemistry:* William H. Ransom, University College (exhibition and gold medal); Cornelius W. Randell, University College (gold medal); Walter Johnson, Guy's Hospital; John Reid, King's College; William Brinton, King's College; Thomas H. Huxley, Charing-cross Hospital; John Climenson Day, London Hospital. *Materia Medica and Pharmaceutical Chemistry:* William Brinton, King's College (exhibition and gold medal); Walter Johnson, Guy's Hospital (gold medal); John Climenson Day, London Hospital; William H. Ransom, University College; John Reid, King's College.

THE UNIVERSITY OF EDINBURGH AS A MEDICAL SCHOOL IN 1845.

By Robert Lewins, M.D. &c.

(Continued from page 417.)

In the discharge of my duty as the humble, but devoted, champion of the fair fame of my *Alma Mater*, grievously aspersed by O. P. Q., the proceedings connected with the election of the present professor of midwifery in the University of Edinburgh, and a consideration of his merits, must now occupy our attention.

On the resignation of Dr. Hamilton, a short time before his death, several individuals started as candidates for the vacant chair, amongst whom were Dr. Lee, of London; Dr. Thatcher, and Dr. Campbell, who had long reputably taught midwifery at Edinburgh; Dr. Evory Kennedy, a physician in the prime of life, who had been four years assistant, and six years master, of the Dublin Lying-in Hospital, and who had been for a considerable time a lecturer on midwifery in the Irish metropolis; and Dr. Simpson, on whose head twenty-eight summers' suns had only shone, who had at the period referred to just finished his third course as an Edinburgh "extra-academical" lecturer on midwifery and on the diseases of women and children. Several minor obstetrical stars besides were candidates, the effulgence of whose rays may not, as yet, have penetrated the recesses of 49, Essex-street, nor reached any other source from whence issues light to illume the darkness of the medical horizon.

It soon became evident that the grand contest for the Edinburgh midwifery chair would be between Drs. Kennedy and Simpson, accordingly all the other aspirants retired from the field. Until the very last minute on the day of election, when it was ascertained that the junior candidate had carried it by a singe vote, the result remained quite uncertain. It is an interesting fact in the history of the University of Edinburgh, that many of the most distinguished of her professors were appointed when young men. Dr. Monro *primus*, at the age of 22 years; Dr. Monro *secundus*, at the age of 21; Dr. James Gregory, at the age of 23; Dugald Stewart, at the age of 21; Colin Maclauren, the eminent mathematician, was appointed to the mathematical chair at the very early age of 19! Forbes, the present distinguished porfessor of natural philosophy, at the age of 25; Dr. Christison, at the age of 22; Dr. Alison, if my memory in regard to the precise date of his appointment be accurate, must have been a professor before he was 30 years of age; Dr. Simpson was seated in the midwifery chair at the early age of 28; and the late Dr. Hamilton must have occupied it about the same age.

Particular circumstances made me well acquainted with the conduct of the electors upon the occasion under consideration; and I feel it due to the town council of 1840, to mention that, as patrons of the midwifery chair, they performed their duty in a very exemplary manner. And their deportment afforded conclusive proof of the utter groundlessness of O. P. Q.'s ungenerous accusation as to the corrupt and degraded condition of those in whom is vested the patronage of eight of the medical chairs in the University of Edinburgh. "Local influence" was, upon the occasion alluded to, employed actively and honestly, but unavailingly, in behalf of a talented *stranger*. English, Irish, and continental recommendations, however, in favour of an Edinburgh candidate, prevailed!—affording in the case before us, as in Dr. Traill's, a refutation of the assertion of O. P. Q., in regard to the manner in which professional appointments are made at Edinburgh.

The candidates for the midwifery chair were both men of rare talent and of European reputation. It was beyond the possibility of doubt, that the interests of the pupils of the Medical School of Edinburgh would be safe with either; but it was supposed by a party well-qualified to judge, and influenced by public considerations entirely, that Dr. Kennedy's age and greater experience entitled him to a preference. The individuals to whom I allude, aware that the midwifery professor has daily other duties of a difficult and delicate nature to perform besides teaching the principles of the obstetric art, were of opinion, that whoever fills the midwifery chair should be a man in whom, from his age and practical experience, the public and the profession will naturally confide, in cases of difficulty and danger, unhappily of too frequent occurrence.[1]

It fell to my lot to make a comparative estimate of the merits of the candidates, in reviewing the testimonials they presented—an invidious duty, which was performed, I believe, to the satisfaction of both Dr. Kennedy, and Dr. Simpson—certainly to that of their respective friends. In performing it, whilst justice was done to the splendid talents and rare attainments of the latter, and my meed of praise cordially and liberally bestowed on his extraordinary abilities, I said that, in my humble judgment, every thing considered, the very slight turn of the delicately-poised balance was in favour of his Irish opponent, who, as already stated, however, lost his election by a single vote. Dr. Kennedy, nevertheless, departed from the field of competition with untarnished fame.

But to return to Dr. Simpson's qualifications. As a student, he was one of the most industrious of his day. His superior talents, as has been the case with many of the shining lights of our profession, first became publicly apparent at the weekly meetings of the Royal Medical Society, of which he was for several winters a leading member, and in 1835 the first president.[2] But, I believe, the first occasion on which Dr. Simpson gave special public promise of distinguishing himself as an obstetrician (a circumstance of which he is himself, perhaps, not aware), was on delivering a lecture, *de fluxu catemenia*, in the year 1836, for the late Dr. Mackintosh, who taught midwifery at Edinburgh on the outside of the university walls. Dr. Mackintosh, from that day, predicted that Simpson was destined to be an extraordinary man as an obstetrical practitioner and teacher—a prediction which was, ere long, fully verified.

At an early period of life, Dr. Simpson's talents attracted the notice of Dr. Thomson, the learned and remarkable professor of pathology (than whom there is no better judge of professional talent), and was much employed by him as an assistant in the prosecution of his literary and scientific pursuits. Dr. Thomson's declining years rendering him unfit for the discharge of his academical duties, he entrusted Dr. Simpson with the important charge of conducting the pathological course of lectures during the session 1837-8, who did so with brilliant *éclat*.

Before the death of Dr. Hamilton, Dr. Simpson had displayed extraordinary capacity as a teacher of midwifery, and he had published several papers on subjects connected with that department of science, which evinced singular powers of observation; these papers were translated into the French, German, Italian, and Danish languages, by learned men on the Continent, which made him known to all the scientific obstetrical practitioners in Europe; accordingly we find that evidence of his peculiar fitness to undertake the duties of the midwifery chair was transmitted from France, Germany, Italy, Denmark, Belgium, Switzerland, and Holland. Amongst the distinguished foreigners who did so were M. Paul Dubois, professor of clinical midwifery in the University of Paris; M. Cuperson, professor of midwifery; Velpeau, Villeneuve, Madame Bouvier, *M.D!* midwife in-chief to the Hospital of Maternity, Paris; M. Colombat de l'Izere, D.M.P., Laureat to the French Institute, and Academy of Science; Cruveilhier, president of the Anatomical Society; and Duparcque, president of the Society of Medicine of Paris; from M. Delmas, of Monpellier; M. Stoltz, of Strasbourg; from Von Siebold, of Gottingen; Saxtorph and Otto, of Copenhagen; from Wilde, of Berlin; Lombard, of Geneva; and from Vrolik, of Amsterdam.

Amongst our own celebrated men who testified as to Dr. Simpson's ability were Drs. Beatty, Collins, Maunshell, Montgomery, Murphy, Power, and Stokes, of Dublin; Drs. Ashwell, Martin, Barry, Carswell, Conquest, D. Davies, Sir James Eyre, Hodgkin, Locock, Lee, and Rigby, of London; the late Dr. Ingleby, of Birmingham; and Dr. W. Carpenter, of Bristol. Whilst the names of the members of our profession in Edinburgh, best known to fame, with the exception of Dr. Thomson, were ranked on the side of Dr. Kennedy.

No canvass for a professorship had for many years occasioned so much excitement, and never, I believe, was one more fairly conducted—*detur digniori* was the motto borne by the candidates and their friends. There were, it is true, certain little great personages of the true manwife-breed, in Edinburgh and elsewhere, perhaps, who on the occasion to which I refer, in conformity with the habits of a numerous body of that class of individuals, acted unworthily, and did their little all to direct the course of events so as to render them subservient to *their* paltry interests. Elaborate notice of the sordid policy of such men is inconsistent with my present position and my immediate design, nor would such an *exposé* as I could make answer any good purpose just now.

> "Disgust conceal'd
> Is oft times proof of wisdom, when the fault
> Is obstinate, and cure beyond our reach."

The petty intrigues for selfish purposes of ignoble-minded men, never yet, I believe (and I trust never will), materially affected the decision of an Edinburgh town council in electing a professor.[3]

On Tuesday, February 6th, 1840, at a full meeting of council, consisting of thirty-three members, the patrons of the midwifery chair, Sir William Forrest, then Lord Provost of the city, proposed Dr. Kennedy, of Dublin, as a fit and proper person to fill the chair; and in an excellent speech did justice to his merits as a most excellent teacher and practitioner. Sir William Forrest's proposal was seconded by Councillor Stoddart, W.S., a gentleman of high intelligence, who also eloquently eulogised the moral and professional worth of the Irish physician. Both Sir William Forrest and Mr. Stoddart spoke most handsomely and eulogistically of Dr. Simpson. Mr. Ramsay, the senior bailie (the magistrate next in rank and authority to the provost in a Scotch burgh), explicitly stating Dr. Simpson's merits, moved that he should be appointed to the vacant professorship. The late Sir William Drysdale, an acute councillor, who had

[1] When Dr. Simpson started as a candidate for the midwifery chair, he was scarcely 28 years of age, and unmarried; the latter want of qualification, however, he obviated with all convenient speed, and before the day appointed for the election he was the husband of an excellent lady, to whom he had been, for a considerable time previously, affianced.

[2] The benefits resulting to medical students, from being members of the Royal Medical Society, are so great and manifold, as to be a cogent inducement, amongst many others, still more potent to make, than to give a preference to Edinburgh, over any other school of medicine, in Europe. I would streauously advise all students, who have it in their power, to become members of the Royal Medical Society, during the first or second year's residence in Edinburgh.

[3] It is certain that Dr. Simpson, as well as Dr. Traill, was elected in opposition to powerful local influence (as I stated before, honestly exercised), contrary to the opinion of O. P. Q., who says that local influence is irresistible. More of that afterwards. In regard to the party that supported Dr. Kennedy, of which I acknowledge myself to have been one, I beg to say a few additional words. Upon an occasion of such importance as the election of a midwifery professor, there are two objects of paramount importance to be taken into consideration—the fitness of the candidate for the chair, and the bearing that the selection made will have on the interests of the public. When the contest took place between Dr. Kennedy and Dr. Simpson, circumstances existed which appeared to us to give the former (strong as were the claims of the latter) a preferable title to the professorship. Let it be borne in mind, that had Dr. Kennedy been elected, neither the Medical School of Edinburgh nor the public would have been deprived of Dr. Simpson's professional services. On the contrary, inestimable as his services have been as a *professor*, they would have been equally so as an *extra-academical lecturer*. Much might be said on this subject, but my present limits forbid it—"I byde my time."

taken a lively interest in the welfare of the city, seconded Bailie Ramsey's motion, and graphically pourtrayed Dr. Simpson's urgent claims to the midwifery chair. After several councillors had delivered their sentiments, uttered in excellent taste, and in a spirit truly praiseworthy, the vote was taken, and, as already mentioned, Dr. Simpson carried the election by *one* vote.[4] I repeat that, from an intimate knowledge of the whole proceedings during the canvass, and from having been an eye-witness of the deportment of the town council on the day of election, I can declare that it was conducted most unexceptionably.

O. P. Q. has spoken most disrespectfully of the published works of the medical professors of the University of Edinburgh. On that subject I shall have something to say before we part; here, it is only incumbent on me to notice the additions which Dr. Simpson has made to medical literature by the publication of his valuable papers.

1. Observations on Diseases of the Placenta (1836).
2. On Spontaneous Amputation of the Limbs of the Fœtus (1836).
3. On Peritonitis in the Fœtus (1838).
4. Enquiry into the Contagious Nature of Epidemic Cholera (1838-9).
5. On Hermaphroditism in the Human Subject and in the Lower Animals (1839).
6. On Malformation of the Fœtus, as produced by Inflammation (1839).
7. On Organic Diseases of the Uterus and Ovary.
8. Remarks on Excision of the Neck of the Womb, and Report of a Case (1841).[5]
9. Antiquarian Researches on Leprosy in Great Britain (1842).
10. Observations on Icthyoses, Intra-uterine (1843).
11. A Series of Papers on a New Principle of Diagnosis and Treatment in reference to Diseases of the Uterus (1843-4).
12. Observations on Turning, and on the Treatment of Cases in which the Child dies from Intra-uterine Disease (1844).
13. On the Alleged Infecundity of Females born co-twins with Males.
14. Memoir on the Sex of the Child, as a Cause of Difficulty in Parturition (1844).
15. Memoir on the Extraction of the Placenta, *before* the Child, in Placenta Prævia (1845).
16. Clinical Lectures on Midwifery, and on the Diseases of Women and Children; by J. Y. Simpson, M.D., F.R.S., &c. &c. Taken in short-hand by Charles D. Arnot, Esq.
17. Graduation Address, delivered by Dr. Simpson on August 1st, 1842.[6]

I call upon O. P. Q. for an expression of opinion as to the merits of Dr. Simpson's "works," the test by which O. P. Q. himself proposed to "judge" the professors of the Edinburgh University. In the mean time, I take the liberty of stating mine, viz., that, as Dr. Christison has done in *his* peculiar department (see his "Treatise on Poisons" and "Commentary on the British Pharmacopœias"), Dr. Simpson has greatly enriched physiology and pathology, especially as pertaining to the obstetric art; and that his writings contain more original information than is to be found in *all* the works on midwifery that have issued from the press in the course of the last fifty years. A bold assertion this! In the spirit inculcated by the courteous and sensible A. W. C., of Grosvenor-square, Manchester, I challenge O. P. Q. to refute it—if he can.

I have now to speak of Dr. Simpson as a teacher. Lecturing "extra-academically," he had, before Dr. Hamilton's death, as already mentioned, acquired a high character. I had the honour of accompanying him, with the learned principal of the university, the Very Reverend Dr. Lee, and the erudite secretary, Sir William Hamilton, to the lecture-room, where he delivered his maiden prelection as a professor. It was, indeed, a splendid performance, and rendered additionally effective by the unpretending manner of the lecturer. From that day Dr. Simpson's reputation as a writer, as a practitioner, and as a teacher, has steadily increased. In the former capacity, he is familiarly known and respected by every scientific physician and surgeon, at home and abroad, in every quarter of the civilised world. As a *practitioner*, he has left all his contemporaries at an immeasurable distance behind, and he has shot far a-head of those who were known as midwifery practitioners long before he was of sufficient age to devote the energies of his powerful mind towards the elucidation of the mysteries of the particular department of science to which he has now, for twelve years, almost exclusively devoted his time and attention. The consequence of which has been, that Dr. Simpson stands proudly pre-eminent as an obstetrical physician; nevertheless, meekness and modesty—

> "O munera nondum
> Intellecta Deûm!"—

remain strikingly characteristic of his whole deportment.

He who gained the high honour of an academical chair in the University of Edinburgh, *solely* by the force of his extraordinary talent, and its peculiar adaptation to the place he fills, was likely to be a most popular and efficient teacher; accordingly we find that, by common consent, he is allowed to be so, not only by his numerous pupils, but by those whose superior knowledge and experience render them still more competent judges.

In speaking of Professor Simpson as one of a body of distinguished men, whose qualifications for the duties of their important offices have been harshly impugned by O. P. Q., I must advert to his recent active exertions in establishing a maternity hospital on a more proper basis than had previously existed in Edinburgh, the want of which was the only defect in the medical school of that city. By a list of the office-bearers, I find that my respected friends, Professors Alison and Christison, Mr. Simpson, the present president of the College of Surgeons, and Dr. John Argyle Robertson, are directors; and that Professor Simpson and Dr. Zeigler (the latter a man of sterling worth and rare professional attainments—with the exception of Dr. Simpson, second I believe to no one in the empire as an obstetrical physician) are ordinary medical attendants. Under the direction and management of such men, the happiest results may be anticipated, and Edinburgh will, I doubt not, ere long, rival other metropolitan cities by her midwifery school, as she has hitherto excelled them in other departments of medical science. As an important step towards an achievement so desirable, Dr. Simpson gave clinical lectures last winter on important cases that occurred in the practice of the charity; it is, I understand, his intention to do so regularly, thus establishing a new and important department of teaching (clinical midwifery) in the Edinburgh medical school—one really of as great utility and necessity as clinical medicine or surgery. It must not be supposed, from what I have said above, that there have not long been opportunities of studying midwifery practically at Edinburgh; besides several maternity establishments, under the management of private teachers of midwifery, a lying-in hospital has existed in the immediate vicinity of the university since the year 1793, under the immediate management of the late professor, Dr. Hamilton, but it was managed on a plan objectionable in one respect—access only being allowed to the pupils of the professor. The *old* lying-in hospital, nevertheless, was a great blessing to hundreds of poor married women annually, and afforded an asylum to many an unfortunate female (who had strayed from the paths of virtue) during hours of bodily pain and mental agony. I would take this opportunity of stating, that the mortality among the patients of the Edinburgh Lying-in Hospital was, comparatively, less than in any similar institution in Europe. From the 21st of June, 1839, to the 15th of October, 1840, two hundred and twelve women were delivered within the hospital, and *all* of them recovered; during the same time, seven hundred and eighteen cases of labour occurred among the out-patients; of these only *one* died, and that in consequence of organic disease of the heart. No lying-in hospital in Europe can, I am certain, show so SMALL a mortality within the same period. In the great Westminster and Dublin Hospitals, from 1 in 80 to 1 in 150 of the women delivered have, for some years past, died during their confinement. Amongst the patients of the Edinburgh hospital, only 1 in 900 died within the period above alluded to—upwards of sixteen months! After what has been said, it will doubtless be granted that Dr. Simpson does honour to the medical faculty of his college. In conclusion, I have only to remark that the shafts of detraction and malevolence, from whatever quarter discharged, or however subtlely poisoned, must fall scatheless at the feet of Dr. James Yarl Simpson, who, as the professor of midwifery, so ably supports the well-earned reputation of the "far-famed" University of Edinburgh as a medical school in the year 1845.

(To be continued.)

[4] The councillors who spoke on the occasion referred to, were Mr. Thomas Johnstone, S.S.C., Dr. Neill, L.L.D., and Convener Clarke, Mr. Alexander Watson, and Mr. Russell, surgeons and fellows of the Royal College—all individuals of high respectability and superior intelligence. The three former spoke in favour of Dr. Kennedy, the two latter supported Dr. Simpson's claims. At the period referred to there were only nine conservatives in the council, five of whom voted for Dr. Kennedy and four for Dr. Simpson; of the other twenty-four *whig* members, thirteen voted for Dr. Simpson, and eleven for his opponent. Thus affording unquestionable proof, that politics had nothing to do with the result, unfortunately a rare occurrence in reference to such an event.

[5] Mention is made of the case referred to in my papers on Uterine and Ovarian Disease, published in Nos. 288 and 292 of the *Medical Times*. The interesting individual who was the subject of the operation resides in the immediate vicinity of my house, in Leith. When the operation was performed, she was sinking under the influence of an exhausting disease (of which incessant loss of blood was an urgent symptom); from the *moment* the diseased portion of the uterus was removed she rallied, became pregnant ten days afterwards! and carried the child until the full time! By a late communication from the north, I learn that she has had *two* children since I left home, three in all since the operation was performed; she enjoys perfect health, and makes a good nurse: thus affording additional proof of the accuracy of my son's remark, made in his report of her first accouchement, that there are few cases on record, in the annals of our profession, which afford more striking proof of the triumph of the healing art over a disease which, from its nature and situation, was considered desperate, and beyond the reach of human aid.

[6] I had the pleasure of hearing that address delivered, which, although (like Dr. Simpson's other productions) characterised by a tone perfectly unassuming, was a most eloquent and impressive oration. The principles and precepts inculcated did honour equally to the head and to the heart of the speaker; and probably produced the effect intended on the unsophisticated minds of the *alumni generosi* who had finished their academical career on the day mentioned above, and were about

> "To stem the world's rude tide."

Dr. Simpson's admirable graduation address, and one delivered by the late Dr. Abercrombie, on his installation as Lord Rector of Marischal College, Aberdeen, contain more sound advice, of a kind conducive to the interests of students emancipated from the restraints of academic life, than is to be found in any modern publication. Dr. Abercrombie's admirable address to the Aberdeen student was afterwards amplified by that indefatigable physician, and published under the title of "Remarks on the Culture and Discipline of the Human Mind" (or an analogous title), in which form it was eagerly read and extensively useful. Dr. Simpson's graduation address was printed and circulated to a limited extent only. I would respectfully suggest to the learned professor that he would do well to imitate the meritorious example of the late Dr. Abercrombie, and give the production of which I speak to the rising medical generation through the medium of his publisher.

Dr. Henry Cooper has been elected physician to the Hull General Infirmary, in the room of Dr. Alderson, resigned.

OBITUARY.—August 29th, aged 60, Hardwick Shute, M.D., Physician to the Lunatic Asylum, Gloucester.

DR. RANKING'S HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES.

(To the Editor of the Medical Times.)

SIR,—I am induced to trouble you with the following remarks, in consequence of a somewhat unjust notice of the above work, which has appeared in the *London and Edinburgh Monthly Journal*, of September. I do not write under the impression that a reviewer is to be called in question for any opinion that he may think fit to hazard, but merely to express through your medium, that the editors of the above journal have been guilty of gross misrepresentation (unintentionally, I fully believe) in the statement that I am indebted to them for my abstracts of the foreign journals. He observes, in reference to myself and Mr. Braithwaite, "that the best articles which they give from the foreign journals are coolly taken from us, or others, *second-hand*." Now, Sir, I will not pretend to say what Mr. Braithwaite's habits in this respect may be, but as far as I am personally concerned, I would beg leave to inform the editors of the *Edinburgh Monthly Journal*, that every foreign journal is taken in, and consulted, by myself and my collaborateurs, *first-hand;* and, moreover, that had I been ever so much inclined to have recourse to the pages of the Edinburgh Monthly, in order to save individual labour, the accidental collation of a few of their foreign abstracts with the originals would have assured me, that I had better trust to my own translating, than to the results of the "money and time" which I am accused of purloining. It so happens, that out of near fifty abstracts from foreign journals, which my first volume contains, the great majority were translated by my own pen, and that two only (articles 103 and 104) were borrowed from the *Edinburgh Monthly Journal;* these two were only taken to fill up space, while that portion of my work was going through the press.

I do not, Sir, take notice of this subject, from any fear that the accusation can impair the reputation of the "Half-Yearly Abstract;" the extensive circulation it has already acquired, and the numerous letters of commendation which I have received from strangers in every part of the kingdom, convince me that my endeavours to serve the profession are beyond the range of the artillery of my northern critic.

I am, Sir,
Your obedient Servant,
W. H. RANKING, M.D.

Bury St. Edmunds.

No. 313. SUMMARY. SEPT. 20.

CLINICAL LECTURES ON SURGERY.

BY M. F. LALLEMAND.

Translated for the Medical Times by JOHN WATERS, M.D. M.R.C.S.E., Ancien Elève des Hôpitaux, Membre de la Société des Medecins Etrangers, &c. &c.

CASE.—*Syphilis treated several times without success; Ulcer in the Groin; very complicated Symptoms; Delirium, Paralysis, &c.; Death on the 15th Day; Periostosis; Caries of the Cranium; Meningitis; Encephalitis, &c.*

Evillard, a sailor, twenty-four years of age, of short stature, but very active, suffered from a bubo for twelve months, for which he underwent several methods of antivenereal treatment in the hospitals of Toulon, without being cured. When he came to the Hospital of Saint Eloi, on the 5th of February, 1832, he had in the upper part of the left groin an irregular ulcer about sixty millimetres in every direction, the centre of which was cicatrised in many points; whilst the edges were irregular, red, everted, and fungous, and secreted watery greyish pus. His eyes had a vague and unusual expression; his replies were unconnected; and it appeared to be a great effort of memory for him to state the exact history of his own case. The irregular edges of the wound were pared, and he complained of severe pain during the day. A few days after there was an evident determination of blood to the head, the face assumed a violet colour; delirium came on; and a sensation of fatigue and weakness in the extremities. The patient had no power over the motions of his own limbs, which, when raised, fell from their own gravity: the tongue became red, dry, and rough; the wound in the groin of a bright red, and the secretion from it entirely ceased; the pulse was quick; abdomen very painful, with obstinate constipation; severe pains were felt in the extremities of the right side, and particularly in the shoulder; there also was a red œdematous swelling of the upper eyelid, which extended to the skull. The patient died on the 21st of February, fifteen days after the severe attack.

At the autopsy the following morbid changes were found:—

Cranium.—In the right upper eyelid there was found an abscess which contained pus of a greenish-yellow colour; the surrounding cellular tissue was infiltrated with a similar liquid, which extended as far as the middle of the cheek; the orbital cavity was stripped of its periosteum on the external side, and the corresponding bones were covered with pus, rough, unequal, and more or less deeply ulcerated. On a level with the external third of the fronto-parietal suture, there was a tumour about the size of a small nut, which contained a greenish-yellow, thick pus, in contact with the frontal and parietal bones, from which the pericranium was detached; the surface of these bones was unequal, rough, and covered by pus. On the interior of the cranium, which corresponded with this inflammation of the periosteum, the dura-mater was softened, of a yellowish colour, and separated from the bone by a thin layer of pus, like that which was found outside the cranium; the same discoloration was observed between the two bones, and in the fibro-cartilaginous tissue which fills the suture. The cerebral aspect of the dura-mater was also covered with a purulent matter, similar to that of the external abscess: when the dura-mater was raised, we could see between the arachnoidean layer which covers it and that portion which covers the cerebrum, a very thin layer of a thick purulent fluid, which could be drawn out into long filaments without breaking. Beneath the disorganisation of the dura-mater the cerebrum was found to be softened, and of the same greenish-yellow colour; at the lower part of the posterior lobe of each hemisphere there was an abscess, about the size of a small nut, filled with a yellowish-green matter; above the left ventricle there was a third abscess, twice the size of the preceding one, which was filled with a similar liquid. *Cerebellum healthy.* The dura-mater which covers the anterior fossa of the base of the cranium was soft, of a yellow colour, and separated from the bone by a layer of pus, and it could be detached with the greatest facility. The subjacent frontal bone was ulcerated by pus, and rough on its surface, like that part of the same bone which forms the external side of the orbital vault. The disorganisation of the groin, the tumour of the forehead, and the rough and worm-eaten appearance of the bones of the cranium, declare the action of a venereal virus in this patient. Notwithstanding the many methods of treatment he had undergone, it would appear that the inflammation had extended from the periosteum to the dura-mater, through the sutures; for the fibro-cartilaginous tissue which fills the space between the bones, both on the forehead and on the external side of the orbit, was covered with purulent secretion, and the disorganisation had made greater progress on the external side of the cranium than on the internal; from the dura-mater, the inflammation was easily propagated to the arachnoid and to the cerebrum. From that time the disease assumed an acute progress; nevertheless, complications were added to it, because the constitution was considerably deteriorated, and death quickly closed the scene. When syphilitic symptoms are situated externally, their presence may be suspected by certain distinctive characters which medical men are well acquainted with; but when parts are affected which are beyond our vision, and all the symptoms are owing to a lesion of such an organ as the brain, there is then little to point out the nature of the affection. We can only take into account the antecedent history which the patient gives us, or the concomitant morbid phenomena.

CASE.—*Constitutional Syphilis; Destruction of the Ossa Nasi; Caries of the Os Frontis; Fistulous Opening; Antivenereals—Cure.*

In the month of January, 1844, a carman, twenty-six years of age, of robust constitution, but lymphatic temperament, came to Saint Eloi with the following disorders:—injection and swelling of the face, characteristic deformity of the nose, redness of the skin on the forehead, and at the same time there was a gangrenous ulcer on the os frontis, at the internal angle of the left eye, with a fistulous opening which secreted pus profusely; there was intense ophthalmia on the same side; ulceration and perforation of the palatine arch; pharyngeal redness; tumefaction of the tonsils; hoarseness and an exostosis at the internal side of the left humerus. The patient showed me many particles of bones, which were recognised as belonging to the vomer, the palatine, and ethmoid bones, and which came away from the nose. About two years ago the man contracted chancres and two buboes which were incompletely cured; during the last six months the consecutive symptoms showed themselves, and rapidly assumed the degree of severity which I have just detailed (Venesection of 500 gram., pills of Sedillot, iodide of potassium, sudorifics in large doses). In the beginning of March the patient left the hospital perfectly cured, and only kept the marks of destruction which he bore on his first entry. The diseases of the bones which arise from a venereal taint have a particular stamp, which has been well described by Baron Dupuytren. This consists in the lesions of caries and necrosis. The bone becomes perforated, as if worm-eaten, as we see in caries, but it does not become soft, and will not permit an exploratory stylet to penetrate it; it is always hard and polished, when some small portions come away as in necrosis, just as if they had been separated from the surrounding parts; but the portions thus detached do not appear like those that are separated in ordinary necrosis; for in this latter affection the subjacent parts are covered with healthy granulations, which indicate the natural work of reparation. The bone, thus exposed, becomes eaten and perforated as in caries, with this difference, that it is hard and polished. The disorganisation that is produced by syphilis in the bones cannot then be confounded with caries or necrosis, although there is the greatest analogy between these affections. I have not detailed cases of exostosis, ostitis, periostitis, or of the gummy tumour, &c., because these affections are too well known and of too common occurrence. All medical men know that the pain which characterises these affections is exasperated at night, and particularly towards the morning. As to those affections of the bones of the cranium which extend to the encephalon, they generally begin on the external surface and gradually penetrate to the dura-mater; on some occasions they begin on the inner table of the cranium, and only show themselves externally at some remote period. In these insidious cases, the inflammation may easily extend from the dura-mater to the meninges, and even to the brain, and produce symptoms of encephalitis and meningitis, which do not differ from those of the cases ordinarily met with. We can easily understand, if there does not exist any other indication of syphilis, that it is almost impossible to suspect the primary cause of the inflammation. When the suppuration accumulates between the dura-mater and the inner table of the cranium, it may pass out externally through the perforations which are produced in the bones, and the compression of the brain may be thus diminished, and the coma and paralysis disappear. If these subcutaneous abscesses are opened, the bone is found to be considerably disorganised beneath the cyst, which might induce the belief that it was a case of ordinary caries, but the introduction of a stylet will soon recognise that the rough surface of the cranium is much harder than in caries. This circumstance alone is sufficient to indicate a venereal origin, and warrant the administration of a specific treatment with some hope of success if the arachnoid and the brain be not affected. In whatever manner the affection of the cranium has commenced, it may extend more or less, and more or less affect organs which in time join each other, though coming from different directions. Sometimes, even the vault of the cranium becomes completely diseased without immediately causing death, if the affection is not complicated with a lesion of the dura-mater, and the suppuration flows freely externally by the fistulous openings. I have a specimen in my museum where the cranial vault is entirely perforated like a large skimmer. The subject to whom it belonged had for many years numerous fistulous openings, the true cause of which could not be ascertained. However, generally speaking, the history, and the alterations of the bones, will not allow us to entertain a doubt as to the syphilitic origin of these numerous fistulous openings. This man died from encephalitis, and death was only caused by the brain itself becoming diseased. This case proves to what an extent the disease may arrive on the exterior of the cranium without immediately affecting the powers of life. Perhaps, even in this patient, the disease might have been arrested in the beginning if the true cause could be ascertained.

CASE.—*Syphilitic Tumour on the Lip; Antiphlogistics; Antivenereals; Cure.*

Joseph Ropetti, a Swiss tumbler, of vigorous constitution, and born of healthy parents, came to the Hospital of St. Eloi on the 2nd of February, 1827. The edge of the lower lip of the patient was affected by an indolent tumour, of about the size of a large pea, hard, very hot, and of a red coppery colour, and covered at its summit with a blackish crust. The lymphatic ganglia of his neck were engorged, and of about the size of a small nut. This tumour was produced by the re-union of two small pimples, which came on two months before; they gradually drew nearer, became united and covered with a crust, which he removed on several occasions, but which was again reproduced and had increased in extent. Mercurial ointment and sudorifics were prescribed for the patient, at Nismes, although he asserted he had never had a venereal affection, and that he had never felt any of the symptoms that characterise it. By these measures, and the application of poultices to the neck, the glands of this region became much smaller, but the tumour did not change its aspect.

Antiphlogistics (bleeding, leeches, baths, and poultices) were tried in the hope of removing the inflammatory progress in the tumour, and thus effecting its resolution. Almost immediately a remarkable change took place, the tumour became sunk and diminished in size; but from the 26th of February, it remained in a stationary condition. Shortly afterwards it increased rapidly, and it was then that Ropetti was put under an antivenereal course, although he still persisted in denying the possibility of a syphilitic infection. At the end of fifteen days the tumour assumed a bright vermillion colour, it diminished each day, and in about two months it had completely disappeared.

This affection was constitutional, and offered very different characters from the cases we have observed where the infection was applied in a direct manner to these parts, as the result of impure kisses (see cases 7, 8, and 9). There existed, moreover, an inflammatory state in the tumour, which required the use of antiphlogistics.

CASE 27.—*Venereal Ulceration of a Cancerous Aspect affecting the Upper Lip; Antiphlogistic and Antivenereal Treatment; Cure.*

Mailhouta, a Marseilles sailor, fifty-two years of age, contracted about the age of eighteen a blenorrhagia, for which he was treated at the hospital, at Marseilles, during four months, by sudorific infusions and mercurial pills; the affection left him, and restored to health and vigour, he continued his maritime pursuits until eight years afterwards, when there came on a general eruption of red and flattish pimples, which was considered to be "itch," was treated accordingly, and disappeared in eight days. Four years afterwards he suffered from an inflammatory sore-throat, which was quickly removed by resolvent gargles. Immediately afterwards a small ulcer, surrounded by a reddish circle, formed at the anterior part of the right upper lip. This was considered to be of a scorbutic nature, and tobacco was applied to it; the ulceration nevertheless remained stationary for three months, it then made considerable progress, and in a short time affected the whole of the upper lip. In September, 1819, the patient came to the hospital, at Marseilles, where they considered the affection to be of a cancerous nature, and plasters were applied, with the properties and composition of which he was perfectly unacquainted. Without consulting any one, he himself frequently touched the ulcer with the sulphate of copper, in the hope of destroying the virus, and of accelerating his recovery. Finding no improvement, he came to Montpellier, and entered the Hospital of St. Eloi, in the month of April, 1820.

The upper lip was ulcerated in its whole extent, from its attachment even to the edge, and from one commissura to the other, and in the centre there was a considerable loss of the substance of the lip; the ulcerated surface was covered with small and irregular granulations, which were streaked with a yellowish colouring matter, and on ther points with a blackish matter; the edges oere thick and everted, painful and hot, affected with lancinating pains, and presenting all the appearances of cancer. However, from the history with which the patient furnished me, I was induced to attribute the alteration to syphilitic virus, and I prescribed the mixture of Van-Swieten. Some time afterwards, perceiving no change to be effected by this treatment, I had recourse simultaneously to antiphlogistics (bleeding, leeches, baths, and emollient poultices); the edges of the ulcer became depressed and drew nearer, and from that time cicatrisation went on rapidly, and was complete in the month of June; the antivenereal treatment was continued up to that period, when the patient left the hospital. On arriving at Majorca, in the month of September, he perceived that there formed about the edge of the right upper lip a small white pimple, which was very painful, and soon ulcerated; consequently, Mailhouta came back to the hospital, at Montpellier, in the month of October in the same year. The ulceration had extended over all the upper lip, but it had not the same appearance as formerly; it was of a greyish colour on its surface, and was superficial; the edges were not hard or everted. The mixture of Van-Swieten was again given to him, and emollient poultices were applied to the ulceration. About the end of December, the cicatrix having been for some time perfect, the patient once more left the hospital cured.

This affection was evidently of a syphilitic nature. However, from the stimulating topical applications that had been used in the commencement, the ulcer had assumed a cancerous nature. It is not uncommon when venereal ulcers are exasperated, for them to degenerate into true cancers. In the cure of this patient it was necessary to combine the most efficacious means to overcome these two diseases; the specifics that were used destroyed the venereal virus, which was the primary cause of the ulceration; the antiphlogistics served to recal the degenerated tissues to a more natural condition. The first antivenereal treatment being incomplete, the affection of the lip again appeared, but only with the characters of a constitutional syphilis, and disappeared finally by the employment of antivenereal remedies.

In the preceding case the symptoms of disorganisation had not so far advanced, and recovery might have been more rapid; but in this case time and perseverance were required, and the combined influence of two methods of treatment, to arrive at that result. Generally speaking, ulcerations on the lips are primary, that is to say, they are produced by a direct infection; however, consecutive ulceration sometimes occur on those parts as well as elsewhere, when they are frequently irritated, but they present very different characters, as we may see by comparing the cases of primary infection of the lips with those which we have just reported.

CASE.—*Degeneration of the Tongue of a Cancerous Appearance; many and ineffectual Modes of Treatment; Antivenereals; Cure.*

A distinguished practitioner, living at Lyons, showed me some years ago, a lady who was cured by antivenereals of an affection of the tongue, which was of a cancerous appearance, and which occupied almost the whole extent of that organ. The extent of the disease and the severity of the disorder prevented him from having recourse to an operation. Despairing of success, an antivenereal treatment was administrated from some vague suspicion of a syphilitic taint which was supposed to have been communicated by her husband. Gradually the motions of the tongue were restored, the induration disappeared, and the organ assumed its normal size. Analogous cases are not uncommon: I have related this one in preference to others, in consequence of the extreme severity of the disease. Sometimes ulcerations arise round the tongue, which are owing to carious teeth; and the irritation being kept up by the almost constant friction, cancer may affect the organ. But when these teeth have been extracted, the ulceration soon changes its appearance, and cicatrisation rapidly commences.

There are other kinds of ulcerations which occur round the tongue without any apparent cause, or which still continue after the teeth have been extracted, although they were considered to be the only cause of these alterations. In all of these cases we must not be in a hurry to have recourse to an operation, or to neglect the patients. When we attentively inquire into their antecedent history, we shall be sure to find sufficient proof of the existence of a venereal cause; we must then adhere to this belief, and prescribe an antivenereal treatment, which is the only hope of success. If the diagnosis be correct, the cancerous character of the affection will disappear, under the influence of the specifics for syphilis, without leaving either induration of the tissues, or an impediment to its proper function.

In less severe cases, these ulcerations of the tongue are frequently accompanied with white spots of a metallic appearance; the mucous membrane looks as if it had undergone a true transformation in these parts; it is covered with a whitish pellicle. Strict attention to diet will generally cause the disappearance of this affection, but it frequently comes on again. They have some resemblance to the aphthous ulcerations, which we sometimes see in the mouths of smokers. Again, the tongue is often furrowed in every direction, and particularly in a longitudinal one; frequently intense pain is felt at the same time. As a general rule, we should attribute these lesions to a syphilitic cause, if the existing one be not easily discoverable.

CASE.—*Syphilitic Phthisis Laryngea complicated with Ascites; Antivenereals; Cure.*

M. C——, a banker's clerk, aged 49, of a lymphatico-sanguineous temperament, and much addicted to sexual intercourse, experienced, when 26 years of age, a complete loss of the voice without any pain; this state lasted two years, and was treated by emollient drinks; he had, moreover several attacks of rheumatism. In the month of January, 1824, he experienced every afternoon, about three o'clock, a slight rigor, which was followed by considerable heat. This indisposition seldom prevented him from following his usual occupations. He then felt heat in the windpipe, and deglutition was sometimes very painful. Dr. Dunal prescribed emollient drinks. About this time the left upper extremity was attacked by rheumatism, accompanied by pain and slight swelling. In the month of April a severe paroxysm of fever came on; the pain in the arm was very severe, and the patient was obliged to leave his office; the lower extremities were frequently swollen and œdematous, particularly towards the evening; respiration was stertorous; the urine thick, and of a deep red colour. Ascites then came on; hydrops pericardii, and an effusion into the pleura had previously existed. Being put under the influence of diuretics and antiphlogistics, the ascites and rheumatic pain disappeared, but the slow fever persisted for some time, and the pain in the windpipe gradually increased. It was at this time that I was consulted. The chest appeared to be healthy; however, the persistence of fever and the severity of the laryngeal pain announced the work of inflammation in the larynx (leeches to the neck, two large issues on the lateral parts of the larynx); slight relief. Shortly afterwards, a return of all the symptoms (venesection, mustard pediluvia, six issues to the larynx in the space of six months); momentary relief. One day, on examining the issues, I perceived a slight exostosis on one of the clavicles. I strictly interrogated him as to whether he had ever had syphilis; he acknowledged he had contracted two blenorrhagias, one twelve, the other four years before. From these facts, a mercurial treatment was administered (pills of Sedillot, one night and morning). At the end of five or six days, the irritation of the larynx having increased, the employment of the mercury was suspended. The disorder grew worse; the patient breathed with greater difficulty, and he could not swallow fluids. Plinck's gummy preparation of mercury was ordered, care being taken to diminish the dose as the state of the patient required. At the end of a month all the alarming symptoms disappeared, and in three months the patient was restored to perfect health. From that time the state of his health improved, and during twenty years afterwards he had no relapse; his voice, however, never became strong, and a lengthened conversation produced fatigue. The cicatrices in the larynx were probably the cause why the tone of the voice was not restored.

PROGRESS OF FRENCH SCIENCE.

(FROM OUR OWN CORRESPONDENT.)

Paris, September 5, 1845.

Academy of Sciences.—Meeting of September the 8th, 1845. M. Elie de Beaumont in the Chair.

Structural Anatomy—Dr. Bourgery on the Nerves of the Serous Membranes.—The serous structures of the human body have hitherto been deemed deficient in nerves. Dr. Bourgery not only states he has discovered their existence, but asserts they are to be found in greater abundance in the serous than in any other textures. The nerves of serous membranes vary in diameter, 0·0001 of a millimetre, and 0·00002 of a millimetre (*i. e.* 1-30th and 1-150th of a line), intercepting in their progress small polyedric spaces not exceeding in size 1-5th of a millimetre (0·0002 of a millimetre), and being sheathed in their course by an elastic fibrous integument.

Their origin varies according to the region upon which the membrane they belong to spreads, the cerebro-spinal system furnishing the nerves of the serous coats of the muscular parietes of the trunk, the extra-visceral plexus being the source of the nerves distributed to the serous investments of the rachidian surfaces; and the common intermediate space, *i. e.*, the diaphragmatic and mediastinal regions, the circumference of the pelvis, &c., deriving their nerves from both sources.

The nerves terminate indifferently in muscular and serous tissues—an anatomical fact which clearly shows that the same nerve is composed of rami, destined to fill ultimately different functions. The termination of the nerves is occasionally in the shape of penicillated fasciculi; and of isolated fibres, both orders of terminal divisions promiscuously mingling with each other.

In the peritonæum, the nerves are distributed in the following manner:—the anterior wall of the membrane receives them from the muscular divisions of the six last intercostal branches, and the two first lumbar; and also from a double plexus—one arising from the solar ganglion, descending along the umbilical vein; the other ascending from the pelvic ganglions on the passage of the urachus and umbilical arteries. The posterior portion of the peritonæum, receives numberless nerves from the ganglions situated in the vault of the diaphragm, and the lumbo-iliac region; the splanchnic peritoneal nerves are here inextricably mingled with rami emanating from the spinal system; the peripheric anastomosis of the cerebro-spinal and ganglionic systems being nowhere better demonstrated. These nerves are distinctly seen with the microscope, or a strong magnifying glass (from 3 to 10 diameters), or preparations which have been allowed to macerate in acidulated water (1-110 to 1-200 of azotic acid).

Fossil Remains of a "Quadrumane" found in Essex.—Professor R. Owen, F.R.S., corresponding member of the Institute, present at the meeting, stated in a written communication, that on August 12th, 1845, a small series of fossil mammalian remains was brought to him by their collector, Mr. Ball; amongst these remains was a portion of jaw, with a molar tooth, supposed by Mr. B. to be human. This fossil presented all the characters due to change of texture, colour, and adhesiveness of the tongue of the other fossils of the extinct mammalia. It was found at the village of Gray's Rhurrock, county of Essex, and was taken out of the sandy bed at a depth of fifteen feet below the present surface; a comparison of the molar tooth in question, with the specimens in the Hunterian collection in London, determined it to belong to the quadrumanous order, and the genus "Macacus;" a conclusion confirmed by further comparison with the collection of Osteologic specimens of the "Muséum d'Anatomie Comparée."

The present interesting discovery, coupled with the fact that at the present day a species of Macacus still lives and propagates on the rock of Gibraltar, and another species is indigenous in Japan, whilst numerous genera of quadrumana flourish in Southern Asia, affords additional weight to Professor Owen's opinion, that Europe, Asia, and Africa, ought to be regarded, in relation to the geographical distribution of mammalia, as *one* great natural province; and further, that the genus macaque, like the genus elephas, rhinoceros, hippopotamus, and hyæna, formerly and prior to the insular separation of Great Britain from Europe, had a much wider distribution over the Europæo-Asiatic continent than at the present day.

Keratoplastic Operations.—Transparency of the Engrafted Cornea. By Dr. Feldmann. The transplantation of the cornea from one animal to another is an operation generally unsuccessful, inasmuch as the engrafted cornea soon loses its transparency; in order to prevent this circumstance, which takes away the entire benefit of the operation, Dr. Feldmann recommends the cauterisation, with the solid nitrate of silver, of all vascular formations on the engrafted membrane.

Carious Teeth.—Dr. Schlund, in cases of diseased teeth, proposes the resection of the decayed portion, and presents an instrument he has invented for the operation.

Mechanism of Fractures—Chassaignac on the Solidity of Bones, and their Mode of Resistance to External Injury.—Dr. Chassaignac divides fractures into four classes, according to their mode of production:—1. Fractures by elongation of the fibres of the bone—*i. e.*, those of the patella, olecration, &c. 2. Fractures by incurvation. 3. Fractures in which the bone is crushed. 4. Fractures by exaggerated torsion of the bone. These modes of action of the fracturing causes, sometimes exist singly in producing fracture, and occasionally are combined with each other. The author further remarks upon the prismatic shape of the long bones, and upon the mode of resistance of triangular prisms to external violence. Interesting experiments are brought forward to show, for instance, that the tibia will carry a much heavier weight, if that weight bears upon the crest of the bone, than if it rests upon one of the faces, thus illustrating the known law of solidity of prismatic bodies, and also the remarkable disposition of the bones in the human body; in consequence of which they are better fortified against external violence, in those precise parts where they are most exposed to encounter it. Dr. C. concludes by stating that the bones attain their maximum of solidity from the twenty-fifth to the forty fifth year of life, from which period they gradually and progressively lose their power of resistance, from the action of three causes: 1st, the interstitial absorption of bony matter; 2nd, the relative predominance of the phosphate of lime; and, 3rd, the absorption in advanced years of this latter deposit,—a cause which Dr. C. is the first in mentioning.

The Meteor at Monville.—Professor Bouillet had been called upon by various insurance companies to state his opinion as the *nature* of the late disastrous phenomenon observed at Monville in Normandy, inasmuch as they will be liable to heavy reimbursements in case the accident is found to have resulted from the action of lightning, whereas they cannot be under any responsibility if the fatal events have been the result of the wind; in one word, is the meteor to be regarded in the light of a *storm* or in that of a *hurricane*? The professor, in an elaborate report on the subject, states as his opinion, that the destruction was due, in the greatest measure by far, to the action of the wind, but slight evidence existing of the action of lightning. The reporter argues, that the electric condition of the spikes and bars of the fated factories can have no weight in deciding the question, as it is more than probable that the spikes of all engines working for a certain length of time in given positions must acquire magnetic properties without the intervention of any visible discharge of electricity.

Academy of Medicine; Meeting of Sept. 9th, 1845. Dr. Roche, vice-president, in the chair.

Pulmonary Emphysema. By Dr. Piedagnal.—Dr. Piedagnal read a paper on emphysema of the lungs, in which he attempted to establish that death generally results from the penetration of the extravasated air into the vascular system. In support of this opinion, he brought forward several cases where emphysema existed, generally complicated with other diseases, and in all of which bubbles of air were detected in the arterial system of the brain. In conclusion, the author pointed out the great importance of this fact in relation to forensic medicine, and endeavoured to prove that many cases of sudden death during apparent health, and when no lesion has been detected on examination of the body, may be referred to this cause. He stated, moreover, that emphysema and sudden death after parturition were often to be attributed to violent efforts during labour, in consequence of which, rupture of the air cells taking place, a certain amount of air was introduced into the vascular system.

Several gentlemen were afterwards called upon to make promised communications; none being present, the meeting terminated at a quarter to four.

Surgical Society; Meeting of August 27th. M. Monod in the chair.

Abnormal Anus—Pathological Anatomy.—Dr. Malgaigne does not believe, with Scarpa, the infundibulum of the abnormal anus to be formed by the remains of the hermial sac. He relates the following case: A man, ætat. 49, bore, for the space of twenty-four years, an irreducible crural hernia: strangulation and gangrene set in, in May, 1844, and on the 10th of June following, the slough having separated, an abnormal anus formed, through which fæcal matter escaped, the greater part of the fæces, however, following their natural course. The patient entered the hospital of Saint Souis in March, 1845, when tents were introduced during two months, when diarrhœa, erysipelas, and crural phlebitis occurring on both sides, carried him off on the 16th of August, 1845. The anatomical preparation showed the abnormal anus, situated in the left groin, with its upper lip closely attached to the Fallopian ligament. The infundibulum leading into the gut was extremely short in its superior portion, but was much longer in its other regions. A catheter was introduced with great ease into the intestine below the opening, but it was very difficult to pass it into the gut above the artificial anus. A portion only of the diameter of the intestine was destroyed, and all round the ring the gut had formed intimate adhesions with the peritoneum of the abdominal wall. What M. Malgaigne chiefly insists upon is, that no trace of the hernial sac can be detected, and that the parietes of the infundibulum are lined and formed by the intestine itself. A double spur exists in the intestinal cavity, the superior one being the longest, and the mesentery formed *no cord* as is usual in analogous cases.

Polypus of the Rectum.—Removed by Torsion.—Dr. Maisonneuve presented a polypus extracted from the rectum of a man, aged fifty, and situated two inches above the anus. Painful stools, tenesmus, and bloody dejections were the accompanying symptoms. Not choosing to divide simply the pedicle of the tumour, a line and a half in diameter, an operation which might have occasioned hemorrhage, or to tie the polypus, ligature being sometimes followed by unpleasant consequences, Dr. M. fixed the pedicle with a forceps, whilst he twisted off the tumour with another forceps, a plan suggested to him by M. Récamier, and which is analogous to the method first adopted in the torsion of arteries.

Extraction of a Fragment of Glass from the Eyeball. By M. Lenoir.—A joiner, working at a glass window, was struck by a fragment of glass in the right eye, and called Dr. Lenoir to examine the organ. The cornea was divided at its inner third by a vertical wound, encroaching, above and below, upon the sclerotica; from the superior angle of this division protruded a small portion of the iris and of the ciliary ligament; further on, touching the upper lid, the surgeon felt distinctly a solid body entangled in the eyeball. The foreign body proved to be a fragment of glass of a triangular shape; the basis of the triangle being more than half an inch in length, and each of the sides more than an inch. It was extracted with a dissecting forceps, and the patient is doing well.

Dental Surgery.—M. Monod relates a case in which pressure of the wisdom tooth or the root of the second molar occasioned much inconvenience and suffering. A gentleman became deaf in both ears without any evident cause, at the same time he complained of severe rheumatic pains in both rami of the maxilla. No tooth was decayed, but the localisation of the pain in the vicinity of the second molar induced M. Monod to remove it.

After the operation the symptoms immediately disappeared. On examination of the fangs of the extracted tooth, they were found to be worn and dovetailed by the pressure of the wisdom tooth.

A man, aged 60, whose teeth had all fallen away, presented, near the angle of the maxilla, a fistulous opening, kept open by the presence of necrosis. On examination of the mouth, a tumefaction was noticed in an alveola: the part was carefully probed, a tooth was discovered and extracted, and the fistula closed; it was the wisdom tooth.—M. Guersant: A girl, ætat. 16, was brought to M. Guersant, with a fistulous opening in the anterior region of the neck, the consequence of an abscess. On examining the teeth, he found that one of the inferior canine teeth was discoloured, and that he could introduce a probe between the tooth and the alveola: the tooth was removed and the fistula cured without delay.—M. Chassaignac remarked that in preparing the lymphatics of the head and neck in young subjects, he had often met with an anatomical change of structure, of some interest to the present debate. The tooth examined in the alveola presents no alteration; but the maxilla being completely denuded, is found perforated with several small holes in the neighbourhood of the root of the tooth. If this diseased lamina of bone be removed, the fang of the tooth is generally found diseased and surrounded with pus. This intra-alveolar caries must often escape observation during life, and is, doubtless, in many instances the cause of the enlargement of the maxillary glands, and of certain purulent collections of the same region.

HOSPITAL LA PITIE.—PROFESSOR PIORRY.

Whining murmur of the Heart.—A young woman, convalescent from an attack of partial peritonitis, was auscultated with a view of ascertaining if she presented the stethoscopic signs of chlorosis. A distinct *whining* murmur was heard, corresponding with the first sound, and louder at the apex than at the base of the heart. The pulse remained regular, and no disorder could be detected in the mechanism of the circulation. No fluid was effused in the pericardium, and the lungs were healthy. Professor Piorry attributed the abnormal sound observed, to the percussion of the apex of the heart against the stomach in a state of distension from air and liquids; a supposition confirmed by the fact of the *whining sound* disappearing suddenly on the ingestion of a glass of water. The patient, suffering from no symptoms of any importance, was discharged.

LA CHARITE.—M. RAYER.

The following interesting case has been observed in Dr. Rayer's wards by M. Clerault, D.M.P.:—A lad, ætat. 17, entered the hospital with the premonitory symptoms of variola, on May 30th, 1845: he had never been vaccinated. The vaccination was performed on the 2nd of June, and on the 11th the eruption of small-pox appeared, nine days after vaccination, and twenty-eight since the first prodromic manifestations. The vaccine pustules presented the following modifications, due, no doubt, to the co-existence of variola:—1. Great slowness in their progress; 2. No vaccine tumour or subcutaneous induration. The inflammatory areola was very much circumscribed. The variolous affection seemed to have been modified by the inoculation: 1. With regard to the sudden change which took place after vaccination, violent prodromic symptoms being succeeded, after twenty-eight days, by a mild and discreet variola; 2. By the absence of any secondary fever.

BEAUJON.—DR. ROBERT.

Fracture of the Clavicle.—In a case, at present under treatment, in which the internal fragment of the bone protrudes considerably, Dr. Robert has maintained the fracture by the application of two splints, one *behind*, the other *in front of* the clavicle, supported by the spica bandage of the shoulder. We conceive this mode of dressing the fracture can apply to a very small number of persons: in the present instance, the supra-clavicular space is sunk deep behind the bone, so that the posterior splint really bears upon it. The axillary cushion is not used, nor is the arm supported in a sling.

DAN. M'CARTHY, D.M.P.
President of the Parisian Medical Society, late Interne of the Hospitals of Paris.

PROGRESS OF GERMAN MEDICAL SCIENCE.

By SIGISMUND SUTRO, M.D.

Displacement of the Heart in consequence of a Pulmonary Disease.—An officer, ætat. 39, previously healthy, was affected in the summer of 1835, by a nervous fever, with gastric disturbance, which continued for a long time, and caused a dread of consumption during his long convalescence. During his confinement, which lasted about five months, the patient had always lain on the right side, which proved the right lung to be chiefly affected. When at last he began to walk about in the commencement of 1836, he complained of difficult respiration and palpitation of the heart, more perceptible in the right than the left side of the chest. These symptoms were joined in the spring of 1838, by occasional vertigo and hæmoptysis, which returned every year in an increased degree. During the intermissions the patient was pretty well, and when he observed a strict diet could follow his avocations, and even undertake small journeys. In the autumn of 1844, on the 21st of October, he was again affected without any precursory symptoms, with a very violent hæmoptysis, so that he lost two quarts of blood in seventy-two hours. The hemorrhage was stopped by the use of infusion of digitalis and afterwards the diacetate of lead with opium, and the application of ice over the chest. After this effusion the patient was extremely exhausted and unusually dejected. He predicted his immediate dissolution. The previous morbid symptoms increased visibly in intensity. The violent palpitation, particularly perceptible on the right side of the chest, became transformed into a constant humming. The pulse was exceedingly accelerated, soft, and tremulous; respiration much obstructed and only possible by bending the body forward; sleeplessness and daily decrease of strength, till death ensued on the 11th of November. The autopsy (confined to the examination of the chest) showed the body unusually emaciated; thorax exceedingly flat; the left lung firmly adherent in almost its entire extent to the pleura and ribs; its substance full of soft tubercles. The right lung, which also presented tubercular matter, had the appearance of a narrow slice of liver, and extended along the ribs, to which it was firmly adherent. The heart lying under the sternum, but mostly in the right cavity of the chest, was enlarged, particularly in its right ventricle, which was filled with coagulated blood. Its texture loose; no change in the valves; a large polypus in the left ventricle probably formed during the last agonies.—*Dr. Loewenhardt, of Prenzlau, in Casper's Wochenschr.*

Notices from Practice—Antagonism between the Salivary Glands of the Mouth and Liver.—The author observed in six cases occurring in men from twenty-two to fifty-four years of age, a constant suspension of secretion of the saliva during morbid increase of the hepatic functions. Grief and depressing mental influences were invariably accompanied by dryness of the mouth, which stood in proportion to the intensity and duration of the mental depression, and the author saw the tongue and fauces so dry on some occasions, that the finger could not discover a trace of moisture (thus, not only the salivary but the mucous glands of the mouth and tonsils must also be affected). No thirst accompanied this dryness of the mouth.

Sympathy between the Cutis and Uterine Mucous Membrane.—In apparently healthy women, who had previously borne children, the author frequently observed in the two last days of the period of gestation an ecthymatous pustular or furuncular eruption, appearing at the upper part of the thigh, or on the labia pudendi. These pustules were from one to ten in number.

Does the Green Colour of the Stools caused by Calomel proceed from Bile or not?—The chemical analysis of the stools caused by calomel, by Simon, proves that their green colour is caused by a considerable quantity of bile. Practitioners may easily decide this question; for if the green colour does *not* proceed from bile, it must be found in the stools, whether calomel be given for a short or long period; and, if it be produced by bile, it must cease to show itself as soon as the bile is evacuated; and this must particularly take place in acute diseases (as the author witnessed in one case), where the small quantity of food taken can only furnish a slow and inconsiderable supply of bile.—*Dr. Schweich in Oesterlin's Jahrbuchen.*

A few Remarks on the Anatomical and Physiological Differences between the Infantine and Adult Organism.—The physiological peculiarity in the organism of children, so materially connected with pathological processes, is by no means sufficiently explored. Comparative measuring of the capillary vessels of children and adults (in the lungs, liver, kidneys, intestinal canal, skin, &c.) shows positively that the diameter (in the former) exceeds not only relatively but absolutely that of the same organs in the latter. In the same proportion the capillary meshes in children are relatively and absolutely larger than they are in adults. The follicular apparatus of the infantine intestinal mucous membrane also exceeds that of adults in size, a proportion which probably exists in the other mucous membranes and the external skin. A more rapid and abundant secretion is of course favoured by this peculiarity, necessary for the active process of nutrition in a healthy state, and causing in acute diseases rapid effusions and abundant discharges. This accounts for the tendency to inflammation in children, and the circumstance that irritation can easily produce disease and death in them before real structural change has taken place. Thus, we frequently find, for instance, profuse secretions, in children, from the respiratory and alimentary mucous membrane without being able to discover any change of the tissues, such as is generally produced by inflammation.—*Dr. Bergin Journal fur Kinderkrankheiten.*

On the Pneumonia of Children.—In adults, pneumonia generally affects the right side, and seldom both; in children the contrary takes place. The violent inflammatory fever is also absent in the latter, but the prominent symptoms are, diminished oxygenation of the blood, depressed state of the cerebral functions, and suffocation. Children in pneumonia are often affected with great somnolence; pale bluish complexion, cold, and blue ædematous extremities. The mouth is frequently filled with frothy saliva, respiration accelerated, irregular, with distension of the nostrils, and violent action of the diaphragm. Cough is generally present, particularly if bronchitis has preceded the pneumonic affection, but may be entirely absent, or at least inconsiderable. *Ronchus crepitans* is not of the pretended importance in children, for the author observed it momentarily produced in perfectly healthy children by the first deep inspiration, after several superficial ones. Percussion does not furnish more certain results than auscultation, for the inflammation must be spread to some considerable extent before a safe inference can be obtained by percussion, and then there is small prospect of a favourable result. Bronchial respiration is more important, but difficult to distinguish. As regards percussion the same may be said, for a safe result can only be obtained if the inflammation be spread to some extent. On account of the lobular nature of pneumonia in children, abscesses are frequently formed, and sometimes to such an extent, that the whole tissue of the lungs is interwoven with suppurating cavities. If the abscesses are superficial, pleurisy ensues; in one case, perforation of the lungs was produced with discharge of air and pus into the cavity of the pleura.—*Dr. Berg, ibidem.*

On the Enteritis of Children.—Acute inflammation of the intestinal mucous membrane, if not very extensive, generally appears in children with the symptoms of cholera—viz., severe vomiting and watery whitish-yellow or light-green stools, often mixed with white flakes or bloody mucus; violent thirst; coldness of the extremities, small, quick pulse; general collapse; restlessness or coma. After twelve hours the influence on the general health of the child becomes distinctly perceptible. It is difficult or impossible to determine which part of the intestinal canal is affected. It seems, however, that the symptoms are more violent in inflammation of the small intestines, and subsequent exudation, or softening of the mucous membrane. Two species of inflammation are often distinctly determined by the post-mortem examination, the one having its seat in the villi, the other in the follicles. In the

former the epithelium can be easily separated from the villi, the subjacent layer being considerably softened, whilst the inflammation of the follicles causes increased secretion, in consequence of which the follicles burst. The author found Böhm's assertion confirmed, that large pieces of ephithelium are found in the cholera-excretions, shaped like the finger of a glove, but he does not believe them to be the covers of the villi, but rather the epithelium of the follicles of the large intestines. In chronic enteritis (a common cause of atrophy), anatomical investigation shows the deposit of a black pigment in the villi, the follicular apparatus of Peyer's glands, and round the follicles of the large intestines. The whole intestinal walls often appear, in consequence, as grey as slate, whilst the follicles appear ulcerated under the microscope. The author thinks he has ascertained (by injecting the vessels of diseased intestines) that this pigment is caused by obstruction and decomposition of the blood.—*Idem, ibidem.*

On a more correct Examination of the Middle Ear, and the cure of Catarrh of the Eustachian Tube.—A view has recently existed that compressed air penetrates into the Eustachian tube during the examination of the middle ear, by means of the catheter and douche, and produces a humming noise if mucous be present, whilst in the absence of this obstruction; the tympanum gives an audible sound by the air striking it. The author contradicts this opinion entirely. The penetration of the compressed air from the douche-apparatus (through the catheter) into the middle ear, only takes place if the tympanum be perforated; but otherwise it is impossible. For as the middle ear is closed at the tympanic cavity by the tympanum, the air contained in it cannot escape before the penetrating stream of air, but is only compressed in a slight degree; neither the patient nor the tympanum could endure the considerable pressure, which is necessary in a normal state for the compression of the air contained in the middle ear, in order that the new stream of air may traverse the Eustachian tube. If we further consider that the air remaining in the middle ear before examination becomes warmed by the surrounding tissues to 30° R., and expanded, offering some little resistance, it is evident that the compressed air introduced through the catheter, only moves towards the palatal opening of the Eustachian tube, before it escapes into the fauces. If this can be maintained of a perfectly permeable tube, it is still more the case in a tube obstructed by tough mucus. If the stream of air introduced by the catheter does not arrive at the tube, a humming noise cannot certainly be perceived in the tube; nor can the tympanum be projected by the penetrating air, if the tube be permeable. On the other hand a mucous obstruction of the tube may be present without any mucous rattling, and whilst the tympanum is perfectly inflated. In consequence of the above diagnostic uncertainty, the author does not employ the air-douche for the examination of the middle ear, but introduces a gut-string (generally an E-string) into the tube through the catheter, after he has previously softened one end in his mouth. This method of exploration possesses the advantage (besides the stimulation of the tube) of freeing the passage from mucus by its introduction, and soon causes an improvement in deafness from mucous accumulation. If the string when withdrawn be not covered with mucus, nor the introduction accompanied with relief, nervous affection of the ear is to be assumed. Thus the usual remedies intended to remove the inflammatory affections, mucosities, and obstructions of the Eustachian tube (as introduction of vapours, water, and compressed air) by no means answer the purpose, inasmuch as they do not reach their place of destination, unless the affection of the tube be complicated with a perforation of the tympanum. The ethereal vapours employed in nervous deafness and narcotic infusions do not reach the destined space. The author asks, then, how so many cures have been effected notwithstanding the erroneous path followed in the treatment? He refers, in answer, to an observation of *Lentin's*, who cured a deafness caused by mucous in the Eustachian tube, by frequently rubbing the palatal orifice of the Eustachian tube with a piece of sponge fixed to a little staff. This cure can only have been effected by the influence of the air on the palatal opening of the tube, whilst the friction probably caused a more active circulation in the tube itself, and thus the tough mucus may have become more fluid and fit for discharge into the fauces. The cure of nervous deafness by means of ethereal and narcotic vapours may have been produced by sympathetic influence, between the nervous branches of the trigeminus in the fauces and the portio-mollis. The author admits, however, that the introduction of a string into the tube for the purpose of removing mucus is a painful harsh means, but he knows of no other remedy by which the purpose can be attained so soon.—*Dr. Lode in Hufeland's Journal.*

On the Analysis of Beer.—The means used by the authorities to discover the genuine composition of beer have been different. Formerly it was thought sufficient to examine the physical qualities of the beer, as smell, taste, colour, purity, and specific gravity. The taste does not give a certain knowledge of its preparation according to the proportion fixed. The beer scales (areometers) are also useless, because beer is a mixed liquid, and it is impossible to construct an instrument to be used at the same time for light and heavy liquids. Among the different chemical method of investigation, that of Professor Tuchs, of Munich, is decidedly the best both on account of its certainty and facility of execution. It is called the hallymetric beer-proof, because culinary salt is the chief agent for testing, and an instrument called hallymeter, is employed. The process is based on the constant solubility of salt in water, and on the peculiarity in the extract of beer, of yielding all its water to the salt. Tuchs has found by numerous experiments, that water dissolves at a temperature from 0° to + 32° R. 36 per cent. of pure muriate of soda. He also found, that the extracts of hops and malt dissolved in beer, yielded all their water to the salt, and only alcohol retains a certain quantity of water. This quantity was also determined by further experiments; Steinheil invented an index, which distinctly indicates the proportions of alcohol and water, contained in the spirit of wine. The hallymetrical analysis of beer is divided into two processes; the first determines the quantity of the whole alcohol, extract and carbonic acid included, and that of free water; the second process fixes the quantity of the extract. (The detailed proceeding of Tuchs may be found in Kunst-u-geverbeblatt d. polytechn. Ver. f. d. K. Baiern vom T. 1836, page 671-709.) This method is of course, only applicable to fix the strength of the beer, but not to determine any adulterations, which may be present, and which must be found out by a more complicated chemical analysis.—*F. Strehler, of Ingolstadt in badische Annalen.*

Zinc and its Preparations considered in a Medico-legal point of view.—The first question is: (*a*) *May oxide and sulphate of zinc become injurious to health?* In answer, the author details Orfila's experiments on dogs, and a series of cases of poisoning in men, which show the possibility of injury by the above substances. (*b*) *May metallic zinc be injurious to health?* The observations collected in France and Prussia, show that the easy oxydation of zinc causes it to be noxious. Its mere continuous contact with air is sufficient to oxydize it; in contact with water (unless purely distilled), oxydation takes place still more rapidly, and the weakest acid will transform it into a soluble salt. Devaux's and Dejaer's experiments which are intended to prove the harmlessness of zinc employed for vessels, are not at all convincing, and show, on the contrary, that zinc dissolved in food or beverages, certainly exerts an injurious influence on the human organism. (*c*) *Other combinations of zinc, as hydrocyanate and muriate of zinc, are violent and energetic poisons.* For the chemical analysis of inorganic and organic substances, suspected to contain zinc, the author details the processes used in the latest researches.—*Dr. Löffler in Magaz. f. d. Staadsarzneik.*

Division of the Thoracic Duct.—The duct began as usual on the first lumbar vertebra, and proceeded upwards to the eleventh thoracic vertebra. Here it gave off a branch larger than the duct itself, which ran along in front of the thoracic aorta, then passed behind it over the eleventh and tenth vertebræ, wound itself round the vena azygos, and opened at a right angle into the thoracic duct. —*Professor Svitzer in Müller's Archiv.*

PROGRESS OF ENGLISH, ITALIAN, AND AMERICAN MEDICAL SCIENCE.

[The following are the only articles of interest to the profession in the last number but one of the *Lancet.*]

ULCERS.—Dr. Cutler explains the non-healing of ulcers consequent on local injuries among the poorer classes of society, by the unhealthy condition of the blood. He says all parts that suffer a solution of continuity inflame, and if the blood is healthy, lymph is separated from the vessels, and is deposited on the surface, which becomes organised by vessels shooting into it. Layer after layer is thus produced, which undergo the same change, till the part made whole. When, however, the blood is vitiated, the process is altogether different. Instead of lymph being formed, there is a secretion essentially distinct from lymph, into which vessels cannot form. Nutrition becomes imperfect or altogether checked, and the parts in the immediate vicinity of the abraded surface become removed by absorption, or if this be also checked, the parts die, and the substance is thrown off in the form of slough. Ulcers that arise without any apparent cause may be produced in this way; and when such is the case, is it erroneous to presume that they are for the purpose of renovating the blood, and so rendering it fitter for healthy nutrition? This, however, more especially occurs when other secreting organs, as the kidneys, liver, &c., are inactive, and do not remove their usual quantity of deleterious matters. He therefore regards the constant draining of the system, by the discharge from the ulcer as being absolutely essential to health. His views, which are merely a revival of the old doctrines of humoral pathology, are to a certain extent correct, and may be usefully applied in practice, in the treatment of these and some other diseases, shewing the advantage of forming an artificial ulcer, as a drain for the system. The utility of a permanent issue is much overlooked by the practitioners of this country.

PROTRACTED LABOUR.—Dr. J. H. Davis narrates a case of protracted labour, in which he performed craniotomy. The removal of the placenta was followed by internal hemorrhage and collapse, which was treated by pressure and stimulants, and afterwards by morphia.

PLEURO-PNEUMONIA AND EMPHYEMA.—A man was admitted into the Westminster Hospital, under Dr. Basham, with symptoms of pleuro-pneumonia, for which he was bled and blistered, and had calomel, opium, and antimony, internally. The treatment was not followed by improvement, and on the fifth day after admission, the respiration was hurried and abdominal, and there were urgent paroxysms of dyspnœa. The left side at the level of the nipple was half an inch larger in circumference than the right; the cough accompanied by a peculiar gurgling sound. The pulse was 100, very feeble and weak. There was a swelling in the left axilla, accompanied by a remarkable flattening of the subclavicular space. The axilla presented an erysipelatous blush. In a few hours' time the left side from the axilla downwards, was œdematous, the spaces between the ribs being obliterated, and the skin retaining a deep impression of the stethoscope. The expectoration was diminished, less viscid, very fœtid, and muco-purulent; pulse 110, small, respiration abdominal; no rising of the sternum during inspiration; severe dyspnœa on motion; countenance anxious. The man died a few days after, and the body was examined thirty hours after death. The left side of the thorax was alone œdematous, and pitted easily on pressure; the convexity and circumference of this side were greater than on the right. On raising the sternum the right lung collapsed, and exhibited the ordinary healthy aspect—a mottled bluish ash-grey. Posteriorly, and towards the apex, were one or two very fine threads of lymph; the pleural cavity contained about a tea-cupful of clear, amber-coloured serum. The pleura costalis of the left side, immediately

below the section of the cartilages of the ribs, was dense and fibrinous, and presented some resistance to the knife before the left pulmonary cavity could be opened. The pleural sac of this side was filled with a fœtid sero-purulent fluid, of a dirty ochre-colour, and in quantity equalling the entire capacity of the left side. The pleura costalis and pulmonalis, which were from three to four lines in thickness, were covered severally with a film of tenacious dirty-green gangrenous fibrin. The left lung, by the pressure of this vast quantity of fluid, had become compressed against the mediastinum, into a magnitude not exceeding the size of a turkey's egg. The parenchyma, or substance of this lung, when cut into, was bloodless, and presented an appearance such as would result from mere mechanical pressure supposed to be exerted gradually, and to be equal on all sides. The pleura-pulmonalis was much thickened, and very dense and carnified in structure, with a gangrenous layer of lymph. The mucous membrane of the bronchi of this side, so far as it could be traced, was of a dirty, rusty hue, and covered with a tenacious secretion. The air passages of the right side were injected, and also coated with a mucous secretion. The liver was much enlarged, and in the early stage of cirrhosis. The other viscera were comparatively healthy. Dr. Basham in some observations on this case, with reference to the propriety of performing paracentesis thoracis, observed, that the operation could not in this case be justifiably performed so long as the urgent inflammatory symptoms remained unmitigated. If these symptoms had abated, if the patient had exhibited any indications of the vital powers even continuing the struggle, and battling on with the left side filled with pus, he should instantly have recommended the operation; but with rapidly failing powers, and with symptoms that from the first had not been in the slightest degree arrested or ameliorated, such an operation would have been most injudicious. It would have been neglecting (or at least attaching no value to) those unerring characters of a rapidly sinking state which this patient palpably exhibited; and it would, by its failure, have tended to throw discredit on a highly beneficial operation when directed with judgment, and employed in cases where the powers of life were still comparatively vigorous, and where the serous or purulent accumulation was rather the source of remote than immediate hazard. Had the operation been performed in this case, the patient would not the less have continued to sink, for the outlet of so much fluid could not have arrested the destructive disorganisation and gangrene of the pleura. As a general rule, this operation should be postponed till the more acute inflammatory symptoms have subsided, and then care should be taken to determine the presence of any organic lesions of the lungs; for if the lungs be diseased, the prospects of success are rendered both remote and doubtful.

Rupture of the Uterus; Gastrotomy.—Mr. Jackson narrates in the *Provincial Medical Journal*, the particulars of a case of rupture of the uterus, which occurred in a patient, twenty-six years of age, while under the care of a midwife. The woman was the mother of three children, and her former labours had been severe and protracted. The rupture took place about four, p. m., and an hour afterwards, when Messrs. Jackson and Clarke saw the patient, no presentation could be felt; the vagina was filled with coagulated blood, and the fœtus could be felt through the abdominal parietes, having escaped into the peritoneal cavity. The woman's state was very alarming, and there was great restlessness and anxiety. Gastrotomy was decided on for the removal of the child, as it was considered that its extraction by the uterus and through the pelvis would be likely to inflict additional injury, and exhaust the feeble powers of life. As a necessarily preliminary step, the urine was drawn off, and the patient was placed in a convenient position, on her back on the bed. The integuments of the abdomen being kept on the stretch by an assistant, an incision of about six or seven inches was made with a scalpel, extending from two inches above the pelvis, to a short distance of the umbilicus. The peritoneum having been laid bare, an opening was made, and that membrane divided co-extensively with the external wound. The omentum then protruded, which being carefully held on one side, a tense bag containing a yellow fluid presented itself, being in fact the ordinary membranous envelope of the fœtus in utero. The contents, consisting of the liquor amnii, together with a large quantity of coagulated blood, were evacuated by a puncture, and the head of the child presented itself. The fœtus was extracted by the feet, and it was found that the external wound was barely sufficient to allow of the passage of its head. The placenta had been expelled from the uterine cavity, and was lying amongst the intestines, together with a considerable quantity of fluid and coagulated blood, all of which was removed. The time occupied in the performance of this operation was not more than a few minutes, and during its continuance, the patient, although perfectly conscious, remained quite tranquil. The omentum and intestines protruded from the wound, but were easily replaced, whilst the edges of the wound were brought together by sutures, and strips of adhesive plaster, and a firm bandage completed the dressing; after which the patient was placed in a favourable position. The poor woman bore the operation with great fortitude, and expressed herself as being very much relieved, and considered that she had terminated her labour with much less suffering than she had experienced on former occasions. The pulse almost immediately rallied, and the appearances of extreme exhaustion subsided. The child—a female—was considerably above the middle size, weighing eleven pounds and a quarter, and had no doubt ceased to exist at the period of the accident. Wine and a full opiate were given, and she was left in a composed state under the charge of an experienced nurse, who had instructions to administer nutritious fluids, and if needful, more wine. The patient survived the operation a few days only, dying of exhaustion and low fever. Prior to death, the wound in the abdominal parietes had united generally, excepting at some points, whence there issued a slight purulent discharge. At the examination of the body it was found that the divided abdominal peritoneum had become adherent along the wound to the subjacent parts, on breaking down which, and separating the edges of the wound, a little purulent matter was discovered. The convolutions of the intestines and the omentum were, in several places, slightly adherent by lymphatic effusion, and this condition prevailed in several places between the contiguous surfaces of the serous membrane. The general peritoneal surface exhibited a slight state of vascularity, and this condition was more conspicuous in the neighbourhood of the uterus, which viscus was slightly adherent to the bladder. Four ounces of a dark-brown fluid were effused into the cavity of the peritoneum, but not at all intermixed with pus. The omentum presented throughout its extent a brown colour; but there was no gangrenous appearance in this or any other part. The stomach was healthy, and very slight vascularity was observed on its outer coat. The uterus had contracted to the size to which it is usually reduced about the seventh day after delivery. It presented a perfectly normal appearance, excepting a slightly increased vascularity, and felt firm in its general structure. Its outer covering, as before stated, was slightly adherent to the contiguous peritoneal surface. Upon raising up this organ towards the pubes, a dark-brown ragged opening was discovered, chiefly seated in the posterior wall of the vagina, and apparently extending through a small portion of the cervix uteri. The length of this opening varied according, as it was enlarged by stretching, or suffered to remain in its original state with the parts *in situ*. The variation of the laceration was thus from three to five inches. Besides this longitudinal laceration, there was a considerable transverse division just at the point where the vagina joins the cervix. There had been no attempt to close this lacerated wound by any reparative process; but the contiguous surfaces of the peritoneum had become so generally adherent as effectually to prevent the secretions or discharges from the uterus or vagina from passing into the abdominal cavity. The edges of the lacerated opening were irregular, jagged, and of a dark-brown colour, but free from any gangrenous state. The inner surface of the organ presented nothing unusual in its appearance. The pelvis, although apparently well-formed, was slightly under the natural dimensions in its antero-posterior admeasurement, and, considered in connection with the large size of the fœtus (eleven and a quarter pounds) was decidedly disproportioned.

CASE OF CEPHALHŒMATOMA.

By A. W. Close, Esq., Manchester.

In the month of November, 1844, I was requested to see the infant of the Rev. Mr. B——, residing at a village near Huddersfield. On either side of the sagittal suture, and about the centre of each parietal bone, was a tumour—that on the right being much the larger. "These tumours," says the father, "were discovered the day after birth, and were shown to the medical attendant. The child was nineteen days old when you saw it, and the only means used was the mildest of the three recommended by yourself, viz., some folds of linen sewn into the top of the cap. They disappeared about five weeks after you saw the child, the bone gradually closing in, or rather growing, and the swelling subsiding as the bone closed." Such is the father's description of the condition, progress, and issue of the case.

Naegelé has described these tumours under the term "cephalhœmatoma." They are found occupying different localities, and consist of sanguineous fluid effused either under the bone, under the pericranium, or under the aponeurosis of the occipito-frontalis.

The existence of the first variety—the subcranial—is accompanied by symptoms of cerebral compression. When these are present, together with an external cephalhœmatoma, it may be suspected.

That wherein the blood is effused under the aponeurosis is the consequence of external violence after birth.

The foregoing case is an instance of the kind, wherein the effusion takes place between the pericranium and the bone. The chief diagnostic symptom is the presence of a distinct bony ridge surrounding the tumour, which gives the impression that there is a cavity in the skull. The bone can generally be felt within the circle, continuous with it, but apparently depressed below it; but in this case I could not detect it by using any reasonable degree of pressure. These tumours can always be detected from encephalocele by the absence of pulsation, by the situation they occupy, occurring in all cases, with which I am acquainted, about the centre of the parietal bone, generally of the right side. Encephalocele usually occupies the site of a fontanelle or suture; is circumscribed, globose, and of cerebral density. A case, I observe, is reported in the *Medical Times* of October 26, 1844, under the observation of Velpeau, where the hernia occupied a congenital opening of the bone, immediately below the occipital protuberance.

The cause of this kind of tumour was conjectured by Haller. He noticed, on compressing the head of an infant, even slightly, after removing the pericranium, drops of blood springing from between the radiated fibres of the parietal bone. Dubois corroborates Haller's experiment, and suggests it as an explanation of the formation of cephalhœmatoma. It has been further confirmed by M. Valleix, who concludes, that if circular pressure be made upon a point of the cranium, blood will spring from the surface of the bone, and the pericranium in the fœtus being but loosely attached, becomes detached to a considerable extent and forms the cyst of the tumour. Dr. Valleix's explanation seems very probable, as this tumour is never met with but after protracted or rapid labour; in the one case there being the evil of long-continued, in the other of violent and unduly augmented pressure.

It is stated by some of our journalists that these tumours have scarcely been mentioned by British obstetricians or pathologists. This is a mistake. In an original MS. of the late Dr. W. Hunter, published some twelve or fifteen years ago, the following distinct allusion will be found:—"In many children, a few hours after birth, a large soft tumour appears on the head, commonly a little to one side of the very top of the head; it is formed by blood. Frequently there seems to be an edge of the skull

all around, as if there were a large perforation, or want of bone at the place, but this is a deception; some very good surgeons make it a rule to open it, but this is cruelty, for there is never occasion. The child's health is never hurt by it, and it always goes away by itself; generally within the month, sometimes later, and for the most part continues without diminishing to very near the last, then it begins to be sensibly a little softer, like a bag of fluid that is a little emptied, after which it disappears very fast. I have never seen one case that did not do well of itself, not even among 12,000 children that have been born at the British Hospital, which I have attended since its institution; at first I tried many discutient applications, but I soon found that they were both useless and unnecessary"

It may be supposed that Dr. H. here alludes to that intumescence of the scalp which so frequently occurs, known as the caput succedaneum; but he mentions the "edge of the skull" with the apparent perforation, which are the striking peculiarities of the sub-pericranial variety.

The principle of treatment to be kept in view is the excitement of the absorbents. We may judge of the power of assimilation and absorption in infancy, by the fact that a child nearly doubles its weight in a few months from the time of its birth. Various discutient lotions are used, but simple pressure by means of a piece of tin-foil, or a compress of linen adjusted to the cap, or adhesive strappings, is all that is necessary. When these fail, the evacuation of the tumour by the subcutaneous incision may be judiciously adopted.

The chief valuable deduction of a practical nature to be drawn from the foregoing remarks is, that of being able to prognosticate the successful issue of such cases. The experience of Dr. Wm. Hunter, and of other medical authorities, warrants such expectation. The mind of the parents is greatly relieved by such information. Mr. B., in his letter to me, says, "I shall not soon forget the relief afforded me by your information." The feelings of the surgeon are no less gratified by a correct diagnosis, as it certainly is a much less formidable and troublesome affection than encephalocele.

Grosvenor-street, Sept. 6th, 1845.

NOTICES TO CORRESPONDENTS.

A HANDSOME PORTFOLIO *for holding the* "MEDICAL TIMES"—*very desirable to those who would keep the numbers clean for binding, and easy of reference—may be had, by order of any Bookseller, or at the Office, price 5s. An allowance is made to the trade.*

☞ ☞.—*Several subscribers, in arrears, are requested to forward immediately the amount of their accounts, in order that their names may not be placed in our list of defaulters.*

S. N., Cambridge.—*The remedy mentioned is an old one, and has been used before in cases of inflammation, though not, we think, in the large doses recommended by our correspondent. Should S. N. feel disposed to send us some remarks on the subject, illustrated by cases, and authenticated by his name and address, we shall probably give them insertion.*

C. A., Portsmouth.—*A letter addressed to Mr. Gower, Hampstead, will reach its destination.*

We cannot understand why Mr. Thompson, of Ripon, *does not receive his papers regularly. All our papers to* direct *subscribers are invariably posted* together *in time for Friday evening's mail, and ought to be delivered on Saturday morning. We think the delay must occur in the local post-office. Do the papers appear to have been opened?*

A Young Student.—*The* Medical Times *is published regularly at six o'clock every Friday morning, and forwarded to country subscribers by the Friday evening's post. We presume our correspondent does not receive his papers direct from the office.*

A General Practitioner and Subscriber for many Years *has addressed us a letter on the subject of the insurance office grievance. We believe that medical men hold considerable power in their own hands for the abatement of this injustice. The question seems to be this:—an insurance company pays its own officer for examining the applicant, but to make assurance doubly sure, applies also to the usual medical attendant for an opinion on the habitual state of health. Now this is evidently a service for which the surgeon should be paid, and as his opportunities of information must be ample and of much importance to the company, he naturally looks to it for payment. Information of equal value cannot be obtained elsewhere; and in case the usual honorarium be refused, we recommend a refusal of the information asked. This we think will soon produce the desired effect.*

P. M. Cooke, Enniscorthy.—*Mr. Clendon's forceps may be procured of Evrard, 35, Charles-street, Middlesex Hospital. The prices vary from 9s. to 11s. each, and of course the cost of the set will depend on its completeness. We can give our correspondent no information respecting the probable charge for carriage.*

In consequence of the fulness of our index—a great convenience to subscribers who have the volumes bound for reference—we are unable to complete it in the present number. We, therefore, propose to publish the remainder in our next, which will thus contain an extra quantity of matter.

The MEDICAL TIMES is the only Medical Journal published at its own Office, and which is free from the control of all Booksellers and Publishers. Gentlemen may procure it by an order on any Newsman or Bookseller, or it will be sent direct from the Office of the Medical Times to Annual Subscribers sending One Guinea IN ADVANCE, which will free them for twelve months. Half-Yearly Subscription, 13s.; Quarterly, 6s. 6d. The Pharmaceutical Number is published once a month, as an extra number; the subscription is 6s. per annum. No number of the Medical Times can be forwarded, except to gentlemen paying in advance.

THE MEDICAL TIMES.

SATURDAY, SEPTEMBER 20TH, 1845.

Te maris et terræ numeroque carentis arenæ
Mensorem cohibent, Archyta;
Pulveris exigui prope littus parva Matinum
Munera; nec quidquam tibi prodest
Aerias tentâsse domos, animoque rotundum
Percurrisse polum, morituro!

EVERY good has its evil, and as if the greatest social boon of our epoch—railroad locomotion—was not to be exempt from the common lot, it is said to have a tendency to cause apoplexy. The accusation is the most telling that could be well made; for the great recommendation of railways being that they save time, what more effective contradiction than that they shorten life? The importance most men attach to a doubt on such a subject may well excuse from us a few observations.

It is known familiarly that hereditary predisposition, or, in other words, a constitutional state of the system distinguished by plethora, flushed countenance, sanguineous temperament, short neck, &c., is one of the most common causes of apoplexy. To this may be added, free living, with abundant use of excitants, such as spirituous liquors, excesses in diet, irregularity in the alvine evacuations, excitement, violent emotions of any kind, diseased state of the circulating system, such as hypertrophy of the heart, and so on. These causes, varied as they may be, produce their effect only in one way—by *inducing an irregular state of the circulation.* In many instances premonitory symptoms occur, such as giddiness, noise in the ears, a sense of fulness in the head, flushing of the countenance, injection of the eyes—symptoms which depend, with apoplexy itself, on an irregular distribution of blood. The proximate cause of the fit is in general a rupture of some vessel within the cranial cavity, and consequent effusion of blood, though this is by no means necessary to produce even a fatal result; for it stands proved by dissection that apoplexy may occur simply from a congested state of the vessels of the brain, without rupture, just as much as faintness may ensue from a deficient supply of vital fluid to this organ.

With this brief description of the nature of apoplexy, we are brought to the question—is it possible for rapid motion to induce apoplexy, or, more simply still, to produce any very disturbing effect on the circulation? We for the present pass over the results arising from the *direct* mechanical action of motion on the circulating fluids of the body. They are enveloped in more doubt and obscurity than any other fact perhaps connected with hydrostatics, whence probably we may be too disposed to underrate their possible importance. It is not requisite, however, to expatiate on this untrodden ground, and we proceed to deal with the actual proved physical effects universally recognised as concomitants of rapid motion.

Most persons have experienced, at some period of their life, a peculiar dizziness and sickness at the stomach, while travelling in a closed carriage of any kind—a dizziness increased when the back has been towards the horses. These unpleasant sensations have been the more acutely felt when the attention has been fixed on the objects passed. On what must this *morbid* state of sensation depend? The reply is evident: on some disordered action or slight irregularity of circulation in the brain, produced among, perhaps, *other* agencies, by the unaccustomed effect on our senses of viewing the objects around us in apparently rapid motion. It must not be supposed to be any peculiarity in the construction of the carriage. We observe the same effects in the youth swung in the merry-go-round of the fair, the landsman first voyaging on sea, and it indeed seems to be a law that rapid motion, and, more or less, constitutional disturbance, always go together, till custom habituate the economy to a new order of things. But though, in most instances, by becoming accustomed to the action, we lose this unpleasant sensation, there are persons (chiefly delicate females) in whom this state of suffering cannot be overcome, and in whom it progresses from simple dizziness to actual faintness. Now, in these cases it is impossible to deny the existence of some irregularity of the circulation, whether from original debility affecting the system generally, or the vascular, or cerebral system especially, is unimportant to the subject under consideration. It may be objected that this faintness is a very different condition to the congestion preceding apoplexy; but this distinction is here of no importance, for all we seek to establish is, that an irregularity of circulation may be produced; and it is allowed that a cause—sudden excitement, for instance—which would produce faintness in a delicate female, may cause congestion in a person whose system is in a state predisposing him to its occurrence. In addition to this cerebral effect arising from motion—an effect likely to be experienced with greater intensity in railway travelling, because the exciting cause is proportionably more powerful—let us pay a moment's thought to the noise of a train at full speed, the frightful scream of the whistle, the close and contaminated atmosphere of the tunnels, with the excitement produced by the thousand circumstances ever connected with travelling, but centupled in connexion with this especial kind of locomotion. Without dwelling on the possible state of mental emotion, or the atmospheric condition, so remarkably different within the vehicle and without, we have three organs of sensation assailed at once—the eyes, by the apparent motion in external objects,

the ears, by the confused and confusing din around, the touch by the jostle and oscillation of rapid movement. Expose a person of an apoplectic habit, after, perhaps, a full meal and excited walk or drive, with the other accompaniments of travelling preparations, to these influences combined, and who can be surprised that the circulating equilibrium is largely interfered with, or that congestion occurs in an organ in most cases very liable to be affected by it? Who can be in wonder that the vessels of the brain, at length becoming congested beyond their utmost capabilities of dilatation, an internal hemorrhage takes place, and the apoplectic stertor announces the occurrence of the too often fatal disease? And let it not be overlooked, that this actual rupture of a vessel is not absolutely necessary; the *congestion* alone, as we have said, is sufficient, in many instances, to produce death.

We are not ignorant of the objection that the guards and stokers of the different railways do not suffer from the disease. But their state of health and nature of previous habits must be taken into consideration. These persons are accustomed to their calling; they are young, vigorous, in the robust health which constant out-of-doors exercise is likely to give: theirs is a regular, ordinary business, free from the excitement of a traveller hurrying impatiently to keep an appointment; and, besides, the brain with them is not that enervated, overtasked, and diseased organ it is with many of the literary, scientific, or mercantile passengers it may be their duty to convey. And it must be recollected that we do not maintain that a *healthy* individual shall succumb, by railway travelling, to an apoplectic seizure, though the brain may be put under increased and trying exercise, its vigorous texture triumphs over the ordeal; and, we have before stated, that the giddiness accompanying rapid locomotion, in other words, the cerebral disturbance, may, in most instances, be overcome by habit. We proceed no further than this, and from that point we will not recede, that railway locomotion is not without serious danger to those predisposed to apoplexy. And if any one of our readers still disbelieve or doubt the disturbing action of rapid motion on the brain, let him, the next opportunity, fix his eyes on the opposite line of rails while the train is proceeding at full speed, and we venture to predict that his sensations will not leave him long incredulous.

We need not say that we advance these views out of no anxiety to assume the unloved *rôle* of alarmists. Railway locomotion is an established fact, and no extent or force of argumentation, and no collateral amount of individual mischief, can ever impede its universal adoption. But if the fact be as we have stated—and too many victims, alas! have recently tended to demonstrate our physiological inductions—there can be no good end answered by hiding it, and much benefit may arise from its wide promulgation. The predisposition to apoplexy, which alone makes railway travelling dangerous, may be overcome by good constitutional *training*, if we may be allowed that expressive word. The brain—which, in the cerebral activity superinduced by the progress and conflicts of society, is more maltreated by us than any other organ of the body—*is to a great extent under our own command, for both disease and health* and in the very proportion that rapid locomotion is a necessity, in that proportion is there a necessity for our maintaining the animal organism in a fit state for its safe endurance. The laws of physiology, though little known, are eternal, and, though little obeyed, are never broken with impunity. Fortunate is it for us, therefore, that each new trophy of man's mental power, subduing to him marvellously mechanical forces of more than giant efficacy, creates but a fresh necessity for the careful study and guidance of his own animal machine, and let us hope that our magical advance in locomotive science—the fruit of mental *activity*—will promote largely a knowledge and observance of the laws that should govern that activity, and thus repay us the physical benefit of its creation by a moral benefit not less vast or acceptable.

MEDICAL MECHANICAL INVENTIONS.

Practitioners who are for the most part engaged in the treatment of acute diseases, too pay little attention to those minutiæ of comfort, by which the sufferings of patients afflicted with chronic and tedious ailments may often be so much ameliorated. In the constant practice of the more arduous duties of the profession, they are compelled to give their time and attention to cases which demand immediate care, and consequently leave the less important duties of attention to comfort in some diseases, always tedious from their duration even when ultimately capable of cure, to the patient's relatives or hired attendants. Daily themselves engaged in active employment, they forget the *ennui* and irritability of the system caused by long confinement, that in many cases very considerably aggravate the original complaint. In cases of spinal disease, in which the patient is constrained to maintain for months a recumbent position, in affections of the head where stooping is prejudicial, and in the numerous class of diseases of the chest, the patients are often during their long confinement debarred the only solace of the sick, that of mental employment. In the majority of these cases to read is most fatiguing, if not impossible, from the difficulty of sustaining the book in a proper position; and debarred from this amusement, who will say that time does not pass wearily? It is chiefly on account of the sick that we hail with pleasure an invention expressly for their comfort, named *the Patent Reading Easel*, which we are convinced will soon be in general use, and of great service to invalids of all classes. The invention is most simple and portable, and can be fixed on any couch, bed, or chair, and removed in an instant without injury to the furniture. It can be arranged at any required focal distance, and will on this account, we imagine, be of much service to the apparently increasing class of persons suffering from myopia. We are always glad to notice inventions tending to the comfort of invalids, and having experienced the depressing effects of confinement without occupation, we regard the *aid* at present before us, although extremely simple, as being pre-eminently useful.

MR. THOMAS WAKLEY.

The statement in our journal on this gentleman's illness has been contradicted with various degrees of positiveness. We made our announcement on good authority, and we still believe it is substantially true. We have since had our attention directed to the *Railway Bell*, in which several days before a similar statement was published, and on enquiry, the proprietor of that journal has assured us that he can vouch for the accuracy of the statement. It has been said that Mr. Mills has *pretensions* to be a medical man. The only question for us is—what are his *qualifications*?

We are glad to perceive a long report of medical proceedings in the *Norwich Mercury*. A museum has been lately opened in that town through the liberality of Mr. Dalrymple, with many very valuable additions from the pathological stores of Mr. Crosse. The room was erected by public subscription, and fitted up under the care of a committee of the governors of the hospital. This is a step in the right direction which will raise still higher the fame of the Norwich Hospital staff and profession generally in that locality.

GOSSIP.

Apothecaries' Hall.—Admitted Licentiate on the 12th of September, 1845:—George James Macklin.

Baths in Liverpool.—We have received the most flattering account of the success of the baths in Frederick-street, Liverpool, under the patronage of the corporation. The washing department does not appear to have answered so well. The charges for the baths are 1d., 2d., 3d., 4d., 6d., and 1s., according to the times and convenience. They are both cold and hot. The receipts, first year, in the bathing department, were £118 11s. 4d.; second year, £229 16s. 6d.; third year, £279 17s. 6d.; and for three months this year, from May to August, £118 16s. 3d., being a very large increase. In Bolton we find that the different societies are coming out to support the men's bath about to be erected. The "Harbour of Rest" lodge of Independent Odd Fellows has agreed to subscribe £10, and the "David's Tent" lodge of Rechabites, £10.—*Preston Guardian.*

The late Midwifery Case on Saffron-hill.—Sir,—Can you inform me why Dr. Davis was substituted for Dr. Waller in making the post-mortem examination in this case? My reason for asking this question is not that I think a physician a more proper person to make a post-mortem examination than either of the respectable surgeons who attended the poor woman, but because Dr. Waller was called to see her previously to her death; and one would have thought, therefore, that he would have been selected, provided an M.D. had been required. In a late number of the *Lancet* a case is related in which the surgeon in attendance reflects somewhat harshly on conduct of a similar nature, and which he ascribes to the want of proper understanding on the part of a *non*-medical coroner. He will perceive, however, that even the champion of medical coroners can act in the same way when it answers his purpose, and therefore it is not an error peculiar to the lawyer. By-the-bye, the coroner for Middlesex seems as versatile in the selection of his post-mortem examiners, as in all his other doings. Some time since he could not hold an inquest without ——, and now it is always ——. By the admission of the communication alluded to, Mr. Wakley virtually admits the sentiments of his correspondent, which strongly condemns the practice he himself adopts; he must therefore conclude that what is very wrong in a lawyer, is nevertheless right in a medical man.—A Constant Reader.

MORTALITY TABLE,

For the week ending September 6, 1845.

Causes of Death.	Total.	Average of 5 summers	Average of 5 years
All Causes	840	904	963
Zymotic, or Epidemic, Endemic, and Contagious Diseases	208	198	184
Sporadic Diseases—			
Dropsy, Cancer, and other Diseases of uncertain or variable Seat . . .	88	101	106
Diseases of the Brain, Spinal Marrow, Nerves, & Senses	136	158	159
Diseases of the Lungs, and of the other Organs of Respiration	169	229	292
Diseases of the Heart and Blood-vessels . . .	44	21	24
Diseases of the Stomach, Liver, and other Organs of Digestion	94	88	71
Diseases of the Kidneys, &c.	8	6	6
Childbirth, Diseases of the Uterus, &c.	8	9	10
Rheumatism, Diseases of the Bones, Joints, &c. . .	10	6	6
Diseases of the Skin, Cellular Tissues, &c.	4	1	1
Old Age	84	86	70
Violence, Privation, Cold, and Intemperance . . .	[illegible]	[illegible]	[illegible]

The Medical Times Almanack

FOR 1846.

January.

First Quarter,	4th day at	2 A.	
Full Moon,	12th	"	2 A.
Last Quarter,	20th	"	4 A.
New Moon,	27th	"	9 M.

1	Th	
2	F	Botanical Society, 8 p. m.
3	S	Westminster Medical Society, 8 p. m.
4	S	2nd Sunday after Christmas.
5	M	Chemical Society, 8 p. m.
6	Tu	
7	W	Hunterian Society, 8 p. m.
8	Th	Royal Society, ½ past 8 p. m.
9	F	
10	S	Westminster Medical Society, 8 p. m.
11	S	1st Sunday after Epiphany.
12	M	Medical Society of London, 8 p. m.
13	Tu	Med. Chir. S., ½ p. 8 p. m.; Zool. S. ½ p. 8 p.m.
14	W	Pharmaceutical Society, 9 p. m.
15	Th	Royal Society, ½ past 8 p. m.
16	F	Royal Institution, 9 p. m.
17	S	Westminster Medical Society, 8 p. m.
18	S	2nd Sunday after Epiphany.
19	M	Med. S. Lond., 8 p. m.; Chem. S. 8 p. m.
20	Tu	Linnæan Society, 8 p. m.
21	W	Hunterian Society, 8 p. m.
22	Th	Roy. S., ½ p. 8 p. m.; Med. Bot. S., ½ p. 8 p.m.
23	F	Royal Institution, 9 p. m.
24	S	Westminster Medical Society, 8 p. m.
25	S	3rd Sunday after Epiphany.
26	M	Medical Society of London, 8 p. m.
27	Tu	Med. Chir. S., ½ p. 8 p.m.; Zool. S., ½ p. 8 p.m.
28	W	Pharmaceutical Society, 9 p. m.
29	Th	Royal Society, ½ past 8 p. m.
30	F	Royal Institution, 9. p. m.
31	S	Westminster Medical Society, 8 p. m.

February.

First Quarter,	3rd day at	5 M.	
Full Moon,	11th	„	9 M.
Last Quarter,	19th	„	5 M.
New Moon,	25th	„	8 N.

1	S	4th Sunday after Epiphany
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	Tu	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	Th	Royal Society, ½ past 8 p.m.
6	F	Botan. Soc. 8 p.m.; Royal Inst. 9 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	S	Septuagesima Sunday
9	M	Medical Society of London, 8 p.m.
10	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	Th	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
13	F	Royal Institution, 9 p.m.
14	S	Westminster Medical Society, 8 p.m.
15	S	Sexagesima Sunday
16	M	Med. Soc. Lon. 8 p.m.; Chem. Soc. 8 p.m.
17	Tu	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p.m.
19	Th	Royal Society, ½ past 8 p.m.
20	F	Royal Institution, 9 p.m.
21	S	Westminster Medical Society, 8 p.m.
22	S	Quinquagesima Sunday
23	M	Med. S. Lond. 8 p.m. [Zool. S. ½ p. 8 p.m.
24	Tu	Shrove Tuesday; Med. Chir. Soc. 8 p.m.;
25	W	Ash Wed.; Ph. S. 9 p.m.; [½ p. 8 p.m.
26	Th	Medico-Botanical S., ½ past 8 p.m.; Roy. S.
27	F	Royal Institution, 9 p.m.
28	S	Westminster Medical Society, 8 p.m.

March.

First Quarter,	4th day at	11 N.	
Full Moon,	13th	„	3 M.
Last Quarter,	20th	„	2 A.
New Moon,	27th	„	6 M.

1	S	1st Sunday in Lent
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	Tu	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	Th	Royal Society, ½ past 8 p.m.
6	F	Royal Inst. 9 p.m.; Botan. Soc. 8 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	S	2nd Sunday in Lent
9	M	Medical Society of London, 8 p.m.
10	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	Th	Roy. S. ½ p. 8. p.m.; Med. Bot. S. ½ p. 8 p.m.
13	F	Royal Institution, 9 p.m.
14	S	Westminster Medical Society, 8 p.m.
15	S	3rd Sunday in Lent
16	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
17	Tu	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p.m.
19	Th	Royal Society, ½ past 8 p.m.
20	F	Royal Institution, 9 p.m.
21	S	Westminster Medical Society, 8 p.m.
22	S	4th Sunday in Lent
23	M	Medical Society of London, 8 p.m.
24	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
25	W	Pharmaceutical Society. 9 p.m.
26	Th	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
27	F	Royal Institution, 9 p.m.
28	S	Westminster Medical Society, 8 p.m.
29	S	5th Sunday in Lent
30	M	Medical Society of London, 8 p.m.
31	Tu	

April.

First Quarter,	3rd day at	5 A.	
Full Moon,	11th	"	6 E.
Last Quarter,	18th	"	8 E.
New Moon,	25th	"	5 A.

1	W	Hunterian Society, 8 p. m.
2	Th	Royal Society, ½ past 8 p. m.
3	F	Botan. Society, 8 p. m.; Roy. Inst. 9 p.m.
4	S	Westminster Medical Society, 8 p. m.
5	S	Palm Sunday.
6	M	Med. S. Lond., 8 p. m.; Chem. S., 8 p. m.
7	Tu	Linnæan Society, 8 p. m.
8	W	Pharmaceutical Society, 9 p. m.
9	Th	Winslow born, 1669.
10	F	Good Friday.
11	S	Cheselden died, 1752.
12	S	Easter Sunday.
13	M	Easter Monday—Med. S., Lond., 8 p. m.
14	Tu	Med. Chir. S., ½ p. 8 p. m.; Zool. S., ½ p. 8 p.m.
15	W	Hunterian Society, 8 p. m.
16	Th	Sir Hans Sloane born, 1660.
17	F	Franklin died, 1790.
18	S	Abernethy died, 1831.
19	S	Low Sunday.
20	M	Med S., Lond., 8 p. m.; Chem. S., 8 p. m.
21	Tu	Linnæan Society, 8 p. m.
22	W	Pharmaceutical Society, 9 p. m.
23	Th	Med. Bot. S., ½ p. 8 p.m.; Roy. S., ½ p. 8 p.m.
24	F	Orfila born, 1787.
25	S	Westminster Medical Society, 8 p. m.
26	S	2nd Sunday after Easter.
27	M	Medical Society of London, 8 p. m.
28	T	Med. Chir. S., ½ p 8 p.m.; Zool. S., ½ p. 8 p.m.
29	W	Hunterian Society, 8 p. m.
30	Th	Royal Society, ½ past 8 p. m.

May.

First Quarter,	3rd day at	Noon.	
Full Moon,	11th	„	6 M.
Last Quarter,	18th	„	1 M.
New Moon,	25th	„	5 M.

1	F	Royal Inst. 9 p.m.; Botan. Soc. 8 p.m.
2	S	W. Hunter born, 1718
3	S	3rd Sunday after Easter
4	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
5	Tu	Linnæan Society, 8 p.m.
6	W	Hunterian Society, 8 p.m.
7	Th	Royal Society, ½ past 8 p.m.
8	F	Royal Institution, 9 p.m.
9	S	
10	S	4th Sunday after Easter
11	M	Medical Society of London, 8 p.m.
12	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
13	W	Pharmaceutical Society, 9 p.m.
14	Th	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
15	F	Royal Institution, 9 p.m.
16	S	Vauquelin born, 1763
17	S	Rogation Sunday
18	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
19	Tu	Linnæan Society, 8 p.m.
20	W	Hunterian Society, 8 p.m.
21	Th	Holy Thur.; Royal Society, ½ past 8 p.m.
22	F	Royal Institution, 9 p.m.
23	S	Linneus born, 1707
24	S	Sunday after Ascension
25	M	Medical Society of London, 8 p.m.
26	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
27	W	Pharmaceutical Society, 9 p.m.
28	Th	Roy. S. ½ p. 8 p.m.; Med. Bot. S. ½ p. 8 p.m.
29	F	Royal Institution, 9 p.m.
30	S	
31	S	Whit Sunday

June.

First Quarter,	2nd day at	6 M.	
Full Moon,	9th	"	4 A.
Last Quarter,	16th	"	7 M.
New Moon,	23rd	"	6 E.

1	M	Whit Monday.
2	Tu	Whit Tuesday—Linnæan Society, 8 p. m.
3	W	Hunterian Society, 8 p. m.
4	Th	Royal Society, ½ past 8 p. m.
5	F	Botan. S., 8 p. m.; Royal Inst., 9 p. m.
6	S	
7	S	Trinity Sunday.
8	M	Jonston died, 1675.
9	Tu	Med. Chir. S., ½ p. 8 p. m.; Zool S., ½ 8 p.m.
10	W	Pharmaceutical Society, 9 p. m.
11	Th	Medico-Botanical Society, ½ past 8 p. m.
12	F	Royal Society, ½ past 8 p. m.
13	S	
14	S	1st Sunday after Trinity.
15	M	
16	Tu	Linnæan Society, 8 p. m.
17	W	Hunterian Society, 8 p. m.
18	Th	Royal Society, ½ past 8 p. m.
19	F	
20	S	Cassini born, 1635.
21	S	2nd Sunday after Trinity.
22	M	
23	Tu	Med. Chir. S., ½ p. 8 p.m.; Zool. S., ½ p. 8 p.m.
24	W	Pharmaceutical Society, 9 p. m.
25	Th	Medico-Botanical Society, ½ past 8 p. m.
26	F	
27	S	Cruickshank died, 1800.
28	S	3rd Sunday after Trinity.
29	M	
30	Tu	

THE MEDICAL TIMES.

July.

First Quarter, 1st day at 9 N.
Full Moon, 8th „ 11 N.
Last Quarter, 15th „ 1 A.
New Moon, 23rd „ 8 M.
First Quarter, 31st „ 11 M.

1	W	
2	Th	
3	F	Botanical Society, 8 p.m.
4	S	
5	**S**	4th Sunday after Trinity
6	M	
7	Tu	
8	W	Pharmaceutical Society, 9 p.m
9	Th	Medico-Botanical Society, ½ past 8 p.m.
10	F	Monro (1st) died, 1767
11	S	Lalande born, 1732
12	**S**	5th Sunday after Trinity
13	M	
14	Tu	Zoological Society, ½ past 8 p.m.
15	W	
16	Th	
17	F	Prochaska died, 1822
18	S	Lind died, 1794
19	**S**	6th Sunday after Trinity
20	M	
21	Tu	
22	W	Pharmaceutical Society, 9 p.m
23	Th	
24	F	
25	S	Larrey died, 1842
26	**S**	7th Sunday after Trinity
27	M	
28	Tu	Zoological Society, ½ past 8 p.m.
29	W	Caius died, 1573
30	Th	Graaf born, 1641
31	F	Lavoisier born, 1743

August.

Full Moon, 7th day at 6 M.
Last Quarter, 13th „ 11 N.
New Moon, 21st „ 11 N.
First Quarter, 29th „ 10 N.

1	S	
2	**S**	8th Sunday after Trinity
3	M	
4	Tu	Barkow born, 1790
5	W	Duverney born, 1648
6	Th	Woollaston died, 1828
7	F	Botanical Society, 8 p.m.
8	S	Gmelin born, 1748
9	**S**	9th Sunday after Trinity
10	M	
11	Tu	Zoological Society, ½ half 8 p.m.
12	W	Hufeland born, 1762
13	Th	Laennec died, 1826
14	F	
15	S	L'Heritier died, 1800
16	**S**	10th Sunday after Trinity
17	M	
18	Tu	Boyle born, 1774
19	W	Pascal died, 1662
20	Th	
21	F	
22	S	Gall died, 1828
23	**S**	11th Sunday after Trinity
24	M	
25	Tu	Zoological Society, ½ past 8 p.m.
26	W	
27	Th	
28	F	
29	S	Locke born, 1632
30	**S**	12th Sunday after Trinity
31	M	

September.

Full Moon, 5th day at 1 A.
Last Quarter, 12th " Noon.
New Moon, 20th " 4 A.
First Quarter, 28th " 7 M.

1	Tu	Keill died, 1721.
2	W	
3	Th	
4	F	Botanical Society, 8 p. m.
5	S	Haen died, 1776.
6	**S**	13th Sunday after Trinity.
7	M	
8	Tu	Zoological Society, ½ past 8 p. m.
9	W	Galvani born, 1737.
10	Th	
11	F	
12	S	Schenck died, 1598.
13	**S**	14th Sunday after Trinity.
14	M	
15	Tu	
16	W	
17	Th	
18	F	
19	S	Monro (1st) born, 1697
20	**S**	15th Sunday after Trinity.
21	M	
22	Tu	Zoological Society, ½ past 8 p. m.
23	W	Boerhaave died, 1738.
24	Th	Paracelsus died, 1590.
25	F	
26	S	Fothergill died, 1780.
27	**S**	16th Sunday after Trinity.
28	M	Medical Society of London, 8 p. m.
29	Tu	Parent du Chatelet born, 1790.
30	W	

October.

Full Moon, 4th day at 10 N.
Last Quarter, 12th „ 4 M.
New Moon, 20th „ 8 M.
First Quarter, 27th „ 3 A.

1	Th	
2	F	Botanical Society, 8 p.m.
3	S	
4	**S**	17th Sunday after Trinity
5	M	Medical Society of London, 8 p.m.
6	Tu	Withering died, 1799
7	W	Hunterian Society, 8 p.m.
8	Th	
9	F	Fallopius died, 1562
10	S	
11	**S**	18th Sunday after Trinity
12	M	Medical Society of London, 8 p.m.
13	Tu	Zoological Society, ½ past 8 p.m.
14	W	Pharmaceutical Society, 9 p.m.
15	Th	Vesalius died, 1544
16	F	John Hunter died, 1793
17	S	Reaumur died, 1757
18	**S**	19th Sunday after Trinity
19	M	Medical Society of London, 8 p.m.
20	Tu	
21	W	Hunterian Society, 8 p.m.
22	Th	Marcet died, 1821
23	F	Pitcairn died, 1713
24	S	Westminster Medical Society, 8 p.m.
25	**S**	20th Sunday after Trinity
26	M	Medical Society of London 8 p.m.
27	Tu	Zoological Society, ½ past 8 p.m.
28	W	Pharmaceutical Society, 9 p.m.
29	Th	
30	F	Scarpa died, 1832
31	S	Westminster Medical Society, 8 p.m.

November.

Full Moon, 3rd day at 9 M.
Last Quarter, 10th „ 12 N.
New Moon, 18th „ 11 N.
First Quarter, 25th „ 11 N.

1	**S**	21st Sunday after Trinity.
2	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
3	Tu	Linnæan Society, 8 p.m.
4	W	Hunterian Society, 8 p.m.
5	Th	Galvani died, 1798
6	F	Botanical Society, 8 p.m.
7	S	Westminster Medical Society, 8 p.m.
8	**S**	22nd Sunday after Trinity
9	M	Medical Society of London, 8 p.m.
10	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
11	W	Pharmaceutical Society, 9 p.m.
12	Th	Medico-Botanical Society, ½ past 8 p.m.
13	F	
14	S	Westminster Medical Society, 8 p.m.
15	**S**	23rd Sunday after Trinity
16	M	Med. Soc. Lond. 8 p.m.; Chem. Soc. 8 p.m.
17	Tu	Linnæan Society, 8 p.m.
18	W	Hunterian Society, 8 p m.
19	Th	Royal Society, ½ past 8 p.m.
20	F	
21	S	Westminster Medical Society, 8 p.m.
22	**S**	24th Sunday after Trinity
23	M	Medical Society of London, 8 p.m.
24	Tu	Med. Chir. S. ½ p. 8 p.m.; Zool. S. ½ p. 8 p.m.
25	W	Pharmaceutical Society, 9 p.m.
26	Th	Roy. S. ½ p. 8 p.m., Med. Bot. S. ½ p. 8 p.m.
27	F	
28	S	Westminster Medical Society, 8 p.m.
29	**S**	Advent Sunday
30	M	Medical Society of London, 8 p.m.

December.

Full Moon, 2nd day at 11 N.
Last Quarter, 10th " 9 N.
New Moon, 18th " 1 A.
First Quarter, 25th " 7 M.

1	Tu	Linnæan Society, 8 p. m.
2	W	Hunterian Society, 8 p. m.
3	Th	Royal Society, ½ past 8 p. m.
4	F	Botanical Society, 8 p. m.
5	S	Westminster Medical Society, 8 p. m.
6	**S**	2nd Sunday in Advent.
7	M	Med. S., Lond., 8 p. m.; Chem. S., 8 p. m.
8	Tu	Med. Chir. S., ½ p. 8 p. m.; Zool. S., ½ p. 8 p.m.
9	W	Pharmaceutical Society, 9 p. m.
10	Th	Roy. S., ½ p. 8 p. m.; Med. Bot. S., ½ p. 8 p.m.
11	F	
12	S	Westminster Medical Society, 8 p. m.
13	**S**	3rd Sunday in Advent.
14	M	Medical Society of London, 8 p. m.
15	Tu	Linnæan Society, 8 p. m.
16	W	Hunterian Society, 8 p. m.
17	Th	Royal Society, ½ past 8 p. m.
18	F	
19	S	Westminster Medical Society, 8 p. m.
20	**S**	4th Sunday in Advent.
21	M	
22	Tu	Zoological Society, ½ past 8 p. m.
23	W	Pharmaceutical Society, 9 p. m.
24	Th	Rush born, 1745.
25	F	Christmas Day.
26	S	Peyer born, 1653.
27	**S**	1st Sunday after Christmas.
28	M	
29	Tu	
30	W	Boyle died, 1691.
31	Th	Flamstead died, 1710.

CLOUDS.—Against much rain the clouds grow bigger and increase very fast, especially before thunder.—When the clouds are formed like fleeces, but dense in the middle, and bright toward the edges, with the sky bright, they are signs of a frost, with hail, snow or rain.—If clouds breed high in air, in thin white trains, like locks of wool, they portend wind, and probably rain.—When a general cloudiness covers the sky, and small black fragments of clouds fly underneath, they are a sure sign of rain, and probably it will be lasting. Two currents of clouds always portend rain, and, in summer, thunder.——WIND.—If the wind veers about, much rain is pretty sure. If in changing it follows the course of the sun, it brings fair weather; the contrary, foul.—Whistling, or howling of the wind, a sure sign of rain.——METEORS.—The Aurora Borealis, after warm days, are generally succeeded by cooler air.—Shooting stars are supposed to indicate rain.

Universities, Colleges, Hospitals, Schools of Medicine, &c.

ENGLAND.

UNIVERSITY OF LONDON, SOMERSET HOUSE (1837).

Chancellor, the Earl of Burlington, L.L.D., F.R.S.
Vice-Chancellor, J. G. S. Lefevre, Esq., M.A., F.R.S.
Registrar, R. W. Rothman, M.A., M.D.
Clerk to the Senate, Mr. H. Moore.

Examiners.—Faculty of Medicine. Intellectual Philosophy, Logic, and Moral Philosophy: Rev. Henry Alford, M.A.; T. B. Burcham, Esq., M.A. Medicine: Arch. Billing, M.D.; Alex. Tweedie, M.D., F.R.S. Surgery: John Bacot, Esq.; Sir Stephen L. Hammick, Bart. Anatomy and physiology: Francis Kiernan, Esq., F.R.S.; Professor Sharpey, M.D., F.R.S. Physiology and Comparative Anatomy: Professor Rymer Jones. Midwifery: Edward Rigby, M.D. Chemistry: W. Thos. Brande, Esq., F.R.S. Botany: Rev. Professor Henslow, M.A. Materia Medica and Pharmacy: Jonathan Pereira, M.D., F.R.S.

Examinations for the Degree of Bachelor of Medicine.—Candidates for the degree of bachelor of medicine are required, 1. To have been engaged during four years in their professional studies at one or more of the institutions or schools recognised by this university. 2. To have spent, one year, at least, of the four, in one or more of the recognised institutions or schools in the United Kingdom. 3. To pass two examinations.

The first examination takes place once a year, and commences on the first Monday in August. No candidate is admitted to this examination unless he produces certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having taken a degree in arts in this university, or in a university the degrees granted by which are recognised by the senate of this university; or of having passed the matriculation examination. 3. Of having been a student during two years at one or more of the medical institutions or schools recognised by this university, subsequently to having taken a degree in arts, or passed the matriculation examination. 4. Of having attended a course of lectures on each of four of the subjects in the following list:—descriptive and surgical anatomy, general anatomy and physiology, comparative anatomy, pathological anatomy, chemistry, botany, materia medica and pharmacy, general pathology, general therapeutics, forensic medicine, hygiene, midwifery and diseases peculiar to women and infants, surgery, medicine. 5. Of having dissected during nine months. 6. Of having attended a course of practical chemistry, comprehending practical exercises in conducting the more important processes of general and pharmaceutical chemistry; in applying tests for discovering the adulteration of articles of the materia medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 7. Of having attended to practical pharmacy during a sufficient length of time to enable him to acquire a practical knowledge in the preparation of medicines. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee is five pounds.

Candidates are examined in anatomy, physiology, chemistry, botany, materia medica, and pharmacy.

Examination for Honours.—Any candidate who has been placed in the first division at the first examination, may be examined for honours in any or all of the following subjects:—anatomy and physiology, chemistry, materia medica, and pharmaceutical chemistry. The examinations take place in the week following the commencement of the first examination. They are conducted by means of printed papers; but the examiners are not precluded from putting *viva voce* questions upon the written answers of the canditates when they appear to require explanation. If, in the opinion of the examiners, sufficient merit be evinced, the candidate who distinguishes himself the most in anatomy and physiology, or chemistry, materia medica, and pharmaceutical chemistry, will each receive an exhibition of thirty pounds per annum for the next two years, and under the same circumstances, the first and second candidates in each subject will each receive a gold medal of the value of five pounds.

Second Examination.—The second examination takes place once a year, and commences on the first Monday in November. No candidate is admitted to this examination within two academical years of the time of his passing the first examination, nor unless he produces certificates to the following effect:—1. Of having passed the first examination. 2. Of having, subsequently to having passed the first examination, attended a course of lectures on each of two of the subjects comprehended in the list, and for which the candidate did not present certificates at the first examination. 3. Of having, subsequently to having passed the first examination, dissected during six months. 4. Of having conducted at least six labours. (Certificates on this subject will be received from any legally-qualified practitioner in medicine). 5. Of having attended the surgical practice of a recognised hospital or hospitals during twelve months, and lectures on clinical surgery. 6. Of having attended the medical practice of a recognised hospital or hospitals during other twelve months, and lectures on clinical medicine. 7. Of having, subsequently to the completion of his attendance on surgical and medical hospital practice, attended to practical medicine in a recognised hospital, infirmary, or dispensary, during six months. (Certificates on this subject will be received from any legally-qualified practitioner having the care of the poor of a parish). The candidate must also produce a certificate of moral character from a teacher in the last school or institution at which he studied, so far as the teacher's opportunity of knowledge has extended. These certificates must be transmitted to the registrar at least fourteen days before the examination begins. The fee is five pounds.

Candidates are examined in physiology (the papers in physiology include questions in comparative anatomy), general pathology, general therapeutics, hygiene, surgery, medicine, midwifery, and forensic medicine.

Examination for Honours.—Any candidate who has been placed in the first division at the second examination, may be examined for honours in any or all of the following subjects:—physiology and comparative anatomy, surgery, medicine, midwifery, structural and physiological botany. The examinations take place in the week following the second examination. They are conducted by means of printed papers; but the examiners are not precluded from putting viva voce questions upon the written answers of the candidates when they appear to require explanation. If, in the opinion of the examiners, sufficient merit be evinced, the candidate who distinguishes himself the most in physiology and comparative anatomy or surgery, and in medicine, will each receive an exhibition of fifty pounds per annum for the next two years, with the style of University Medical Scholar; and under the same circumstances, the first and second candidates in each of the preceding subjects, will receive a gold medal of the value of five pounds. Under the same circumstances, the candidate who distinguishes himself the most in midwifery, or in structural and physiological botany, will each receive a gold medal of the value of five pounds.

Examination for the Degree of Doctor of Medicine.—The examination for the degree of doctor of medicine commences on the fourth Monday in November. Candidates must produce certificates to the following effect:—1. Of having taken the degree of bachelor of medicine in this university, or a degree in medicine or in surgery, at a university, the degrees granted by which are recognised by the senate of this university. (Those candidates who have not taken the degree in this university must produce a certificate of having completed their twenty-third year). 2. Of having attended, subsequently to having taken one of the above degrees in medicine (*a*), to clinical or practical medicine during two years in a hospital or medical institution recognised by this university; (*b*) or, to clinical or practical medicine during one year in a hospital or medical institution recognised by this university, and of having been engaged during three years in the practice of his profession; (*c*) or, if he have taken the degree of bachelor of medicine in this university, of having been engaged during five years in the practice of his profession. (One year of attendance on clinical or practical medicine, or two of practice, will be dispensed with in the case of those candidates, who, at the second examination, have been placed in the first division). 3. Of moral character, signed by two persons of respectability. The fee is ten pounds.

Candidates are examined in the elements of intellectual philosophy, logic and moral philosophy, and medicine. If sufficient merit be evinced, the authors of the best commentary on the case in medicine, surgery, and midwifery, will each receive a gold medal of the value of five pounds. Any candidate may present a thesis on a subject of his own choice; and, if sufficient merit be evinced, a gold medal of the value of ten pounds will be awarded.

Examination for Honours.—Any candidate who has been placed in the first division may be examined for honours in any or all of the following subjects:—surgery, medicine, midwifery. If sufficient merit be evinced, the first candidate in each subject will receive a gold medal of the value of five pounds.

Regulations relating to Practitioners in Medicine or Surgery desirous of obtaining the Degrees in Medicine.

Degree of Bachelor of Medicine.—Candidates will be admitted to the two examinations for the degree of bachelor of medicine on producing certificates.—1. Of having been admitted, prior to the year 1840, members of one of the legally constituted bodies in the United Kingdom for licensing practitioners in medicine or surgery; or of having served, previously to 1840, as surgeons or assistant-surgeons in her Majesty's Army, Ordnance, or Navy, or in the service of the Honourable the East India Company. 2. Of having received a part of their education at a recognised institution or school, as required by the charter of the university. 3. Of moral character, signed by two persons of respectability. Candidates who have not taken a degree in Arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

Degree of Doctor of Medicine.—Candidates who have been engaged during five years in the practice of their profession will be admitted to the examination for this degree on producing certificates to the following effect:—1. Of having been engaged during five years in the practice of their profession. 2. Of having taken the degree of bachelor of medicine in this university. Candidates who have not taken a degree in arts, or passed the Matriculation Examination in this university, will be required to translate a portion of Celsus *de Re Medicâ*.

UNIVERSITY OF OXFORD.

Chancellor, His Grace the Duke of Wellington, K.G., D.C.L., elected 1834.
High Steward, The Earl of Devon, D.C.L., 1838.
Registrar, Philip Bliss, D.C.L., 1824—Clerk, Mr. G. Purdue.

Regius Professor of Medicine, Tomlins Prælector of Anatomy, Lee's Lecturer on Anatomy, Aldrichian Professor of Anatomy: John Kidd, M.D., 1822.
Sherardian and University Professor of Botany. Aldrichian Professor of Chemistry: C. G. B. Daubeny, M.D., 1834.
Litchfield Professor of Clinical Medicine, Aldrichian Professor of Medicine: J. A. Ogle, M.D., 1830.
Sedleian Professor of Natural Philosophy: G. L. Cooke, B.D., 1810
Savillian Professor of Astronomy: W. F. Donkin, M.A., 1842.
Reader in Experimental Philosophy: R. Walker, M.A., 1839.
Reader in Mineralogy, Reader in Geology: W. Buckland, D.D., 1813-1818.

A candidate for the degree of bachelor in medicine, before he can be admitted to examination for that degree, must have kept four whole years, or sixteen terms, in the university, in like manner as is required by candidates for a degree in arts (that is, he must be of sixteen terms' standing, and have actually *resided* in the university twelve terms); must have passed the examination for the degree of bachelor in arts; and, subsequently to that examination, must have studied medicine during three whole years, or twelve terms; and must also have

completed seven years, or twenty-eight terms, from his matriculation. In testimony of his having fulfilled the above conditions, he is required to produce his matriculation paper, together with the "testamur" of his examination for the degree of bachelor of arts, and the requisite medical certificates.

The medical examination takes place only once in the course of the year—namely, in the second week of full Trinity term, commencing usually on the *second Tuesday* after Trinity Sunday. The candidate is examined, principally "vivâ voce," but partly in writing, in the theory and practice of medicine, in anatomy, physiology, pathology, and materia medica; and also in chemistry and botany, as far as they elucidate the art of medicine. He is required to be conversant with the works of Aretæus and Celsus; the aphorisms and epidemics of Hippocrates; and that portion of Galen's writings, entitled "De usu Partium;" in two, at least, of which authors, the statute directs that the examiners fail not to test his attainments. He must express his intention of being examined, to the regius professor of medicine, full fourteen days before the day of examination, sending at the same time certificates of three years' attendance on the medical practice of some accredited hospital, and on the usual lectures on anatomy, &c. With respect to attendance on lectures, certificates are required for two courses of anatomy and physiology, each course extending through the usual winter session, from October till the following April or May; two courses on the the theory and practice of medicine, each course of the same extent as those of anatomy and physiology; one course in materia medica; one course in botany; one course in chemistry, provided the course extend through the usual winter session, otherwise two courses will be required.

A candidate for the degree of doctor of medicine must have pursued the study of medicine during three years after he has graduated as bachelor in medicine, and must give at least a fortnight's previous notice of his intention to the professor of medicine, at the same time submitting to his approbation a subject for a medical dissertation, which dissertation must be read in the public schools of the university within a few days of taking the degree of M.D., and a fair copy of it delivered to the professor immediately after it has been read. No graduate in medicine from another university can be incorporated at Oxford, unless he produce testimonials by which it may clearly appear that he has kept by residence terms equal to those required to be so kept in this university; has completed all the exercises prescribed by the university, from which he migrates, for the degree of B.A.; has previously undergone the medical examination above described; and has fulfilled all the other conditions of the present statute. The fees for a bachelor of medicine are £23; for a doctor in medicine, £40.

UNIVERSITY OF CAMBRIDGE.

Chancellor, His Grace the Duke of Northumberland, K.G., LL.D., F.R.S., 1840.
High Steward, Lord Lyndhurst, LL.D., 1840.
Registrar, Joseph Romilly, M.A., 1832.
Regius Professor of Physic: John Haviland, M.D., 1817.
Professor of Anatomy: W. Clark M.D., 1817.
Professor of Chemistry: J. Cumming, M.A., F.R.S., 1815.
Professor of Botany: J. S. Henslow, M.A., 1825.
Downing Professor of Medicine: Dr. Fisher, 1841.
Woodwardian Professor of Geology: A. Sedgwick, M.A., F.R.S., 1818.
Professor of Mineralogy: W. H. Miller, M.A., 1832.
Plumian Professor of Astronomy: James Challis, M.A., 1836.
Lowndean Professor of Astronomy: G. Peacock, D.D., F.R.S., 1837.
Jacksonian Professor of Natural and Experimental Philosophy: R. Willis, M.A., F.R.S., 1837.
Curator of the Botanic Garden: A. Biggs, F.L.S.
Curator of the Fitzwilliam Museum: Mr. W. K. Ridgway.

Proceedings in Physic. M.B.—A student before he can become a bachelor of physic, must have entered on his sixth year, computed from the date of his first admission at the university, have resided nine terms, and have passed the previous examination. A bachelor of arts may become a bachelor of physic after having entered on his sixth year, computed from the date of his first admission at the university, provided that one year at least has intervened between his final determination in arts and his admission to the degree of bachelor of physic. The exercises for this degree are one act and one opponency.

Candidates for the degree of bachelor of physic must, previously to the performance of these exercises, in addition to the examination by the regius professor of physic, be examined by the professors of anatomy, chemistry, and botany, and by the Downing professor of medicine. This examination may take place any time in the fifth year after admission, but not earlier. They must have diligently attended the lectures of the regius professor of physic for two terms, and must bring to him certificates of examination by the above professors, and of attendance on their lectures, in case the course of lectures of the professor of botany consist of not less than twenty lectures, and the courses of lectures of the professors of anatomy and chemistry, and of the Downing professor of medicine, of not less than fifty lectures each. They must also deliver to the regius professor of physic, certificates of having been diligently employed in attendance on medical lectures, and the practice of some well-known hospital, for two years, or for as long a time as they have been absent from the university during their undergraduateship. Fee £10 16s.

L.M.—A licence *ad practicandum in medicinâ* may be granted to a bachelor of physic in the term subsequent to that in which he has taken the degree, or to a master of arts of two years' standing. Candidates for a licence *ad practicandum in medicinâ*, being previously bachelors of physic, are required to produce to the regius professor of physic, certificates of their having attended on hospital practice for three years, exclusive of the nine terms which they kept by residence for the degree of bachelor of physic, and of their having attended lectures on the following subjects—namely, practice of physic and pathology, anatomy and physiology, chemistry, botany, medical jurisprudence, materia medica and pharmacy, principles of surgery, principles of midwifery, practical anatomy for two seasons. If the candidate for licence is a bachelor of physic, he cannot be examined for the said licence until the examination which shall occur next but one after his having passed the examination required for the dergee of bachelor of physic. If the candidate is a master of arts, he will be required to bring satisfactory evidence to the regius professor of physic of his having been employed in the study of physic for five years after he became a bachelor of arts; and to produce certificates of his having attended on hospital practice for three of the said five years, and of his having attended lectures on the subjects before mentioned. Every candidate for a licence *ad practicandum in medicinâ* is required to pass an examination to the satisfaction of the regius professor of physic, the professor of anatomy, the Downing professor of medicine, and a doctor of physic to be nominated by the vice-chancellor, and approved by the senate at the first congregation after the 10th of October in each year. There are two such examinations in every year: one in the week immediately preceding that in which the division of the Michaelmas term falls; the other in the week immediately preceding that in which the division of the Easter term falls. Fee £11 6s.

M.D.—The degree of doctor of physic is granted to a bachelor of physic of five years', or to a master of arts of seven years' standing. The exercises are two acts and one opponency.

Every candidate for the degree of doctor of physic, who has not previously obtained a licence *ad practicandum in medicinâ*, is required to produce to the regius professor of physic the same certificates, and pass the same examination, as are required in the case of candidates for a licence *ad practicandum in medicinâ*. Fee £11 12s.

ROYAL COLLEGE OF PHYSICIANS, PALL MALL EAST, LONDON.

President, John Ayrton Paris, M.D.
Treasurer, Dr. Monro.
Censors, Dr. Babington, Dr. Ferguson, Dr. Page, Dr. Budd.
Elects, Dr. Lambe, Dr. Turner, Dr. Hume, Dr. Hue, Dr. Bright, Dr. Monro, and Dr. ——.
Registrar, Dr. F. Hawkins.

Candidates for the licence must be twenty-six years of age, and present a certificate of good moral conduct. The medical certificates must comprise anatomy, the theory and practice of medicine, forensic medicine, chemistry, materia medica, natural history, principally botany, midwifery, and the principles of surgery, attendance upon which for five years is required. Practical medicine must be studied for three years in a hospital containing at least 100 beds, and having a complete staff of physicians and surgeons. Those who have studied abroad, in addition to giving proof of five years' medical education, according to the usual course of study, are required to present testimonials of a twelvemonth's medical practice at any hospital in Great Britain, having the qualifications as above.

Every candidate must undergo three examinations. The first comprises physiology, the second pathology, and the third therapeutics. The candidate is examined in Greek works on medicine, to wit, Hippocrates, Galen, or Aretæus. If the candidate be deficient in Greek, he will be required to translate parts of Celsus or Sydenham, or some other Latin work on medicine, into English. The examinations are conducted in Latin or English, at the pleasure of the censors.

Persons who have attained their fortieth year, seeking to become licentiates of the college, but whose medical education is not altogether in accordance with the regulations already stated, must present testimonials of professional knowledge and good moral conduct; and if these are satisfactory, they will be admitted to examination.

The examinations for the licence are conducted by the president and censors. The periods at which they take place are Michaelmas, Christmas, Easter, and in the month of June.

The college fees are £56 17s for the licence, including the Government stamp of £15; the fellow pays, in addition, £55 1s., including the Government stamp of £25, on his admission. The extra licence costs £17 9s.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, LINCOLNS-INN-FIELDS.

President, Samuel Cooper, Esq.
Vice-presidents. W. Lawrence, B. Travers, Esqs.
Court of Eaminers.—The president, vice-presidents, Robert Keate, J. Painter Vincent, G. J. Guthrie, Anthony White, J. G. Andrews, Sir B. C. Brodie, and E. Stanley, Esq.
Professors: Anatomy and Surgery: John Flint South, Esq.; Hunterian, R. Owen, Esq.; Secretary, Edmund Balfour, Esq.; Conservators, W. Clift, Esq., Professor Owen; Assistant-conservator, J. T. Quekett, Esq.

Bye-laws and Ordinances relating to the Fellowship.

Candidates for the Fellowship.—1. That, except in the cases and instances hereinafter provided for to the contrary, every candidate for the fellowship, whether a member of the college or not, shall produce certificates satisfactory to the court of examiners;—that he is twenty-five years of age, that he is (if found qualified upon his examination) a fit and proper person to be admitted to the fellowship, the certificate of which shall be signed by three fellows; that he possesses a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics; that he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom of Great Britain and Ireland, or in foreign countries; and that three of such years at least have been passed in one or more of such recognised hospitals or schools in London; that he has attended the surgical practice of a recognised hospital or hospitals during four years, and the medical practice of a recognised hospital or hospitals for one year; that he has studied anatomy and physiology by attendance on lectures, and demonstrations and by dissections, during three winter sessions of not less than six months each, at one or more recognised school or schools; that he has attended lectures on the theory and practice

of medicine, and on clinical medicine, and also on the theory and practice of surgery, and on clinical surgery, during two sessions of six months each, at one or more recognised school or schools; that he has attended one course of lectures on each of the following subjects:—viz., chemistry, materia medica, midwifery, medical jurisprudence, and comparative anatomy, at one or more recognised school or schools. And that he has served the office of house-surgeon or dresser in a recognised hospital in the United Kingdom. Every such candidate (except in the cases and instances hereinafter provided for to the contrary) shall also present for examination clinical reports with observations of six or more surgical cases taken by himself at a recognised hospital or hospitals, within the United Kingdom, with sufficient certificates of their authenticity and genuineness, and shall leave such reports at the college.

That, as to any candidate, who shall have taken the degree of bachelor of arts in an English university, and shall produce satisfactory evidence thereof, it shall be sufficient for him to produce a satisfactory certificate or certificates that he has been engaged for five years in the acquirement of professional knowledge in recognised hospitals or schools of surgery and medicine within the United Kingdom, or in foreign countries, and that three of such years at least have been passed in one or more of the recognised hospitals and schools of London; and such candidate is not to produce any certificate of having acquired a competent knowledge of the Greek, Latin, and French languages, and of the elements of mathematics.

Each candidate for the fellowship shall be examined on two days.

The subjects of the first day's examination, anatomy and physiology; of the second, pathology, therapeutics, and surgery.

Regulations of the Council respecting the Professional Education of Candidates for the Diploma of Membership. August 15th, 1843.

I. Candidates will be required, in addition to a certificate of being not less than twenty-one years of age, to bring proof—1. Of having been engaged in the acquirement of professional knowledge for not less than four years; during which period they must have studied practical pharmacy for six months, and have attended one year on the practice of physic, and three years on the practice of surgery, at a recognised hospital or hospitals in the United Kingdom;—three months being allowed for a vacation in each year. (By a resolution of the council on the 7th of November, 1839, no provincial hospital will in future be recognised by this college which contains fewer than 100 patients, and no metropolitan hospital which contains fewer than 150 patients.) 2. Of having studied anatomy and physiology, by attendance on lectures and demonstrations, and by dissections during three winter sessions, of not less than six months each. 3. Of having attended at least two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons; and one course on each of the following subjects—viz., the practice of physic, chemistry, materia medica, and midwifery with practical instruction. Cards of admission to these lectures must be registered at the proper times, in January, April, and October, at the college, or if in the provinces, at the appointed registrars.

II.—Members and licentiates in surgery of any legally-constituted college of surgeons in the United Kingdom, and graduates in surgery of any university requiring residence to obtain degrees, will be admitted for examination on producing their diploma, licence, or degree, together with proofs of being twenty-one years of age, and of having been occupied at least four years in the acquirement of professional knowledge.

III. Graduates in medicine of any legally-constituted college or university requiring residence to obtain degrees, will be admitted for examination on adducing, together with their diploma or degree, proof of having completed the anatomical and surgical education required by the foregoing regulations, either at the school of the university where they have graduated, or at a recognised school or schools in the United Kingdom.

Fee for the diploma, (including stamp) £22; for an articled student (allowed in the diploma fee,) £10 10s; for a certificate of having had the diploma, £5 5s; for being disfranchised, £10 10; a certificate for a surgeon in the Royal Navy, or East India Company's service (allowed in diploma fee), £5 5s; for an assistant-surgeon, £2 2s; for a candidate calling a special court, £5 5s.

The college has in its gift three studentships in anatomy, and once in three years an assistant-surgeoncy in the Army, Navy, and East India Company's service.

THE SOCIETY OF APOTHECARIES, 1815.

Master, John Bacot, Esq.

Wardens, John Ridout, Esq. and Edward Bean, Esq.

The Court of Examiners: Thomas Lowe Wheeler, Chairman. Henry Combe, John Hunter, Edward Tegart, Henry Morley, William Dickinson, Thomas Ansell, Alfred Mayor Randall, William Perrin Brodribb, Charles Smith, Richard Radford Robinson, Robert Norton, Esqs.

Secretary to the Court of Examiners, H. Blatch, Esq.

Clerk, Robert Brotherson Upton, Esq.

Professor of Botany, John Lindley, Ph D., F.R.S.

Superintending Chemical Operator and Professor of Chemistry and Materia Medica, William Thomas Brande, Esq., F.R.S., L. and E.

Chemical Operator, Mr. Robert Warington.

Regulations.—Every candidate will be required to produce testimonials—of having served an apprenticeship of not less than five years to a legally qualified apothecary: (a testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person.) And of having pursued a course of medical study in conformity with the regulations of the court.

Course of Study.—Every candidate whose attendance on lectures commenced on or after the 1st of October, 1835, must have attended the following lectures and medical practice during not less than three winter and two summer sessions: each winter session to consist of not less than six months, and to commence not sooner than the 1st, nor later than the 15th October; and each summer session to extend from the 1st of May to the 31st of July:—*First winter session:* Chemistry, anatomy, and physiology, anatomical demonstrations, materia medica, and therapeutics; this course may be divided into two parts, of fifty lectures each, one of which may be attended in the summer. *First summer session:* Botany and vegetable physiology, either before or after the first winter session. *Second winter session:* Anatomy and physiology, anatomical demonstrations, dissections, principles and practice of medicine. *Second summer session:* Forensic medicine. *Third winter session:* Dissection, principles and practice of medicine. Midwifery and the diseases of women and children, two courses in separate sessions, subsequently to the termination of the first winter session. Practical midwifery at any time after the conclusion of the first course of midwifery lectures. Medical practice during the full term of eighteen months, from or after the commencement of the second winter session; twelve months at a recognised hospital, and six months at a recognised hospital or dispensary; in connection with the hospital attendance, a course of clinical lectures and instruction in morbid anatomy will be required. The tickets of admission to the lectures and the certificates must be duly registered at the hall, or at the appointed registrars. The latter must be written on a schedule furnished by the society.

The examination of the candidate for a certificate of qualification to practise as an apothecary will be as follows:—In translating portions of the first four books of Celsus de Medicinâ and of the first twenty-three chapters of Gregory's Conspectus Medicinæ Theoreticæ: in physicians' prescriptions, and the pharmacopœia Londinensis: chemistry: materia medica and therapeutics: botany: anatomy and physiology: and the principles and practice of medicine. This branch of the examination embraces an inquiry into the pregnant and puerperal states, and also into the diseases of children. Fee, for London and ten miles around, £10 10s, elsewhere, £6 6s.

The examination of the candidate for a certificate of qualification to act as assistant to an apothecary, in compounding and dispensing medicines, will be as follows: in translating physicians' prescriptions, and the pharmacopœia Londinensis: in pharmacy and materia medica. Fee £2 2s.

SCHOOLS OF MEDICINE IN LONDON.

King's College.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica and Therapeutics, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £8 8s; perpetual, £9 9s. General Anatomy and Physiology, one course, £8 8s; perpetual, £9 9s. Comparative Anatomy, one course, £3 3s; perpetual, £4 4s. Chemistry, one course, £7 7s; perpetual, £10 10s. Practical Chemistry, £5 5s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

University College.—Medicine, half-term, £3; perpetual, £8. Surgery, one course, £4 10s; perpetual, £6. Materia Medica and Therapeutics, half-term, £3; perpetual, £9. Descriptive and Surgical Anatomy, half-term, £3; perpetual, £9. General Anatomy and Physiology, half-term, £3; perpetual, £9. Comparative Anatomy, one course, £4. Zoology, £3. Chemistry, half-term, £3; perpetual £9. Midwifery, one course, winter, £4 10s; ditto summer, £3; perpetual, £6 10s. Botany, one course, £3; perpetual, £6 Dental Surgery, £1 1s. Forensic Medicine, £4.

Guy's Hospital School.—Medicine, one course, £4 4s: perpetual, £8 8s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, £4 4s. Descriptive and General Anatomy and Physiology, one course, £5 5s; perpetual, £10 10s. Anatomical Demonstrations, one course, £5 5s; perpetual, 10 10s. Chemistry, one course, £6 6s; perpetual, £8 8s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, £3 3s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s. Practical Toxicology, £1 1s. Dental Surgery, £2 2s. Pathological Anatomy, £3 3s.

St. Thomas's Hospital School.—Medicine, one course, £4 4s; perpetual, £6 6s. (Dr. Gregory lectures on the Exanthemata.) Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, £4 4s. Ophthalmic Surgery, £2 2s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £9 9s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Comparative Anatomy, £2 2s. Chemistry and Practical Chemistry, one course, £6 6s; perpetual, £8 8s. Midwifery, one course, £3 3; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s Forensic Medicine, one course, £3 3s; perpetual, £4 4s. Dental Surgery, £2 2s.

London Hospital School.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course, £3 3s; perpetual, £5 5s Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual £10 10s. General Anatomy and Physiology, one course, £6 6s; perpetual, £10 10s. Chemistry, £7 7s. Toxicological Chemistry, £2 2s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

St. Bartholomew's Hospital School.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £5 5s; perpetual, £7 7s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £10 10s. General Anatomy and Physiology, one course, £5 5s; perpetual, £10 10s. Comparative Anatomy, £1 1s. Chemistry, one course, £4 4s; perpetual, £8 8s. Practical Chemistry, £3 3s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

Middlesex Hospital School.—Medicine, one course, £3 3s; perpetual £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £3 3s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £3 3s; perpetual, £9 9s. General Anatomy and Physiology,

one course, £3 3s; perpetual, £9 9s. Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

St. George's Hospital School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica, one course, £5 5s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual, £8 8s. General Anatomy and Physiology, one course, £6 6s; perpetual, £8 8s. Chemistry, one course, £6 6s; perpetual, £8 8s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s.

Westminster Hospital School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £7 7s. General Anatomy and Physiology, one course, £5 5s; perpetual, £7 7s. Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Charing-cross Hospital School.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course, £3 3; perpetual, £6 6. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £8 8s. General Anatomy and Physiology, one course, £5 5s; perpetual, £8 8s. Chemistry, one course, £5 5s; perpetual, £7 7s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, one course, £2 2s; perpetual, £4 4s. Forensic Medicine, one course, £2 2s; perpetual £4 4s. Pathological Anatomy, one course, £2 2s; perpetual, £4 4s

Aldersgate-street School.—Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £5 5s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £7 7s. General Anatomy and Physiology, one course, £5 5; perpetual, £7 7s. Chemistry, one course, £5 5s; perpetual, £7 7s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Grosvenor-place School. — Medicine, one course, £5 5s; perpetual, £6 6s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £6 6s; perpetual, £8 8s. General Anatomy and Physiology, one course, £6 6s; perpetual, £8 8s. Chemistry and Practical Chemistry, one course, £5 5s; perpetual, £6 6s. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3 3s. Forensic Medicine, one course, £2 2s; perpetual, £3 3s.

Mr. Dermott's School.—Medicine, one course, £3 3s; perpetual, £5 5s. Surgery, one course, £3 3s; perpetual, £4. Materia Medica, one course, £3 3s; perpetual, £4. General and Surgical Anatomy, and Physiology, one course, £5 5s; perpetual, £7. Chemistry, one course, £4 4s; perpetual, £5. Midwifery, one course, £3 3s; perpetual, £5 5s. Botany, one course, £2 2s; perpetual, £3. Forensic Medicine, one course, £2 2s; perpetual, £3.

Royal Polytechnic Institution.—Lectures on Chemistry, £3 3s. Laboratory Practice, for any period, at the rate of £52 10 per annum.

Royal College of Chemistry.—Practical Chemistry. To students working daily for the session of five months, including the use of apparatus and materials, with some trifling exceptions, £12 10s; a corresponding reduction in the amount of the fee made to students working for a shorter time.

School of Pharmacy, Bloomsbury-square.—Materia Medica, £1 1s; to non-members of the Pharmaceutical Society, £2 2s. Chemistry, £1 1s; non-members, £2 2s. Organic Chemistry, 10s 6d; to non-members, £1 1s. Practical Pharmacy, 10s 6d; non-members, £1 1s.

LONDON HOSPITALS.

Guy's Hospital.—Medical Practice, eighteen months, £15 15s; perpetual, £24 4s. Surgical Practice, six months, £20; three years, £26 6s.

St. Thomas's. — Medical Practice, eighteen months, £15 15s; two years, or more, £24 3s. Surgical Practice, nine months, £20; perpetual, £26 6s.

St. Bartholomew's.—Medical Practice, nine months, £12 12s; eighteen months, £15 15s; perpetual, £31 10s. Surgical Practice, six months, £18 18s; twelve months, and more, £26 5s.

London.—Medical Practice, eighteen months, £10 10s; perpetual, £21. Surgical Practice, £21.

King's College. — Medical Practice, three months, £6 6s; six ditto, £10 10s; twelve or eighteen ditto, £15 15s; perpetual, £21. Surgical Practice, three months, £10 10s; six ditto, £15 15s; twelve or twenty-one, £21; perpetual, £26 5s.

University College.—Medical Practice, six months, £10 10s; twelve ditto, £15 15s. Surgical Practice, six months, £10 10s; twelve ditto, £15 15s; perpetual to both, £26 5s.

Middlesex.—Medical Practice, three months, £6 6s; six ditto, £10 10s; eighteen ditto, £15 15s; perpetual, £22 1s. Surgical Practice, three months, £10 10s; six ditto, £15 15s; three years, £21.

St. George's. — Medical Practice, eighteen months, £16 16s; perpetual, £25 4s. Surgical Practice, six months, £15 15s; one year, £21; perpetual, £52.

Westminster.—Medical Practice, six months, £10 10s; twelve ditto, £12 12s; eighteen ditto, £15 15s; perpetual, £21. Surgical Practice, six months, £12 12s; twelve ditto, £21; perpetual, £31.

Charing Cross.—Medical Practice, six months, £10 10s; perpetual, £15 15s. Surgical Practice, six months, £10 10s: perpetual, £15 15s.

Royal London Ophthalmic Hospital.—Three months, £5 5s; six months, £8 8s; perpetual, £10 10s.

Royal Westminster Ophthalmic Hospital.—Six months, £5 5s; perpetual, £10 10s.

Lock Hospital.—Six months, £6 6s; twelve ditto, £10 10s; perpetual, £31 10s.

General Lying-in Hospital, York Road.—Resident pupils, three months, £33 12s.

Orthopedic Institution.—Three months, £3 3s; perpetual, £5 5s.

Bethlem Hospital.—Six months, £15 15s; twelve ditto, £21.

Seaman's Hospital, Dreadnought.—Resident pupils, £8 per month; non-resident, three months, £5; perpetual, £10.

London Institution for Diseases of the Teeth.—Six months, £5 5s; perpetual, £10 10s.

Westminster General Dispensary.—Medical Practice, eighteen months, £5 5s.

Metropolitan Free Hospital.—Medical Practice, fifteen months, £6 6s.

ROYAL COLLEGE OF VETERINARY SURGEONS OF GREAT BRITAIN, 1844.

President, T. Turner, Esq., Croydon.

Vice-Presidents: Mr. Sewell, Mr. Cherry, Mr. Goodwin, sen., Mr. E. Turner, Mr. Spooner, Mr. J. Turner.

Treasurer, Mr. F. King.

Secretary, Mr. Gabriel.

Examiners—For England: Messrs. B. Cooper, R. Liston, E. Stanley, Professor Brande, Messrs. R. Field, E. Gabriel, J. Turner, W. Percival, G. Baker, H. J. Goodwin.

For Scotland:—Dr. Knox, Dr. Mercer, Dr. Mc Gregor, Dr. Lyon, Messrs. Williamson, Gray, sen., Tindall, Mather, Lyon, and the Veterinary Surgeon of the Regiment at Edinburgh.

Candidates are required to have served an apprenticeship of three years, to be twenty-one years of age, and to present certificates of having attended, during two sessional years, lectures delivered at the Royal Veterinary College of London, the Veterinary College of Edinburgh, or at some recognised school on the anatomy, physiology, and pathology of the horse, and other domesticated animals, on veterinary medicine and surgery, and on chemistry, materia medica, and pharmacy; also of having diligently dissected during the period of pupilage, and of being able to take off and put on a shoe, to drive the nails skilfully, pare out a foot, and search for its diseases. These certificates, which are required from candidates commencing their studies after the commencement of the present year, must be deposited with the secretary fourteen days before the examination takes place, the fee for which will be £5 5s.

Royal Veterinary College, Camden Town. President: H. R. H. the Duke of Cambridge. Professor of Pathology and Surgery: Mr. Sewell. Professor of Anatomy and Physiology: Mr. Spooner. Dissections and Demonstrations: Mr. Mayhew. Lecturer on Chemistry and Veterinary Materia Medica: Mr. W. J. T. Morton. Lecturer on Special Pathology and Surgery: Mr. J. B. Simonds. Hospital practice and clinical instruction daily, by Messrs. Sewell, Spooner, and Simonds. Perpetual fee for lectures and hospital practice, £21. The pupil must attend two sessional courses of lectures, and be twenty-one years of age, before he can be admitted for examination for the diploma, the fee for which is £5 5s.

MEDICAL AND SCIENTIC SOCIETIES OF LONDON.

Royal Society, Somerset-house. — Days of meeting, Thursday at half-past 8, p. m., from the third week in November to the third week in June, with the exception of Christmas, Passion, and Easter weeks. Anniversary, 30th of November. Fees, £4 annually; £10 admission; £60 composition.

Royal Institution, Albemarle-street. — Evening meetings on Friday, at 9, p.m., commencing the third week in January and continuing until the first week in June, with the exception of three weeks at Easter. Fees £5 5s annually; £6 6s admission; £63 composition.

Royal Medical and Chirurgical Society. 53, Berners-street.—Days of meeting, the second and fourth Tuesdays, at half-past 8, p.m., from November to June, Christmas and Easter weeks excepted. Anniversary the 1st of March. Fees £3 3s annually; £3 3s admission-fee; non-resident members composition, £6 6s without the transactions; £12 12s with.

Zoological Society, 11, Hanover-square.—Days of meeting, the second and fourth Tuesdays in the month, at half-past 8, p.m., and the first Thursday at 3, p.m., throughout the year. Anniversary the 29th of April. Fees, £3 annually; £5 admission-fee; £35 composition.

Linnæan Society, Soho-square.—Days of meeting, the first and third Tuesdays at 8, p.m., commencing in November and terminating in June, the first week in January and the third in May excepted. Anniversary, 24th of May. Fees, £3 annually; £6 admission-fee; £36 composition.

Royal Medico-Botanical Society, 32, Sackville-street.—Days of meeting, second and fourth Thursdays at 8, p.m., commencing in November and ending the second week in July, omitting Christmas, Passion, and Easter weeks, and the second week in January. Anniversary, 16th of January. Fees, £2 2s annually; £2 2 admission-fee; £21 composition; composition fee for country members £5 5s

Botanical Society, 20, Bedford-street, Covent-Garden.—Days of meeting, the first Friday in the month at 8, p.m., throughout the year. Anniversary, 29th of November. Fees, £1 1s annually; £7 7s composition for resident members: 10s 6d annually, £3 13s 6d composition, non-resident members. Admission-fee £1 1s.

Pharmaceutical Society, 17, Bloomsbury-square.—Days of meetings, second and fourth Wednesday at 9, p.m. throughout the year, except August and September. Anniversary, 21st of May. Fees, £1 11s 6d resident members; £1 1s non-resident members; 10s 6d associates.

Medical Society of London, Bolt-court, Fleet-street.—Days of meeting, Monday at 8, p.m., from the last week in September to the last week in May, except Christmas week. Anniversary, 8th of March. Fees, £1 1s annually; £1 1s admission-fee; £10 10s composition.

Hunterian Society, Bloomfield-street, Finsbury.—Days of meeting, alternate Wednesdays at 8, p.m. from October to June. Anniversary, 19th of February. Fees, £1 1s annually; £2 2s admission.

WESTMINSTER MEDICAL SOCIETY, 32, Sackville-street.—Days of meeting, Saturday at 8, p.m., from the third week in October to the last week in April, excepting Christmas and Easter weeks. Fees, 10s 6d annually; 10s 6d admission fee.

HARVEIAN SOCIETY, 17, Edward-street, Portman-square.—Days of meeting, the first and third Saturdays at 8, p.m., from October to May. Fees, £1 1s annually for three years.

CHEMICAL SOCIETY, Society of Arts, Adelphi.—Days of meeting, the first and third Monday at 8, p.m., from November to May. Anniversary, 31st of March. Fees, £2 annually for a resident member; £1 annually for one non-resident.

GEOLOGICAL SOCIETY, Somerset-house.—Days of meeting, alternate Wednesdays at half past 8, p.m., from November to June. Anniversary, 21st of February. Fees, £3 3s annual; £6 6s admission; £31 10s composition; £10 10s composition for non-resident members.

STATISTICAL SOCIETY, 11, Regent-street.—Days of meeting, the third Monday in the month, at 8, p.m., from November to June. Anniversary, 15th of March. Fees £2 2s annually; £21 composition.

ENTOMOLOGICAL SOCIETY, 17, Old Bond-street.—Days of meeting, the first Monday in the month, at 8, p.m., from November to June. Anniversary, 27th of January. Fees, £1 1s annually; £2 2s admission fee.

MICROSCOPICAL SOCIETY, 21, Regent-street.—Days of meeting, the second Wednesday in the month, at 8, p.m., from October to June. Anniversary, 19th of February.

ETHNOLOGICAL SOCIETY, 27, Sackville-street.—Days of meeting, the third Wednesday, 8, p.m., from November to June. Fee £2 2s annually.

ASTRONOMICAL SOCIETY, Somerset-house.—Days of meeting, the second Friday in the month, at 8, p.m., from November to June. Anniversary, 14th of February. Fees, £2 2s annually; £2 2s admission fee; £21 composition.

SCHOOLS OF MEDICINE IN THE PROVINCES.

QUEEN'S COLLEGE, BIRMINGHAM.—Medicine, one course, £4 4s; perpetual, £7 7s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £3 3s; perpetual, £6 6s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Chemistry, one course, £4 4s; perpetual, £7 7s. Practical Chemistry, £2 2s. Midwifery, one course, £3 3s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £4 4s. Forensic Medicine, one course, £3 3s; perpetual, £4 4s. College fee, £2 2s.

YORK.—Medicine, one course, £5 5s; perpetual, £8 8s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £7 7s. General Anatomy and Physiology, one course, £6 6s; perpetual, £10 10s. Chemistry, one course, £5 5s.; perpetual, £7 7s. Midwifery, one course, £3 3s.; perpetual, £5 5s. Botany, one course, £2 12s. 6d.; perpetual, £4 4s. Forensic Medicine, one course, £2 12s 6d; perpetual, £4 4s.

LIVERPOOL.—Medicine, one course, £5 5s. Surgery, one course, £4 4s. Materia Medica, one course, £5 5s. Descriptive and Surgical Anatomy, one course, £3 3s. General Anatomy and Physiology, one course, £5 5s. Chemistry, one course, £5 5s. Midwifery, one course, £3 3s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s.

LEEDS.—Medicine, first course, £5 5s; second ditto, £3 3s. Surgery, first course, £3 3s; second ditto, £2 2s. Materia Medica, first course, £5 5s; second ditto, £3 3s. Descriptive and Surgical Anatomy, first course, £4 4s; second ditto, £3 3s. General Anatomy and Physiology, first course, £6 6s; second ditto, £4 4s. Chemistry, first course, £4 4s; second ditto, £3 3s. Midwifery, first course, £3 3s; second ditto, £2 2s. Botany, first course, £2 12s 6d; second ditto, £1 11s 6d. Forensic Medicine, first course, £2 12s 6d; second ditto, £1 11s 6d.

NEWCASTLE-UPON-TYNE.—Medicine, one course, £3 3s. Surgery, one course, £3 3s. Materia Medica, one course, £3 3s. Descriptive and Surgical Anatomy, one course, £3 3s. General Anatomy and Physiology, one course, £4 4s. Chemistry, one course, £3 3s. Practical Chemistry, £3 3s. Midwifery, one course, £3 3s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s. Operative Surgery, one course (summer), £1 11s 6d.

MANCHESTER.—Medicine, one course, £4 4s. Surgery, one course, £4 4s. Materia Medica, one course, £4 4s. Descriptive and Surgical Anatomy, one course, £2 2s. General Anatomy and Physiology, one course, £4 4s. Ophthalmic Surgery, one course, £1 1s. Chemistry, one course, £4 4s. General Pathology and Morbid Anatomy, one course, £1 1s. Midwifery, one course, £4 4s. Botany, one course, £3 3s. Forensic Medicine, one course, £3 3s.

HULL AND EAST RIDING.—Medicine, one course, £5 5s; perpetual, £7 7s. Surgery, one course, £3 3s; perpetual, £5 5s. Materia Medica, one course, £5 5s; perpetual, £7 7s. Descriptive and Surgical Anatomy, one course, £4 4s; perpetual, £6 6s. General Anatomy and Physiology, one course, £5 5s; perpetual, £8 8s. Chemistry, £5 5s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, £3 3s. Forensic Medicine, £3 3s.

SHEFFIELD.—Medicine, first course, £5 5s; second ditto, £3 3s. Surgery, one course, £3 3s. Materia Medica, first course, £5 5s; second ditto, £3 3s. Descriptive and Surgical Anatomy, first course, £4 4s; second ditto, £3 3s. General Anatomy and Physiology, first course, £6 6s; second ditto, £4 4s. Chemistry, first course, £5 5s; second ditto, £3 3s. Midwifery, one course, £3 3s. Botany, £2 12s 6d. Forensic Medicine, £2 12s 6d.

BRISTOL.—Medicine, one course, £4 4s; perpetual, £6 6s. Surgery, one course, £4 4s; perpetual, £6 6s. Materia Medica, one course, £4 4s; perpetual, £6 6s. Descriptive and Surgical Anatomy, one course, £5 5s; perpetual, £9 9s. General Anatomy and Physiology, one course, £5 5s; perpetual, £9 9s. Chemistry, one course, £5 5s; perpetual, £8 8s. Practical Chemistry, £3 3s. Midwifery, one course, £4 4s; perpetual, £6 6s. Botany, one course, £3 3s; perpetual, £5 5s. Forensic Medicine, one course, £3 3s; perpetual, £5 5s.

PROVINCIAL RECOGNISED HOSPITALS.

BATH UNITED HOSPITAL—(100 beds)—Dresser's or pupil's fee, £26 5s.

GENERAL HOSPITAL, BIRMINGHAM.—Medical practice, eighteen months, £12. Surgical practice, three years, £50.

QUEEN'S HOSPITAL, BIRMINGHAM.—Medical practice, six months, £5 5s; twelve ditto, £10 10s; perpetual, £12 12s. Surgical practice, six months, £10 10s; twelve ditto, £16 16s; perpetual, £21 5s.

BRISTOL INFIRMARY.—Medical practice, twelve months, £15. Surgical practice, twelve months, £25. Dresser for the same period, £52 10s.

ST. PETER'S HOSPITAL.—Medical practice, twelve months, £20.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—Medical and Surgical practice, six months, £8 8s; twelve ditto, £10 10s; perpetual, £15 15s.

KENT AND CANTERBURY HOSPITAL.—Medical and Surgical attendance gratuitous.

DERBYSHIRE GENERAL INFIRMARY.—Medical and Surgical practice, £5 5s annually.

DEVON AND EXETER HOSPITAL.—Medical practice, twelve months, £31 10s.

GLOUCESTER INFIRMARY.—Medical practice, twelve months, £10 10s. Surgical practice. Dressers and apprentices pay from £30 to £40 a-year.

HULL GENERAL INFIRMARY.—Medical and Surgical practice, perpetual, £23 2s.

LEEDS INFIRMARY.—Medical practice, six months, £9 9s; twelve ditto, £12 12s; eighteen ditto, £15 15s; perpetual, £21. Surgical practice, twelve months, £12 12s; two years, £15 15s; perpetual, £21.

LIVERPOOL INFIRMARY.—Medical and Surgical practice, eighteen months, £26 5s; three years, £42. Dresser, £21; for three years, £42.

LIVERPOOL NORTHERN HOSPITAL.—Medical and Surgical practice, twelve months, £10 10s; three years, £31 10s.

MANCHESTER ROYAL INFIRMARY.—Medical Practice, three years, £15 15s. Surgical Practice, pupil, three years, £21; Dresser, three years, £31 10s.

NEWCASTLE INFIRMARY.—Medical and Surgical Practice, six months, £3 3s; twelve ditto, £5 5s.

NORTHAMPTON INFIRMARY.—Medical and Surgical Practice, £30 a-year.

SALOP INFIRMARY.—Medical and Surgical Practice, £21 per annum.

SHEFFIELD INFIRMARY.—Medical Practice, one year, £10 10s; two years, £15 15s. Surgical Practice, one year, £10 10s; two ditto, £15 15s; three ditto, £21. Dressership, one year, £10 10s additional.

STAFFORDSHIRE GENERAL INFIRMARY.—Medical and Surgical Practice, £5 5s annually.

WORCESTER INFIRMARY.—Pupil's fees, £31 10s for twelve months.

YORK COUNTY HOSPITAL.—Medical Practice, eighteen months, £12 12s; perpetual, £15 15s. Surgical Practice, twelve months, £12 12s; perpetual, £15 15s; perpetual to both, £26 5s.

Regulations of the Army Medical Department.

13, ST. JAMES' PLACE.

A candidate for an assistant-surgeoncy in the army is required to fill up a blank form of certificate, which may be obtained at the office by written application to the director-general. The candidate is, in addition, to sign and forward the following declaration:—

"I [Christian name and surname at full length], years of age, a candidate for employment in the medical department of the army, do hereby attest my readiness to engage for general service, whether at home or abroad, and to proceed on duty immediately on being gazetted. I declare my age not to exceed twenty-six years, that I am unmarried, and that I labour under no mental or constitutional disease, nor physical disability, that can interfere with the most efficient discharge of the duties of a medical officer in any climate." [Signature.] ......

In selecting from among the candidates for the medical department of the army, a preference is given to those who can fill up all the blanks in the printed form; but the name of no gentleman can be placed on the list who does not possess the diploma of either of the colleges of surgeons of London, Edinburgh, or Dublin, and who cannot produce the following testimonials:—Eighteen months' attendance at a hospital of celebrity, where the average number of in-patients is not less than 100; twenty-four months' anatomy; twelve months' practical anatomy; twelve months' surgery, or (what is preferred) six months' surgery, and six months' military surgery; eight months' clinical surgery, a complete course of two or three lectures during the week; twelve months' practice of physic, or six months' of practice of physic, and six months' of general pathology; eight months' clinical lectures on ditto, the same as required in surgery; twelve months' chemistry; six months' practical chemistry; three months' botany; four months' materia medica; three months' practical pharmacy, or apprenticeship; five months' natural history; five months' midwifery; five months' natural philosophy.

The candidates must be unmarried, not beyond twenty-six years of age, nor under twenty-one years.

Candidates who have had an university education, and have the degree of A.B. or A.M., as well as that of M.D., will be preferred, but a liberal education, and a competent knowledge of the Greek and Latin languages are indispensably requisite in every candidate, and the greater the attainments of the candidates in various branches of science, in addition to competent professional knowledge, the more eligible will they subsequently be deemed for promotion in the service; for selections to fill up vacancies will be guided more by reference to such acquirements than to mere seniority. Before promotion from the rank of assistant-surgeon to any higher rank, every gentleman must be prepared for such other examination as may be ordered before a board of medical officers.

All communications to be forwarded "unsealed," under cover, to "the Right Honourable the Secretary at War," with the words "Army Medical Department" at the corner.

Although, in the examination of candidates, gentlemen are expected to be qualified in every branch of study required, they are requested to be particularly conversant in the knowledge of: 1. Tropical diseases, and the diseases to which soldiers are the most liable; 2. Military surgery, and works on the habits of soldiers and the rules of the service; 3. Cullen's Nosology, being that adopted in all returns and reports; 4. Willan's Classification of Cutaneous Diseases; 5. The latest authors on the diseases of the eye. They are expected readily to translate a passage from a Greek or Latin author; to be conversant with Baillie and the later authors on morbid anatomy; with Cullen's, Mason Good's, and Gregory's Practice of Physic, the latter giving an account of tropical diseases, and those most commonly met with in the army; with the works of Hunter, Hennen, Dr. John Thompson, Guthrie, Samuel Cooper, Millingen, Ballingall, Marshall, and Baron Larrey, on Military Surgery; with the works of Chisholm, Bancroft, Lind, Blane, Burnet, Johnstone, and Annesley, on the diseases of warm climates; but Baillie's Morbid Anatomy, Hennen's and Ballingall's Military Surgery, 3rd edition, with his valuable work on Medical Topography, Guthrie on gun-shot wounds and on the eye, and Gregory's Practice of Physic, should form part of the baggage of every military surgeon.

Candidates, after passing their examination, will not have any leave of absence granted, but will be stationed at Chatham for two or three months previously to being gazetted, and on their conduct there will depend their obtaining their commissions. The appointment of army assistant-surgeons rests with the director-general, Sir James M'Grigor, Bart., by whom the examinations are generally conducted.

NAVAL MEDICAL DEPARTMENT,

ADMIRALTY OFFICE, SOMERSET HOUSE.

Director-General of the Medical Department of the Navy, Sir William Burnett, M.D., Knt, K.C.H., F.R.S.

Candidates must possess a diploma, or a certificate of qualification, from one of the Colleges of Surgeons, and in every case will also undergo a further examination before the director-general touching his qualifications in all the necessary branches and points of medicine and surgery for each of the steps in the naval medical service; and further, previously to the admission of assistant-surgeons into the navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess, in particular, a competent knowledge of Latin; also, that they are of good moral character, the certificate of which must be signed by the clergyman of the parish, or by a magistrate of the district. That they have served an apprenticeship, or have been engaged for not less than six months in practical pharmacy. That their age be not less than twenty years, nor more than twenty-four, and that they are unmarried. That they have actually attended a hospital in London, Edinburgh, Dublin, Glasgow, or Aberdeen, for two years, subsequently to the age of eighteen, in which the average number of patients is not less than 150. That they have been engaged in actual dissections of the human body twelve months; the certificate of which, from the teacher, must state the number of subjects or parts dissected by the candidate. That they have attended lectures, &c., on the following subjects, at established schools of eminence, by physicians or surgeons of the recognised colleges of physicians and surgeons in the United Kingdom, for periods not less than hereunder stated, observing, however, that such lectures will not be admitted if the teacher shall lecture on more than one branch of science, or if the lectures on anatomy, surgery, and medicine, be not attended during three distinct winter sessions of six months each.

Anatomy (or general anatomy twelve months, and comparative anatomy six months), eighteen months. Surgery (or general surgery twelve months, and military surgery six months), eighteen months. Theory of medicine, six months. Practice of ditto, twelve months. If the lectures on the theory and practice of medicine are given in conjunction, then the period required is eighteen months (six months' lectures on pathology, if given at a university where there may be a professorship of that branch of science, will be admitted in lieu of six months' lectures on the practice of medicine). Clinical lectures, at a hospital as above (or the practice of medicine six months, and the practice of surgery six months), twelve months. Chemistry (or lectures on chemistry three months, and practical chemistry three months), six months. Materia Medica, six months. Midwifery (accompanied by certificates stating the number of midwifery cases personally attended), six months. Botany (or general botany three months, and medical botany three months), six months.

Although the above are the only qualifications which are absolutely required in candidates for the appointment of assistant-surgeon, a favourable consideration will be given to the cases of those who have obtained the degree of M.D. at either of the universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, or London, or who, by possessing a knowledge of diseases of the eye, and of any branch of science connected with the profession, such as medical jurisprudence, natural history, natural philosophy, &c., appear to be more peculiarly eligible for admission into the service, observing, however, that lectures on these or any other subjects cannot be admitted as compensating for any deficiency in those required by the regulations.

By the rules of the service, no assistant-surgeon can be promoted to the rank of surgeon until he shall have served three years in the former capacity, one year of which must be in a ship actually employed at sea; and it is resolved, that not any diploma or certificate of examination from either of the aforesaid royal colleges shall be admitted toward the qualification for surgeon, unless the diploma or certificate shall be obtained on an examination passed after a period of not less than three years' actual service, observing that no one can be admitted to an examination for surgeon unless he be a member of one of the above-named royal colleges, and whenever assistant-surgeons, already in the service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing for surgeon, they will be required, on their examination, to produce testimonials of their having availed themselves of the period of leave to complete their education agreeably to these regulations.

It is also to be observed, that candidates who may be admitted into the naval medical service must serve in whatever ships, &c., they may be appointed to, and that, in the event of their being unable to do so from sea-sickness, their names cannot be continued on the naval medical list, nor can they, of course, be allowed half-pay.

ORDNANCE MEDICAL DEPARTMENT.

WOOLWICH.

Director-General, Sir John Webb, K.C.H.

Regulations for the Admission of Candidates.—Provisional List.—Medical students who have completed their twentieth year, who have been well instructed in the Latin and Greek languages, the elements of mathematics and natural philosophy, and who can produce satisfactory proofs of being of good moral character, and diligent in the study of their profession and the sciences connected with it, may be entered in the provisional list of gentlemen desirous to be admitted candidates for employment in the Ordnance Medical Department. A knowledge also of modern languages, though not indispensable at the time of provisional reception, is highly desirable, and will be duly appreciated.

The candidate must be twenty-two years of age, and under twenty-five. He must also be unmarried, and in the full enjoyment of health, both bodily and mental.

Qualifications.—Every candidate must produce a diploma from one of the colleges of surgeons of London, Edinburgh, or Dublin; and a certificate of qualification from the society of apothecaries in London. He must also bring proof of having diligently gone through the following branches of professional education, viz:—Of having served an apprenticeship of five years to a surgeon and apothecary, if educated in England; but if not, qualification in the practice of medicine and pharmacy equivalent thereto; of having attended the practice of surgery in a recognised hospital or hospitals, where clinical instruction is constantly given, for three years, three months being allowed for a vacation in each year; of having attended the under-mentioned lectures, &c.:—Three sessions of anatomical lectures, demonstrations, and dissections; one course of morbid anatomy and pathology; two of lectures on surgery, or one course of surgery and one of military surgery; one of natural history or comparative anatomy; one of chemistry; one of botany; one of materia medica and therapeutics; two of eighteen months' medical practice, with clinical lectures, commencing the second session—viz., twelve months in a recognised hospital, and the remaining six months either in a recognised hospital or a dispensary; one course of medical jurisprudence, with toxicology; two of midwifery; not less than thirty cases of practical midwifery; and one course on diseases of the eye.

He must produce a diploma from either of the colleges of London, Edinburgh, or Dublin; and if not a graduated M.D. of Scotland or Ireland, after having actually passed an examination in the university where he has obtained his degree; a certificate of qualification also from the Society of Apothecaries in London. It is likewise expected that candidates shall have attended establishments for the cure of diseases of the ear and skin; and for the treatment of patients affected with mental derangement. The moral conduct and character of each individual must be certified by the gentleman to whose care his education was confided; and also by a clergyman who, if practicable, should be the incumbent or officiating minister of the parish in which the applicant usually resides. The full qualification being required on admission, a second examination is deemed unnecessary.

EAST INDIA COMPANY'S SERVICE.

Examiner in Medicine, Dr. Scott, of Barnes.

Candidates must be twenty-two years of age, and in possession of a surgical diploma, or else undergo an examination before the College of Surgeons. They are also required to produce a certificate from the cupper of a public hospital in London, of having acquired the art of cupping, and being capable of practising it with proper dexterity.

Qualification in Physic.—The candidate will also be required to pass an examination by Dr. Scott in the practice of physic, in which examination will be included as much anatomy and physiology as is necessary for understanding the causes and treatment of internal diseases, as well as the art of prescribing and compounding medicines; and Dr. Scott will require him to produce satisfactory proof of having attended at least two courses of lectures on the practice of physic; and, above all, that he should produce a certificate of having attended diligently the practice of the physicians at a general hospital in London for six months, or at a general hospital in the country (within the United Kingdom) for six months, provided such provincial hospital contains at least, on an average, one hundred in-patients, and has attached to it a regular establishment of physicians as well as surgeons. No attendance on the practice of a physician at any dispensary will be admitted. Candidates are desired to present themselves to Mr. T. R. Clarke, clerk for passing cadets and assistant-surgeons, at the East India House, with their certificates, as underneath, properly filled up and signed, by ten o'clock in the morning, or as soon after as possible, in order that they may have their nominations prepared against the committee meet, or the nominating director arrives; in failure of which they may have to wait for several hours, or to come another day.

Should it be discovered at the time the assistant-surgeon is appointed, or at any subsequent period, that his appointment has been obtained by purchase or agreement to pay any pecuniary or valuable consideration whatsoever, either directly or indirectly, when the appointment is completed, he will not only be dismissed, and rendered ineligible to hold any situation in the East Company's service, under the court's resolution of the 9th August, 1809, but all the parties concerned in procuring the appointment surreptitiously, or in disposing of, or receiving the same under such circumstances, will subject themselves individually and collectively to a criminal

prosecution for a misdemeanour, under the Act of the 49th of George the Third, cap. 126; and the Court of Directors of the East India Company do hereby declare that they will prosecute any person or persons who shall hereafter be detected in such illicit traffic. If an assistant-surgeon produces a false certificate, or the dates are found to have been altered for the purpose of making him appear to be of a proper age, he is rendered ineligible to hold any situation in the company's service.

SCOTLAND.

UNIVERSITY OF EDINBURGH, 1582.

Principal, Rev. John Lee, D.D.
Secretary to the Senate, Sir W. Hamilton, Bart.
Court of Examiners in Medicine: Dr. Monro, Sir G. Ballingall, Drs. Thompson, Graham, Alison, Christison, Simpson, Traill, Henderson, Gregory, Messrs. Miller, Syme, Jameson.
Professors: Dietetics, Materia Medica, and Pharmacy, Dr. Christison. Medical Jurisprudence and Police, Dr. Traill. Chemistry, Dr. Gregory. Surgery, Mr. Miller. Practice of Physic, Dr. Alison. Anatomy and Physiology, Dr. Monro. Military Surgery, Sir G. Ballingall. General Pathology, Dr. Henderson. Natural History, Mr. Jameson. Institutes of Medicine, or Physiology, Dr. A. Thomson. Midwifery and Diseases of Women and Children, Dr. Simpson. Clinical Medicine, Drs. Alison, ———, Traill, and Christison. Clinical Surgery, Mr. Syme. Botany, Dr. ———. Royal Infirmary, noon, daily. Practical Anatomy, (under the superintendence of Dr. Monro.) Practical Chemistry and Pharmacy.
Fee for each course, £4 4s.

Statutes relative to the Degree of M.D.

Candidates for the degree of M.D. must have studied anatomy, chemistry, materia medica and pharmacy, institutes of medicine, practice of medicine, surgery, midwifery and diseases peculiar to women and children, general pathology, practical anatomy, during courses of six months. Clinical medicine, that is, the treatment of patients in a public hospital, under a professor of medicine, by whom lectures on the cases are given, during courses of six months, or two courses of three months. Clinical surgery, medical jurisprudence, botany, natural history, including zoology, during courses of at least three months. Besides the course of clinical medicine already prescribed, he must attend for at least six months, the medical or surgical practice of a general hospital, either at Edinburgh or elsewhere, containing not fewer than eighty patients. And he must also have attended to practical pharmacy, for at least six months. The candidate for the degree of doctor must also have studied in the manner already prescribed, for at least one year previously to his graduation, in the University of Edinburgh.

Every candidate must deliver, before the 24th of March of the year in which he proposes to graduate, to the dean of the faculty of medicine.—1. A declaration, in his own hand-writing, that he is twenty-one years of age, or will be so before the day of graduation, and that he will not be then under articles of apprenticeship to any surgeon or other master. 2. A statement of his studies, as well in literature and philosophy as in medicine, accompanied with proper certificates. 3. A medical dissertation, composed by himself in Latin or in English, to be perused by a professor, and subject to his approval. He will be examined first as to his proficiency in Latin, and afterwards on anatomy, chemistry, botany, institutes of medicine, and natural history bearing chiefly on zoology; and on materia medica, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence. He may also be called upon to defend hitherto. The calling day is the first lawful day in August. Fee for graduation £25.

UNIVERSITY OF GLASGOW, 1450.

Chancellor, Duke of Montrose.
Vice-Chancellor, The Principal.
Rector, Mr. Rutherford, M.P.
Principal, Duncan M'Farlan, D.D.
Secretary, W. Meiklelham, jun., L.L.D.
Professors: Materia Medica, John Couper, M.D. Chemistry, Thomas Thomson, M.D. Demonstrations, Dr. Jeffray and Dr. Marshall. Surgery, John Burns, M.D. Practice of Physic, William Thompson, M.D. Midwifery, John M. Pagan, M.D. Anatomy, James Jeffray, M.D. Practical Chemistry, Dr. R. D. Thomson. Botany, John Hutton Balfour, M.D. Institutes of Medicine, A. Buchanan, M.D. Forensic Medicine, Harry Rainy, M.D. Natural History, William Couper, M.D. Waltonian Lecturer, Eye, William Mackenzie, M.D.
Examiners appointed: Professors J. Jeffray, W. Thomson, John Burns, T. Thomson, J. Cooper, A. Buchanan, J. H. Balfour, J.M. Pagan, and H. Rainy.
Fees, £3 3s each course.

Candidates for the degree in medicine must be twenty-one years of age, and produce a certificate of moral character, and evidence of four years' medical study, one of which must be passed at this university.

Certificates are required of having attended one or more courses of lectures on the following subjects, each course, except forensic medicine and botany, being of six months' duration; if of less extent, then two courses will be deemed equivalent to one of six months:—Anatomy and physiology; chemistry; the theory or institutes of medicine; practice of medicine; materia medica and pharmacy; midwifery; surgery; forensic medicine; botany (no course of botany attended previously to 1839-40 is received, unless delivered in a university); anatomical dissections; and two years' practice of a general hospital, containing eighty beds, and in which the student must spend at least one-half of the period of attendance in the physicians' wards. Neither hospital attendance nor anatomical dissections shall be considered as equivalent to a course of lectures. A schedule of the course of study, with an English essay on some medical subject must be delivered to the clerk of the senate two months before the time of graduation, that is, on or before the 1st of March or 10th of June. The examination will comprise Latin, and all the subjects included in the curriculum.

Candidates for the degree in surgery, besides the certificate of age and moral character, must produce evidence that they have attended medical lectures in one or other of the universities or schools already specified for four years, during which they must have attended one or more courses on the following subjects, the extent of each course, with the exception of forensic medicine, being six months, or the equivalent two courses of a shorter duration. The candidate must have attended not less than three courses of medical lectures in the University of Glasgow. In each year of his study he must attend at least two or more courses of lectures, of six months' duration, on anatomy, surgery, chemistry, theory or institutes of medicine, practice of medicine, midwifery, materia medica and pharmacy, forensic medicine, anatomical dissections, and two years' practice of a general hospital, in which the student must attend one-half of the prescribed period in the surgical wards, and the other half in the medical.

	£	s	d
Fee to library, &c. for the degree of M.D.	15	0	0
Duty on stamp for ditto	10	3	0
	£25	3	0
Fee for the degree of Chirurgiæ Magister	10	10	0

UNIVERSITY AND KING'S COLLEGE, ABERDEEN, 1494.

Chancellor, Earl of Aberdeen, K.T.
Principal, William Jack, D.D.
Sub-Principal, H. Macpherson, M.D.
Librarian, G. Dickie, M.D.
Secretary, A. Fyfe, M.D.
Professors: Mathematics, John Tullock, A.M. Moral Philosophy, H. Scott, A.M. Natural Philosophy, J. Fleming, D.D. Medicine and Chemistry, A. Fyfe, M.D.
University Lecturers: Materia Medica, W. Templeton, M.D. Anatomy and Physiology, Edward B. Shirreff, Esq. Practice of Medicine, A. Kilgour, M.D. Surgery, David Kerr, M.D. Midwifery, A. Fraser, Esq. Institutes of Medicine, W. Mitchell, Esq. Medical Jurisprudence, W. C. Fowler, Esq. Botany, G. Dickie, M.D.
Fees for each course, £3 3s.

Regulations to be observed in granting Degrees of Medicine.

All candidates for the degree of M.D. must be of the age of twenty-one years, and must produce satisfactory certificates of moral character, and exhibit the diploma of A.M. from some university.

All candidates, with the exceptions mentioned below, must have been engaged in the study of medicine for at least four years, one of which must be passed in Aberdeen, and must produce evidence of having attended, in some recognised school of medicine, the following courses of lectures:—Six months' courses—anatomy, two courses; chemistry, one course; materia medica, one course; surgery, one course; institutes of medicine and physiology, one course; practice of medicine, one course; midwifery, one course. Three months' courses—dissections, two courses; practical chemistry, one course; medical jurisprudence, one course; clinical surgery, one course; botany, one course; clinical medicine, two courses. He must also have attended for two years the wards of a hospital containing 100 beds; and during three months, a shop or dispensary for the compounding of medicines. The preceding regulations are strictly enforced in the case of all students who have commenced their medical studies at a period subsequent to 1st October, 1840, but gentlemen who possess a licence or diploma from any of the royal colleges of physicians or surgeons, and who have been engaged for at least five years in the practice of medicine, are admitted to examination, on producing their licence or diploma, along with satisfactory evidence of sufficient preliminary education and of good moral character. In the case of students who have commenced their medical education previously to the above period, and who have not the degree of A.M., the senatus reserves the power of judging of their preliminary education by examination, or otherwise. Diploma fee, £26 5s 6d.

Degrees in medicine are conferred at two stated periods annually—viz., at the end of April, and at the end of July.

MARISCHAL COLLEGE AND UNIVERSITY, ABERDEEN. (1593.)

Chancellor, Duke of Richmond.
Principal, Daniel Dewar, LL.D. and D.D.
Secretary, John Cruickshank, LL.D.
Professors: Natural History, W. M'Gillivray, LL.D. Mathematics, John Cruickshank, LL.D. Natural Philosophy, William Knight, LL.D. Moral Philosophy and Logic, George Glenny, D.D. Chemistry, Thomas Clarke, M.D. Anatomy, Alex. J. Lizars, M.D. Surgery, William Pirrie, M.D. Practice of Medicine, John Macrobin, M.D.
Lecturers: Botany, William M'Gillivray, LL.D. Materia Medica, William Henderson, M.D. Institutes of Medicine, Alex. Harvey, M.D. Midwifery, Robert Dyce, M.D. Medical Jurisprudence, Francis Ogston, M.D. Chemistry, Dr. Clark and Mr. Shier, £2 2s. Practical Chemistry, Dr. Clark and Mr. Shier, £3 3s. Anatomy, elementary course, Dr. Lizars, £3 3s. Anatomy, advanced course, Dr. Lizars, £3 3s. Materia medica, Pharmacy, and Dietetics, Dr. Henderson, £3 3s. Institutes of Medicine, Dr. Harvey, £3 3s. Principles, Practice, and Operations of Surgery, Dr. Pirrie, £3 3s. Principles and Practice of Medicine, Dr. Macrobin, £3 3s. Midwifery and Diseases of Women and Children, Dr. Dyce, £3 3s. Medical Jurisprudence, Dr. Ogston, £2 2s. Botany, Dr. McGillivray, £1 11s 6d.

Students are entitled to attend both courses of anatomy, with dissections, for one fee of three guineas.

Regulations for granting Medical Degrees.

Curriculum.—Four years of attendance on medical classes, of which one year may be passed at any recognised medical school; but three, at least, must be passed in a university, including one, at least, in this university. The attendance, in each year, to embrace not fewer than two medical classes of six months each; or one of six months, with two of three months each. The university attendance to include the following eight classes, each for a course of six months:—Anatomy, practical anatomy, che-

mistry, materia medica, institutes of medicine, surgery, practice of medicine, midwifery, and the following three classes, each for a course of three months—botany, practical chemistry, medical jurisprudence. Eighteen months' attendance on the medical and surgical practice of a hospital containing not fewer that eighty beds, along with attendance for six months on lectures on clinical medicine, and for three months on lectures on clinical surgery. Six months of compounding and dispensing medicines in the laboratory of a hospital, or of a public dispensary, or of a licensed general practitioner, or of a regular dispensing druggist. Qualified medical practitioners are admitted to examination, on presenting their diploma, after one winter's attendance on the university classes.

Examinations.—The examination terms are two in each year—the *first* to commence on the 20th of April, if a Wednesday, but if not, on the first Wednesday thereafter; the *second* on the 13th of October, if a Wednesday, but if not, on the first Wednesday thereafter. Every candidate to undergo at least three separate professional examinations —the first, pharmaceutical; the second, surgical; the third, medical; to be conducted partly in writing, as well as *viva voce*, and partly by demonstration. The *first* to include chemistry, botany, materia medica, pharmacy, and the doctrines of physics relating to specific gravities, to gases and vapours, and to climate. The *second* to include anatomy, institutes of medicine, surgery, and the doctrines of chemistry and physics illustrative of animal structure and function. The *third* to include the practice of medicine, midwifery, and medical jurisprudence. Candidates not M.A. are also examined in the fourth book of Celsus.

Fees.—For the degree of bachelor of medicine, expense of diploma, £1; for the degree of doctor of medicine, expense of diploma, £1; government stamp, £10—£11. There are not any examiners' fees.

UNIVERSITY OF ST. ANDREWS, 1412.

Chancellor, Lord Melville.

Principal of the United College of St. Salvador and St. Leonard, Sir David Brewster, LL.D., F.R.SS.L. and E.

Professors: Natural Philosophy, Adam Adamson, LL.D., F.R.S.E. Moral Philosophy and Political Economy, George Cook, D.D., F.R.S.E. Mathematics, Thomas Duncan, A.M. Anatomy and Medicine, John Reid, M.D. Chemistry, Arthur Connel, F.R.S.E. Fees £3 3s each class.

Principal of St. Mary's, or New College, Robert Haldane, D.D. Secretary, James Hunter, LL.D.

Board of Examiners for Degrees in Medicine: Dr. W. Pyper, Professor of Humanity; John Reid, M.D., Professor of Anatomy and Medicine; Arthur Connel, F.R.S.E., Professor of Chemistry; David Skae, F.R.C.S.E., Lecturer on Forensic Medicine; J. Argyll Robertson, M.D., F.R.S.E., Lecturer on Surgery, Edinburgh; Alexander J. Hannay, M.D., F.F.P. and S., and Professor of the Practice of Physic, Andersonian University, Glasgow.

Regulations for granting Medical Degrees.

The candidate must produce evidence of unexceptionable moral character, and that he is twenty-one years of age. He must produce certificates that he has regularly attended lectures for at least four complete winter sessions, or three winter and three summer sessions, on the following branches:—1. anatomy, two courses of six months each; 2. practical anatomy, twelve months; 3. theory of medicine, or physiology, one course of six months; 4. chemistry, one course of six months; 5. practical chemistry, one course of three months; 6. materia medicine and pharmacy, one course of six months; 7. surgery, one course of six months; 8. clinical medicine, one course of six months; 9. practice of medicine, one course of six months; 10. clinical surgery, one course of six months; 11. midwifery, and diseases of women and children, one course of three months; 12. an apprenticeship, or six months' attendance in the shop of an apothecary, or in the laboratory of a public hospital or dispensary; 13. attendance at a public hospital, containing not less than eighty beds, for at least eighteen months. These regulations will be invariably observed, except when the candidate is possessed of a surgeon's diploma or license from the colleges of London, Edinburgh, or Dublin, or the Faculty of Physicians and Surgeons of Glasgow, or a license from the Apothecaries' Company, in which case he has merely to present such diploma or license previous to examination for M.D.

Diploma fees £25 3s.

ROYAL COLLEGE OF PHYSICIANS. EDINBURGH.

President, Dr. Beilby.

Vice-president, Dr. Renton.

Treasurer, Dr. Ransford.

Censors, Drs. Davidson and Wood.

Secretary, Dr. Craigie.

Librarian, Dr. Seller.

Examiners of Foreign Graduates: Drs. Beilby, Renton, Davidson, Christison, Craigie, Ransford, and Paterson.

The members of the college are respectively entitled ordinary fellows, non-resident ordinary fellows, and licentiates. Foreign graduates only undergo an examination, and that may be avoided, even in this case, by a ballot among the fellows. If an examination take place, it will consist of three trials; the first by two fellows appointed by the college, on any part of medicine; the second by two others, on two aphorisms of Hippocrates; and the third by two others, on two medical cases. All these trials are in presence of the college, and in the Latin language.

Fees.—The fee to be paid by a resident licentiate is £100; by a non-resident £55, exclusive of any tax payable to government now existing, or which may hereafter be imposed, and must be lodged with the treasurer previously to presenting the petitions. Every resident fellow pays an annual subscription of £1 1s to defray the college expenses.

ROYAL COLLEGE OF SURGEONS, EDINBURGH, 1505.

President, Dr. James Simson.

Treasurer, Dr. Alexander Macaulay.

Librarian, Dr. Robert Ormond.

Secretary, John Scott, W.S.

Examinators: Drs. John Gairdner, William Brown, John M'Farlan, James Pitcairn, Richard Huie, John Campbell, Archibald Inglis, William Dumbreck, Andrew Wood, Francis Farquharson, John Scott, Robert Ormond.

Assessors to Examinators: W. Wood, Drs. Adam Hunter, David Maclagan, Sir G. Ballingall.

Regulations for Fellows.—The candidate is required to present an essay on some surgical subject, which, if approved of, he must print for circulation among the fellows. He must then undergo three examinations—1. On anatomy and surgery; 2. On chemistry, materia medica, &c.; 3. On the essay he has written. If these are satisfactorily passed he is admitted to the fellowship. Fee £250; to apprentices of fellows, £100.

Course of Study — Preliminary Instruction.—Every candidate for the diploma of the royal college must, either previously to or during his medical education, have received regular instruction in the elements of mathematics, and must have subsequently attended a course of mechanical philosophy of at least three months' duration, and of not fewer than sixty lectures.

Professional Instruction.—The candidate must have been engaged in attending the following separate and distinct courses of lectures during a period of not less than twenty-seven months, in which must have been included three winter sessions of six months' duration each:—Anatomy, two courses of six months each; practical anatomy, twelve months; chemistry, one course of six months; practical chemistry (the number of pupils in each class being limited to twenty-five), one course of three months; materia medica and pharmacy, one course of six months; practical pharmacy,[1] one course of six months; institutions of medicine, or physiology, one course of six months; practice of medicine, one course of six months; clinical medicine, one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered; principles and practice of surgery, two courses of six months each, or principles and practice of surgery, and military surgery,[2] one course of six months each; clinical surgery,[3] one course of six months, or two courses of three months each, during the period of his attendance at the hospital where they are delivered; midwifery, and diseases of women and children, one course of three months; medical jurisprudence, one course of three months.

The six months' courses delivered in Edinburgh must consist of not fewer than one hundred and ten lectures, with the exception of clinical medicine, clinical surgery, and military surgery. The three months' courses must consist of not fewer than sixty lectures. Two London courses of three months each on any of the above subjects will be taken as equivalent to one six months' course.

The candidate must also have attended for twenty-one months a public general hospital containing at least eighty beds. Students must register their cards of admission to the lectures, and also their certificates at the college; the registration fee is 5s.

Exemptions.—Candidates who have commenced attendance on their medical classes, or at a hospital containing at least eighty beds, or who have entered into indentures of apprenticeship to a regular surgeon, previously to the following dates, are entitled to the exemptions which are here specified:—

Date.	Exemptions.
Previously to 29th Sept. 1838.	1. From more than four winter sessions' attendance on a school of medicine.
Do.	2. From more than eighteen months of hospital attendance.
Do.	3. From more than six months of practical anatomy.
Do.	4. From the necessity of producing a certificate of age.
September 1833.	5. Also from practical pharmacy.
1st Aug. 1831.	6. Also from medical jurisprudence.

Examinations.—The days of examination are the first and third Tuesdays of every month. The fees must be lodged, before the examination, in the hands of the treasurer, who will certify this, after inspecting and being satisfied with the certificates. They will be returned to unsuccessful candidates, whose names will be concealed, and who will be remitted to their studies, for a period to be determined by the judgment of the examinators, but not, in any case, for less than three months. Every candidate, at the commencement of his examination, will be required to translate into English some portion of a Latin author; and if he be unable to do so, his examination cannot proceed. He is also expected to possess such a knowledge of drugs, and of the art of prescribing, as to be able to name particular substances that may be exhibited to him, and to write out formulæ for their administration. The president, if he judge it proper, may order a meeting for examination on any day at the request of a candidate; but in that case, the candidate must pay two guineas in addition to the customary fees; and this money will not be returned to him in the event of his being remitted.

Fees payable by Candidates.—For a diploma, ordinary candidates pay the sum of 7l 5s. Apprentices of fellows of the college, bound for the

[1] This is required of every candidate who does not produce a certificate of having been for the space of two years the private pupil or apprentice of a regularly licensed medical practitioner, keeping a laboratory for the dispensing of medicines. It must be attended at the laboratory of a surgeon or apothecary, or of a chemist and druggist recognised by the college on special application, or of a public hospital or dispensary, and the candidate must produce evidence that he has been engaged in compounding and dispensing medicines.

[2] The course of military surgery must be delivered by a professor of that branch in a university, or by a lecturer who, in addition to the other requisite qualifications, has served in the medical department of the army or navy, and the course must be of at least six months' duration, and comprehend not fewer than sixty lectures.

[3] Clinical medicine and clinical surgery must not be attended at the same time.

freedom, pay 1l 5s; other apprentices pay 2l 16s 6d. Assistant-surgeons in the navy, having previously obtained certificates from the college, pay 2l 11s 6d. Surgeons in the navy, having obtained certificates from the college, pay 15s 6d. For the certificate of qualification as assistant-surgeon in the navy, candidates not having paid for any previous qualification, 4l 19s 6d. For the certificate of qualification as full surgeon in the navy, assistant-surgeons who have already obtained certificates from the college, pay 3l 18s 6d, and those who have previously obtained the diploma of the college, pay 2l 17s 6d. These sums include fees of every kind.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

President, Dr. Perry.
Visitor, Dr. Weir.
Collector, Dr. James Wilford.
Seal-keeper, Dr. Pagan.
Librarian, Dr. Anderson.
Visitors of Drugs, Dr. McDowal, Mr. McGregor.
Assistant-Examinators, Drs. Laurie, Fleming, Douglas, Panton, Davidson, and Adams.

Regulations for the Surgical Diploma—Curriculum.—Anatomy, two courses of six months. Practical anatomy, one course of six months; enacted 7th June, 1830. Surgery, two courses of six months. Chemistry, one course of six months. Practical chemistry, one course of three months; enacted 8th November, 1831. Theory of medicine, one course of six months. Practice of medicine, one course of six months. Materia medica, one course of six months. Midwifery, one course of six months. Clinical medicine, one course of six months; enacted 7th June, 1830. Clinical surgery, one course of six months; enacted 7th June, 1830. Medical jurisprudence and police, one course of six months; enacted 4th April, 1831. Botany, one course of three months; enacted 3rd February, 1834. A public hospital, eighteen months; enacted 3rd February, 1834. A surgeon's or apothecary's shop, six months; enacted 3rd February, 1834. Every candidate must have been employed in the above course of studies for four winter sessions, or for three winter sessions and two summer sessions, so that the whole period of attendance shall not be less than three years complete. An essay, the subject to be fixed by the examinators, to be written by the candidate, in his own handwriting; and no essay to be submitted for a shorter period than twenty-four hours. Specimens of bones, or other anatomical or surgical preparations, or specimens from the materia medica, may be used at the discretion of the examinators. The diploma fee of seven guineas must be deposited with the president previous to the examination.

EXTRA-ACADEMICAL LECTURERS RECOGNISED BY THE COLLEGE OF SURGEONS, EDINBURGH.

Natural Philosophy—George Lees, A.M., School of Arts; Mr. George Glover, 6, Infirmary-street, £3 3s.

Anatomy and Physiology—Dr. Mercer, 4, Surgeons'-square; Drs. Handyside and Lonsdale, 1, Surgeons'-square; Dr. Skae, 11, Argyle-square; Mr. Hunter, 31, Nicolson-street, £3 3s.

Anatomical Demonstrations—Messrs. Mercer, Gunning, and Fowler, 4, Surgeons'-square; Dr. Handyside, Dr. Lonsdale, and Mr. Spence, 1, Surgeons'-square; Drs. Skae and Keiller, 11, Argyle-square; Messrs. Hunter, Clark, and Young, 31, Nicolson-street, 4l 4s, if taken conjointly.

Practical Anatomy—The above-named teachers of anatomy, 3l 5s.

Chemistry—Dr. Reid, Roxburgh-place, 3l 3s; Dr. Wilson, 24, Brown-square; Dr. Anderson, 3, Surgeons'-square, 3l 5s.

Practical Chemistry (three months' courses)—The above-named teachers of chemistry, 3l 5s.

Materia Medica and Dietetics—Dr. Seller, 11, Argyle-square; Dr. Douglas Maclagan, 9, Surgeons'-square, 3l 5s.

Institutes of Medicine—Dr. Howison, 8, Nicolson-square, 3l 5s.

Practice of Medicine—Dr. Craigie, 9, Surgeons'-square; Dr. Alexander Wood, 11, Argyle-square; Dr. Bennett, 1, Surgeons'-square, 3l 5s.

Clinical Medicine—Dr. Paterson, Royal Infirmary, 3l 5s.

Surgery—Drs. Argyll Robertson and Duncan, 11, Argyle-square, 3l 5s.

Clinical Surgery—Dr. Duncan, Royal Infirmary, 3l 5s.

Midwifery—Dr. W. Campbell, 11, Argyle-square; Dr. Marr (Midwife Dispensary), High School-yards, 3l 5s, perpetual.

Forensic Medicine—Dr. Cormack, Infirmary-street, 2l 5s.

All the courses are for six months, if not otherwise specified.

HOSPITALS AND DISPENSARIES IN EDINBURGH.

Royal Infirmary.—Medical and surgical practice, annual ticket, 5l 7s 6d; additional six months, 3l 5s 6d; ditto, three months, 1l 13s; perpetual, 12l 17s; certificate, 5s. Clinical lectures on medicine for six months, 3l 3s. On surgery for six months, 3l 3s. Dressers, six months, 3l 3s. Clinical clerks for three months, 3l 3s. Physicians' and surgeons' clerks, pay 52l 10s per annum, for board. The office is held for two years.

Surgical Hospital.—Surgical practice, three months, including clinical surgery, 3l 3; six months ditto, 5l 5s.

Maternity Hospital.—Six months, 1l 3s.

Lock Hospital.—Three months, 1l 1s.

Royal Dispensary.—First three months, 2l 2s; additional three months, 1l 1s. Clinical lectures, 2l 2s.

Newtown Dispensary.—Three months, 2l 4s; six months, 3l 5s. Instruction in pharmacy, one month, 1l 1s; three ditto, 2l 2s.

Minto-House Hospital and Dispensary.—Medical practice, three months, 2l 2s; six ditto, 3l 3s; perpetual, 6l 6s. Instructions in pharmacy, three months, 2l 2s; six ditto, 3l 3s.

Eye Infirmary.—Three months, 1l 1s.

Eye Dispensary.—Three months, 1l 1s.

MEDICAL SCHOOL, GLASGOW.

Anderson's University, George-street.—Surgery, chemistry, practical chemistry, midwifery, practice of physic, demonstrations and surgical anatomy, materia medica, descriptive and physiological anatomy, medical jurisprudence, institutes of medicine, each one course of six months, 2l 2s. Mechanical philosophy, six months' course, 1l 5s. Library fee, 2s 6d.

INFIRMARY IN GLASGOW.

Royal Infirmary.—Medical and surgical practice, two years, 7l 7s; perpetual, 8l 8s. Clinical clerks, eight months' fever wards, 5l; ditto, medical wards, 15l; ditto, surgical wards, 25l.

INFIRMARY, ABERDEEN.

Royal Infirmary.—Perpetual, 7l 7s. Clinical clerks, &c., no fee.

IRELAND.

UNIVERSITY OF DUBLIN. (TRINITY COLLEGE.) 1591.

Chancellor, His Majesty the King of Hanover.
Vice-Chancellor, his Grace the Lord Primate of Ireland.
Provost, Dr. Sadleir.

The days of graduation are, Shrove Tuesday, and the first Tuesday in July. The degree of bachelor of medicine may be obtained in two modes:—

1. Graduates in arts can obtain the degree at any of the half-yearly periods of graduation, provided the requisite medical education and examination shall have been accomplished. Fee for entrance, £15; fees for study in arts during four years, £7 10s each half year. Fees for graduation in arts, £8 17s 6d.

2. Candidates are admissible to the degree of M.B., without previous graduation in arts, at the end of five years from the July following the Hilary examination of the first undergraduate year, provided the usual education and examinations in arts of the first two years of the undergraduate course shall have been completed, as also the medical education and examinations, as in the case of other candidates. Fees for two years' study in arts (besides the usual entrance payment of £15) are £7 10s each half year. The graduation fees for the degree of bachelor of medicine are £11 15s. The medical education of a bachelor of medicine comprises attendance on the following courses of lectures in the School of Physic, provided that one, and not more than three, of the courses which begin in November be attended during each of four sessions. Three of these courses, at the discretion of the candidate, may be attended in the university of Edinburgh. The courses are on—anatomy and surgery; chemistry; botany; materia medica and pharmacy; institutes of medicine; practice of medicine; midwifery (by the professor to the college of physicians); clinical lectures at Sir Patrick Dun's hospital, during at least one session (six months), as delivered by the professors in the School of Physic; the attendance on such clinical lectures by the professors to be extended to three additional months of a summer session commencing in May. The examinations are conducted by the regius professor of physic of the university, the six professors of the School of Physic, and the professor of midwifery to the college of physicians. No further examination is requisite for the degree of doctor of medicine, which may be taken at the expiration of three years from having taken the degree of M.B., provided the candidate has graduated in arts. The fees for the degree of doctor of medicine are £22.

THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND. 1667—1692.

President, Dr. R. J. Graves.
Vice-President, Dr. George A. Kennedy.
Censors, Dr. George A. Kennedy, Dr. Hunt, Dr. Labatt, Dr Thomas Brady.
Treasurer, Dr. Collins.
Librarian, Dr. John O'Brien.
Registrar, Dr. Jonathan Labatt.

Professors (on the foundation of Sir Patrick Dun.)
Queen's Professors: Institutes of Medicine, Dr. Robert Law; Practice of Medicine, Dr. George Greene; Materia Medica and Pharmacy, Dr. Jonathan Osborne.
College of Physicians' Professors (elected by the College): Midwifery, Dr. William F. Montgomery; Medical Jurisprudence, Dr. Thomas Brady.

Qualifications of Candidates for Licence.—Candidates must produce evidence of having been engaged in the study of medicine for four years, and of having attended two at least of the required courses in each year. Candidates, except those who have taken a medical degree prior to 1840, must produce certificates of attendance on one or more courses of lectures on the following subjects, each course being of six months' duration, with the exception of botany and forensic medicine, which must include at least fifty lectures:—Anatomy and physiology, chemistry; materia medica and pharmacy, botany, institutes of medicine, practice of medicine, principles and practice of surgery, midwifery, and forensic medicine. Certificates must also be produced of six months' attendance on anatomical demonstrations and dissections, and of at least two years' hospital practice; one year in the hospital of the School of Physic in Dublin or Edinburgh, the other in any recognised medico-chirurgical hospital. The certificates must include attendance on the entire practice of the hospital, and on all the clinical lectures delivered in the hospital during such attendance. Candidates who have taken a medical degree in an university will be admitted to examination upon such degree alone. Every candidate for licence, except those who have taken a medical degree prior to 1840, is examined on two separate days: on the first day on anatomy and physiology, chemistry, botany, materia medica, and pharmacy; and on the second day on acute and chronic diseases, midwifery, and non-naturals, and on the translating of one or more of the following books from the original Greek—viz., Hippocrates, Aretæus, and Galen. Graduates in medicine are only required to undergo the second day's examination. The examinations, which are public, are conducted in the English language; but every candidate, except graduates in arts of Oxford, Cambridge, or Dublin, is required to translate medical cases from the English into the Latin language, before he is admitted to examination as to his professional acquirements. Fee for licence, £30.

ROYAL COLLEGE OF SURGEONS.

(1784—1828.)

President, Sir Philip Crampton, Bart.
Vice-President, Richard Carmichael, Esq.
Council: Samuel Wilmot, Alex. Read, Wm. Auchinleck, James W. Cusack, James Kerin, Arthur Jacob, Thomas Rumsley, W. Tagert, John Peebles, J. O. Beirne, John Hart, T. E. Beatty, W. Hargrave, Chas. Benson, Andrew Ellis, Robt. C. Williams, Francis White, Robt Harrison, Esqs.
Secretary, Dr. Cusack.
Registrar, C. O'Keeffe, Esq.

Bye-laws relative to Education and Examination of Candidates for Letters Testimonial and for the Fellowship.

Qualification for Letters Testimonial.—Every candidate must produce a receipt for 21*l*, paid into the Bank of Ireland on account of the college; and a certificate of his knowledge of Latin and Greek from the college examiners; certificates, showing that he has been engaged in the study of his profession for not less than four years, three of which shall have been passed in attendance on lectures or hospitals, in Dublin, London, Edinburgh, or Glasgow; certificates of attendance on a hospital recognised by the council, where clinical instruction is given, during three years; also on three courses on anatomy and physiology, three on surgery, and three courses of dissection, accompanied by demonstrations; two on chemistry, or one on general, and one on practical chemistry; one on materia medica; one on medicine; one on midwifery; and one on medical jurisprudence. Previous to the 1st June, 1845, candidates for letters testimonial, not educated in strict conformity with the foregoing regulations, may be admitted to examination, provided they can satisfy the council by documentary evidence, that they have gone through an equivalent course of study.

Qualifications for the Fellowship.—Every registered pupil or licentiate is admitted to examination for the fellowship on producing a receipt, showing that he has lodged in the Bank of Ireland, for the use of the college, the sum of ten guineas, in case he is a licentiate, or of twenty-five guineas, in case he is a registered pupil; provided, in either case, he intends to reside beyond ten miles from Dublin; otherwise, if he is a licentiate, twenty guineas, or if a registered pupil, thirty-five guineas. A certificate that he is twenty-five years of age. A certificate of a liberal preliminary education. A certificate signed by two or more fellows of the college, of good general conduct during his professional education. Certificates that he has been engaged in the acquisition of professional knowledge for a period of not less than six years; during three of which he must have studied in one or more of the schools and hospitals of Dublin. He may have studied for the other three years in any school or schools of the United Kingdom, which shall be approved by the council, or in any foreign school of repute. It is also required that the candidate shall have had opportunities of practical instruction as house-surgeon or dresser in a recognised hospital. Certificates of attendance on the several courses of lectures required to be attended by candidates for letters testimonial, together with one course of lectures on comparative anatomy, one on botany, and one on natural philosophy. A thesis on some medical subject; or clinical reports, with observations, of six or more medical or surgical cases taken by himself. Candidates of the required age, who shall have taken the degree of bachelor of arts in a British or Irish university, and have complied with the foregoing regulations in other respects, will be admitted to examination at the end of five years of professional study, of which three years must have been passed in one or more of the recognised schools or hospitals of Dublin. Licentiates of the college who may not be able to show that they have followed the course of study specified in the preceding regulations, may, at the expiration of ten years from the date of their diploma, be admitted to the examination required for the fellowship, provided they produce such evidence as shall be satisfactory to the council that they have conducted themselves honourably in the practice of their profession.

Qualifications for the Diploma in Midwifery.—Any fellow or licentiate of the college shall be admitted to an examination for the diploma in midwifery, on producing a certificate showing that he has attended one course of lectures on midwifery and diseases of women and children; a certificate, that he has attended the practice of a lying-in hospital for a period of six months; or, the practice of a dispensary for lying-in women and children; and a certificate that he has conducted thirty labour cases at least. Candidates for the midwifery diploma will be publicly examined on the organisation of the female; the growth and peculiarities of the fœtus; the practice of midwifery; and the diseases of women and children; and, if approved of, will receive a licence or diploma certifying the same.

APOTHECARIES' HALL OF IRELAND, 1791.

Court of Directors and Examiners.

Governor, T. Collins, Esq.
Examiners: Dr. Atkinson, Richard Barker, Esq., Dr. Betty, Ralph Mac Dermott, Esq., Dr. Leet, Dr. Mc Mann, Dr. Madden, sen., Dr. Madden, jun., James Mac Donough, Esq., Dr. Mullock, Dr. Moore, John Bellew, Esq., Dr. Holmes.
Secretary, Dr. Leet.

Candidates for the licence must produce the certificate of apprentice, and the indenture of apprenticeship, the latter bearing the certificate of his master that he is of good moral character, and has fulfilled the period of his apprenticeship, and certificates duly signed that he has diligently attended at least one course of lectures on each of the following subjects, delivered at the school of Apothecaries' Hall, or at some other school of medicine recognised by the court. Chemistry, anatomy, and physiology, six months; practical chemistry and botany, three months; materia medica, demonstrations and dissections, theory and practice of physic, surgery, midwifery, and the diseases of women and children, six months; medical jurisprudence, three months. A certificate of twelve months' attendance on the entire practice of a medico-chirurgical hospital, recognised by the court, containing not less than fifty beds, and where clinical instruction is regularly given, and a certificate of having assisted in at least thirty cases of midwifery, twenty of which must be attended in a recognised hospital. The examination for the licence to practise as an apothecary will be as follows:—In translating and explaining the processes of the British pharmacopœias and extemporaneous prescriptions; in chemistry and general physics; in materia medica and therapeutics; in natural history and medical botany; in anatomy and physiology; in the theory and practice of medicine; in midwifery; and in medical jurisprudence. Examinations on Friday, at two, p.m.

The examination for the licence to act as assistant to an apothecary in compounding and dispensing medicines will be confined to the following subjects:—To translate the Dublin pharmacopœia, and extemporaneous prescriptions; pharmacy, botany, materia medica, and mechanical philosophy.

The candidate for the assistant's licence may present himself for examination at the termination of five years' apprenticeship. Apprentices are examined as to their classical knowledge.

SCHOOLS OF MEDICINE IN DUBLIN.

School of Physic.—Medicine, 4*l* 4s. Materia medica, 4*l* 4s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Practical anatomy, 2*l* 2s. Chemistry, 4*l* 4s. Midwifery, 4*l* 4s. Botany, 4*l* 4s. Forensic medicine 4*l* 4s.

School of Surgery.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, first course, 3*l* 3s; second ditto, 2*l* 2s. Anatomy and physiology, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical anatomy, 4*l* 4s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical chemistry, 2*l* 2s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Botany, 3*l* 3s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Natural philosophy, 2*l* 2s. Comparative anatomy, 1*l* 1s.

School of Medicine, Apothecaries' Hall.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, first course, 3*l* 3s; second ditto, 2*l* 2s. Anatomy and physiology, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical anatomy, 4*l* 4s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Practical chemistry, three months, 3*l* 3s; six ditto, 5*l* 5s (one guinea less with the general course). Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Botany, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

School of Medicine, Park-street.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

Richmond Hospital School of Anatomy.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 2*l* 2s. Chemistry, first course, 3*l* 3s; second ditto, 2*l* 2s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Botany, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

Original School of Anatomy, Peter-street.—Medicine, first course, 3*l* 3s; second ditto, 2*l* 2s. Materia medica, first course, 3*l* 3s; second ditto, 2*l* 2s. Surgery, 2*l* 2s. Anatomy and physiology, 2*l* 2s. Demonstrations, 4*l* 4s. Midwifery, first course, 3*l* 3s; second ditto, 2*l* 2s. Forensic medicine, first course, 3*l* 3s; second ditto, 2*l* 2s.

HOSPITALS, &c., IN DUBLIN.

Sir P. Dun's Hospital.—Medical practice, 3*l* 3s annually.

Meath Hospital.—Fee 25*l*.

Jervis-street Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; or three months, 2*l* 2s; nine ditto, 8*l* 8s.

City of Dublin Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; nine months, 8*l* 8s.

St. Vincent's Hospital.—Medical and surgical practice, six winter months, 6*l* 6s; six summer ditto, 4*l* 4s; nine months, 8*l* 8s; three months additional, 2*l* 2s.

Stevens' Hospital.—Medical and surgical practice, six winter months, 8*l* 8s; six summer ditto, 5*l* 5s; house dressers, six winter months, 21*l*; six summer ditto, 15*l* 15s

Mercer's Hospital.—Medical and surgical practice, the same as Jervis-street Hospital.

Richmond Hospital.—Medical and surgical practice, six winter months, 8*l* 8s; six summer ditto, 5*l* 5s.

Dublin Lying-in Hospital.—Extern pupils, six months, including lectures, 10*l* 10s; intern pupils, ditto, ditto, 21*l*.

Anglesey Lying-in Hospital.—Extern pupils, six months, including lectures, 7*l* 7s; intern ditto, ditto, 13*l* 13s; lectures, 3*l* 3s; diploma, 10s 6d.

South Eastern Lying-in Hospital.—Extern pupils, six months, 4*l* 4s; intern pupils, 10*l* 10s; lectures, 3*l* 3s; diploma, 10s 6d.

Coombe Lying-in Hospital.—Fees the same as the preceding.

Wellesley Lying-in Hospital.—Extern pupils, six months, including lectures, 6*l* 6s. Intern pupils, ditto, ditto, 12*l* 12s. Diploma 10s 6d.

Western Lying-in Hospital.—Fees the same as the preceding.

Victoria Lying-in Hospital.—Extern pupils, six months, 4*l* 4s. Intern ditto, 10*l* 10s. Lectures, 2*l* 2s. Diploma, 10s.

PROVINCIAL SCHOOLS OF MEDICINE, IRELAND.

South Mall, Cork.—Medicine, 2*l* 2s. Materia medica, 2*l* 2s. Surgery, 2*l* 2s. General and descriptive anatomy, 3*l* 3s. Physiology and pathology, 3*l* 3s (both 5*l* 5s). Institutes of medicine, 2*l* 2s. Chemistry, 2*l* 2s. Midwifery, 2*l* 2s. Botany, 2*l* 2s. Forensic medicine, 2*l* 2s.

Belfast Medical School—Lectures are delivered on medicine, materia medica, surgery, general and descriptive anatomy, demonstrations and dissections, chemistry, midwifery, and botany.

PROVINCIAL INFIRMARIES, IRELAND.

North Infirmary, Cork.—Medical and surgical practice, six months, 5*l* 5s; twelve ditto, 8*l* 8s.

South Infirmary, Cork.—Fees the same as the preceding.

Lying-in Hospital, Cork.—Fee 5*l* 5s.

Eye Infirmary, Cork.—Fee 2*l* 2s.

Belfast Hospital.—Medical and surgical practice, six months, 1*l* 1s; twelve ditto, 2*l* 2s; clinical lectures, 1*l* 1s.

Barington's Hospital, Limerick—Twelve months, 8*l* 8s.

CHRONOLOGICAL NOTES FOR THE YEAR 1846.

Golden Number	4
Epact	3
Solar Cycle	7
Roman Indiction	4
Julian Period	6559
Dominical Letter	D
Easter Sunday	April 12
Septuagesima Sunday	February 8
Shrove Tuesday	February 24
Whit-Sunday	May 31
Trinity ditto	June 7
Advent ditto	November 29

ECLIPSES IN 1846.

April 25, Sun.—An annular eclipse *visible* in Greenwich. Begins on the earth generally at 2h. 2·4m. p. m., mean time at Greenwich, in longitude 119° 40′ W. and latitude 6° 15′ S.; ends at 7h. 38·5m., in longitude 20° 4′ W., and latitude 20° 52′ N. Central eclipse begins generally at 3h. 3·3m. p. m. in longitude 135° 51′ W., and latitude 2° 11′ S.; ends generally at 6h. 37·6m. p. m., in longitude 3° 43′ W., and latitude 24° 56′ N. At Greenwich this eclipse is partial, beginning at 5h. 31·7m. p. m.; greatest phase at 6h. 13·8m.; ends at 6h. 54m. Magnitude of the eclipse (sun's diameter = 1), 0·277, on the southern limb.

October 20, Sun.—An annular eclipse, *invisible* at Greenwich. Begins on the earth generally at 4h. 46·7m. a.m., mean time at Greenwich, in longitude 16° 21′ E. and latitude 9° 50′ N.; ends at 10h. 44·1m. in longitude 109° 6′ E. and latitude 20° 47′ S. Central eclipse begins generally at 5h. 52m. a. m., in longitude 0° 32′ W. and latitude 6° 44′ N.; ends generally at 9h. 38·9m., in longitude 126° 5′ E. and latitude 23° 51′ S.

THE FOUR QUARTERS OF THE YEAR.

Spring Quarter begins	March	20	11h 46m	afternoon.
Summer "	June	21	8 32	afternoon.
Autumnal "	Sept.	23	10 30	morning.
Winter "	Dec.	22	4 12	morning.

TERMS AND RETURNS.

Hilary Term begins Jan. 11—Ends Jan. 31.
Easter Term begins April 15—Ends May 8.
Trinity Term begins May 22—Ends June 12.
Michaelmas Term begins Nov. 2—Ends Nov. 25.

The first General Return Day for every term is the fourth day before the first day of the term, both days being reckoned in the computation. In Hilary Term, therefore, the first General Return Day will be January 8; Easter Term, April 12; Trinity Term, May 19; and Michaelmas Term, Oct. 30. There were also three other General Return Days in the term upon which certain writs were returnable; but now, by the statute 1 Wm. IV., cap. 3, sec. 2, "all writs now usually returnable before any of his Majesty's Courts of King's Bench, Common Pleas, or Exchequer, respectively, on General Return Days, that shall be made *returnable* after the 1st of January, 1831, may be made returnable on the third day exclusive before the commencement of each term, or on any day (not being Sunday) between that day and the third day exclusive before the last day of the term; and the day for appearance shall, as heretofore, be the third day after such return, exclusive of the day of return; or, in case such third day shall fall on a Sunday, then on the fourth day after such return, exclusive of such day of return." When the terms themselves commence on a Sunday, the term is dated from such day, although the sittings do not commence till the following day. In the calendar the duration of the term is marked by a strong line.

OXFORD TERMS.

	Begins.	Ends.
Lent Term	Jan. 14	April 4
Easter Term	Apr. 22	May 30
Trinity Term	June 3	July 11
Michaelmas Term	Oct. 10	Dec. 17

The Act will be July 7.

CAMBRIDGE TERMS.

	Begins.	Divides.	Ends.
Lent	Jan. 13	Feb. 22, n.	Apr. 3
Easter	Apr. 22	May 31, m	July 10
Michaelmas	Oct. 10	Nov. 12, m	Dec. 16

The commencement will be July 7.

TERMS IN ENGLAND.

Usually taken in Leases.

25 March ......Lady Day	29 Sept ......Mich. Day
24 June ......Midsum.	25 Dec. ......Christmas

IN SCOTLAND.

Candlemas........Feb. 2	Lammas ....Aug. 1
Whitsund.* ......May 15	Martinmas ......Nov. 11

* This term, in Scotch leases, does not depend upon the moveable feast of Whitsuntide, but is permanent.

CALENDAR OF THE JEWS FOR THE YEAR 1846.

5606		1845		NEW MOONS AND FEASTS.
Tebeth...	1	December	30	
"	5	1846	3	Sabbath
"	10	January..	8	Fast: Siege of Jerusalem
Schebat..	1	"	28	
"	5	"	1	Elias
"	9	February	5	Xylophoria
"	23	"	19	Fast: Memory of the War of the Ten Tribes against Benjamin
Adar	1	"	27	
"	7	"	5	Fast for the Death of Moses
"	13	March ...	11	Fast: Esther
"	14	"	12	Purim: Feast of Haman
"	15	"	13	Schuschan Purim
Nisan....	1	"	28	
"	15	"	11	Passover begins
"	16	April....	12	Second day
"	21	"	17	Seventh day
"	22	"	18	Passover ends
"	26	"	22	Fast: the Death of Joshua
Ijar......	1	"	27	
"	7	"	3	Consecration of the Temple
"	14	May.....	10	Passah Schemi
"	18	"	14	Lag Beomer
Sivan....	1	"	26	Feast of the New Moon
"	6	"	31	Pentecost Holid.; Feast of Weeks
"	7	"	1	Second day
"	15	June.....	9	Victory of Maccabeus
Tamuz ..	1	"	25	
"	18	"	12	Fast: Seiz. of the Temple by Titus
Ab......	1	July	21	
"	10	"	2	Fast: Tishabeab. Destruction of the Temple
Elul	1	August ..	23	
"	3	"	25	Sellihot: begin. of the 40 days pray.
"	7	"	29	Consec. of the walls of Jerusalem
"	29	"	31	Fast of the end of the year 5606
5607		"	21	
Tisri	1			Feast of the new year 5607
"	2	September	22	Second day
"	3	"	23	Fast: Death of Gedaliah
"	7	"	27	Fast: Worship of the Golden Calf
"	10	"	30	Fast: Day of Atonement
"	15	October..	5	Feast of Tabernacles
"	16	"	6	Second day of the Feast
"	21	"	11	Feast of Branches
"	22	"	12	End of the Feast of Tabernacles
"	23	"	13	Feast of the Law
Marchesvan	1	"	21	
"	6	"	26	Fast: Destruction of Jerusalem
Kislev ...	1	November	20	
"	25	December	14	Feast: Dedication of the Temple
Tebeth ...	1	"	20	
"	8	"	27	Fast
"	9	"	28	Fast
"	10	"	29	Fast: the Siege of Jerusalem

THE MONTHS OF THE TURKISH CALENDAR.

[Hegira.]

1262	Moharrem 1	(New year)	falls on	Dec. 30,	1845
..	Safar 1	..	..	Jan. 29,	1846
..	Rebi el-Awwel 1	..	..	Feb. 27,	..
..	Rebi el-Accher 1	..	..	March 29,	..
..	Dschemadi el-Awwel 1	..	..	April 27,	..
..	Dschemadi el-Accher 1	..	..	May 27,	..
..	Redscheb 1	..	..	June 25,	..
..	Schaban 1	..	..	July 25,	..
..	Ramadin 1	(Month of Fasting)	..	August 23,	..
..	Schewal 1	(Bairam)	..	Sept. 22,	..
..	Dsū'l-Kade 1	..	..	October 21,	..
..	Dsū'l-hedsche 1	..	..	Nov. 20,	..
		[Hegira.]			
1263	Moharrem 1	(New year)	..	Dec. 20,	..

TRANSFER DAYS.

The transfer days are now Tuesdays, Wednesdays, Thursdays, and Fridays. Dividends are due at the following dates, and are receivable at any time subsequently.

AT THE BANK.

Bank Stock	April 5, Oct. 10
3 per Cent. Cons. / 3 per Cent. 1726	Jan. 5, July 5
3 per Cent. Reduced	April 5, Oct. 10
New 3½ per Cent. Annuities / New 5 per Cent. Annuities	April 5, Oct. 10
3½ per Cent. Reduced / 3½ per Cent. 1818	April 5, Oct. 10
Con. Long Annuities	April 5, Oct. 10
Annuities for Terms of Years, ending 10th Oct. 1859, pursuant to 10th George IV	April 5, Oct. 10
Annuities for Terms of Years, ending 5th Jan. 1860, pursuant to 10th Geo. IV.	Jan. 5, July 5
Life Annuities, if purchased between Jan. 5, and April 4, or between July 5 and Oct. 9	Jan. 5, July 5
If purchased between April 5 and July 4, or between Oct. 10 and Jan. 4	April 5, Oct. 10

AT THE SOUTH SEA HOUSE.

South Sea Stock / New 3 per Cent. Annuities	Jan. 5, July 5
Old 3 per Cent. Annuities	April 5, Oct. 10
3 per Cent. 1751	Jan. 5, July 5

AT THE EAST INDIA HOUSE.

Stock	Jan. 5, July 5
Interest on India Bonds, due..	Mar. 31, Sep. 30

Tickets for preparing transfer of stock must be given in at each Office before 1 o'clock.—At the East India House before 2.

Private transfers may be made at other times than as above, the Books not being shut, by paying at the Bank, India House, and South Sea House 2s 6d extra for each transfer; but no transfer can be made after 1 o'clock on Saturdays.

Transfer at the Bank must be made by half-past 2 o'clock; at India House by 3; at South Sea House by 2.

Expense of Transfer in

Bk. Stock, £25 and under, 9s; above that sum, 12s
Ind. do. £10 " £1 10s; " £1 10s
S. Sea do. if under £100 9s 6d; " 12s

Powers of attorney for the sale or transfer of stock must be deposited at the Bank, &c., for examination, one day before they can be acted upon; if for receiving dividends, it is sufficient to present them at the time the first divdend becomes payable.

The expense of a power of attorney is £1 1s 6d for each stock separately, but for Bank, India, and South Sea Stock, £1 11s 6d; and when required to be made out on the same day, half-past twelve o'clock is the latest time for receiving orders. The boxes for receiving powers of attorney for sale close at two o'clock.

All probates of wills, letters of administration, and other proof of decease, are required to be left at the Bank, &c., for registration from two to three clear days, exclusive of holidays.

HOLIDAYS KEPT AT THE PUBLIC OFFICES IN 1846.

By an Act of Parliament passed in 1834, much of the money business of the Exchequer is removed to the Bank of England. At the Exchequer all holidays are abolished except Christmas Day and Good Friday.

CUSTOM-HOUSE, EXCISE, STAMPS AND TAXES OFFICES.

Good Friday, April 10. Queen's Birth-day, May 24. Prince of Wales's Birth-day, Nov. 9. Christmas, Day Dec. 25.

All the above days are also ordered to be kept as holidays by the officers and servants of the Dock Companies of the United Kingdom. At the Stamps and Taxes Office, the Restoration of Charles II., May 29; Whit Monday and Tuesday, are kept in addition.

INDIA HOUSE.

Good Friday, April 10 | Christmas Day, Dec. 25

BANK OF ENGLAND.

Good Friday, April 10 | Christmas Day, Dec. 25

And, in the Transfer Offices, 1st May and 1st November in addition.

N.B.—Whenever the 1st May or 1st November falls on a Sunday the holiday will be kept on the Monday following.

SOUTH SEA HOUSE.—Same as Bank of England.

RATE OF ALLOWANCE TO WITNESSES.

For Attendance and Expenses.

	£	s.	d.
	per day.		
Surgeons, Surveyors, and Attorneys . .	2	2	0
Merchants	1	1	0
Tradesmen	0	15	0
Journeymen Mechanics	0	7	0
For Travelling. per mile	0	1	0
The Attorney in the cause	0	1	3

STAMPS.

Bills, Promissory Notes, &c.

	and not exceeding	Not exceeding 2 months after date, or 60 days after sight. £	s.	d.	Exceeding 2 months after date, or 60 days after sight. £	s.	d.
If 40s	£5 5s	0	1	0	0	1	6
Above £5 5s	£20	0	1	6	0	2	0
£20	30	0	2	0	0	2	6
30	50	0	2	6	0	3	6
50	100	0	3	6	0	4	6
100	200	0	4	6	0	5	0
200	300	0	5	0	0	6	0
300	500	0	6	0	0	8	6
500	1000	0	8	6	0	12	6
1000	2000	0	12	6	0	15	0
2000	3000	0	15	0	1	5	0
3000	—	1	5	0	1	10	0

Penalty for post-dating bills, £100.

Bills of Lading 3s

Foreign Bills of Exchange, in Sets.

For every Bill of each set, not exceeding—	s.	d.
£100	1	6
Above 100 and not exceeding £200 . .	3	0
200 ,, 500 . .	4	0
500 ,, 1000 . .	5	0
1000 ,, 2000 . .	7	6
2000 ,, 3000 . .	10	0
3000	15	0

Receipts.

	s.	d.
If £5 and under £10	0	3
10 ,, 20	0	6
20 ,, 50	1	0
50 ,, 100	1	6
100 ,, 200	2	6
200 ,, 300	4	0
300 ,, 500	5	0
500 ,, 1000	7	6
1000 and upwards	10	0
For any sum expressed in full of all demands	10	0

Penalty for giving receipts without a stamp, £10 under £100; and £20 above that sum.

Appraisements.

	£	s.	d.
Not exceeding £50		2	6
Above £50 and not exceeding £100		5	0
100 ,, 200		10	0
200 ,, 500		15	0
500 ,, —		20	0

Bonds given as a Security for Money.

	£	s.	d.
Not exceeding £50	£1	0	0
Above £50 and not exceeding £100...	1	10	0
100 ,, 200...	2	0	0
200 ,, 300...	3	0	0
300 ,, 500...	4	0	0
500 ,, 1000...	5	0	0
1000 ,, 2000...	6	0	0
2000 ,, 3000...	7	0	0
3000 ,, 4000...	8	0	0
4000 ,, 5000...	9	0	0
5000 ,, 10,000...	12	0	0
10,000 ,, 15,000...	15	0	0
15,000 ,, 20,000...	20	0	0
20,000 ,, — ...	25	0	0

Progressive duty, 25s.

Mortgages same duty as Bonds.

Apprentices' Indentures.

	£	s.	d.
When the premium is under £30 . .	1	0	0
If £30 and under 50 . .	2	0	0
50 ,, 100 . .	3	0	0
100 ,, 200 . .	6	0	0
200 ,, 300 . .	12	0	0
300 ,, 400 . .	20	0	0
400 ,, 500 . .	25	0	0
500 ,, 600 . .	30	0	0
600 ,, 800 . .	40	0	0
800 ,, 1000 . .	50	0	0
1000 and upwards	60	0	0

If no premium, £1; or £1 15s if more than 1080 words.

Probates of Wills, and Letters of Administration.

	With a Will. £	s.	Without a Will. £	s.
Above the value of				
£20 and under £50	—		0	10
50 ,, 100	—		1	0
20 ,, 100	0	10	—	
100 ,, 200	2	0	3	0
200 ,, 300	5	0	8	0
200 ,, 450	8	0	11	0
450 ,, 600	11	0	15	0
600 ,, 800	15	0	22	0
800 ,, 1,000	22	0	30	0
1,000 ,, 1,500	30	0	45	0
1,500 ,, 2,000	40	0	60	0
2,000 ,, 3,000	50	0	75	0
3,000 ,, 4,000	60	0	90	0
4,000 ,, 5,000	80	0	120	0
5,000 ,, 6,000	100	0	150	0
6,000 ,, 7,000	120	0	180	0
7,000 ,, 8,000	140	0	210	0
8,000 ,, 9,000	160	0	240	0
9,000 ,, 10,000	180	0	270	0
Continuing to increase up to £1,000,000.				

AGREEMENT.

Of the value of £20 and upwards, containing only 1080 words, £1; more than 1080 words, £1 15s; and for every further 1080 words, £1 5s.

DUTIES ON LEGACIES,

Of the Value of £20 or upwards, out of Personal Estate, or charged upon Real Estate, &c.; and upon every share of Residue :—

To a child or parent, or any lineal descendant or ancestor of the deceased, £1 per cent.—To a brother or sister, or their descendants, £3 per cent.—To an uncle or aunt, or their descendants, £5 per cent. —To a great uncle or great aunt, or their descendants £6 per cent. To any other relation, or any stranger in blood, £10 per cent.—Legacy to husband or wife exempt.

If the deceased died prior to the 5th April 1805, the duty only attaches on Personal Estates, and by a lower scale.

SPOILED STAMPS.

The days for claiming the allowance at Somerset-house are Tuesdays, Thursdays, and Saturdays, from 12 to 2 o'clock. If parties reside within ten miles of London, application must be made within six calendar months from the time the stamps became spoiled, when not executed upon instruments; and when upon such instruments, within six months from their date. If parties reside beyond the said limit of ten miles, the application must also be made within six months from the date, when the stamps are upon executed instruments; but in all other cases, within twelve months from the date of the stamps becoming spoiled. The affidavit in support of the application, when not made before a Commissioner at Somerset-house, or a Distributor of Stamps in the country, when such Distributor is authorised to administer the same, must be upon a stamp of 2s 6d, and made before a Master Extraordinary in Chancery.

ASSESSED TAXES.

DUTIES ON MALE SERVANTS.

No.	At per Servant. £	s.	d.	Bachelor's ditto. £	s.	d.	
1	1	4	0*	2	4	0	for each servant.
2	1	11	0	2	11	0	
3	1	18	0	2	18	0	
4	2	3	6	3	3	6	
5	2	9	0	3	9	0	
6	2	11	6	3	11	6	
7	2	12	6	3	12	6	
8	2	16	0	3	16	0	
9	3	1	0	4	1	0	
10	3	6	6	4	6	6	
11	3	19	6	4	16	6	
All above 11 at the rates last mentioned.							

* This Rate of Duty (£1 4s) is payable for any male servant, being only an occasional servant to his employer, if the employer shall otherwise be chargeable to the above duties on servants, or for any carriage, or for more than one horse kept for riding or drawing any carriage; and if the employer shall not be chargeable to such other duties, then the sum of 10s is payable for every such male person employed.

DUTIES ON CARRIAGES WITH FOUR WHEELS,

Drawn by more than one Horse, where kept for private use.

No.	£	s.	d.		No.	£	s.	d.	
1 . .	6	0	0		6 . .	8	4	0	each
2 . .	6	10	0	each	7 . .	8	10	0	,,
3 . .	7	0	0	,,	8 . .	8	16	0	,,
4 . .	7	10	0	,,	9 . .	9	1	6	,,
5 . .	7	17	6	,,					

(And so on at the same rate for any number of such carriages.)

For every additional body, £3 3s.

Exemption.—Such carriages of any construction, driven by one horse, if the price or value has never exceeded £21, and if marked with the name, address, and occupation of the owner, in the manner prescribed by 6 and 7 Wm. IV., c. 65, and 1 Victoria, c. 61, are exempted from duty, provided they are kept for party's own use, and not let out for hire. If a carriage be hired for the conveyance of prisoners or paupers, such hiring does not render it liable to duty, whether it have 2 or 4 wheels.

DUTIES ON HORSES.

Horses for Riding or Drawing Carriages.

No.	Each Horse.			No.	Each Horse.		
1	£1	8	9	11	£3	3	6
2	2	7	3	12	3	3	6
3	2	12	3	13	3	3	9
4	2	15	0	14	3	3	9
5	2	15	9	15	3	3	9
6	2	18	0	16	3	3	9
7	2	19	9	17	3	4	0
8	2	19	9	18	3	4	6
9	3	0	9	19	3	5	0
10	3	3	6	20	3	6	0
(And so on at the same rate for any number of Horses.)							

GAME DUTY.

On a gamekeeper, acting under a deputation duly registered with the clerk of the peace.

	£	s.	d.
If assessed as a servant to his employer..................	£1	5	0
If not so assessed	3	13	6
On every other person using dog, gun, net, or engine, for the taking or killing of game	3	13	6

In case of any person omitting to take out the proper certificate, the surveyor of taxes will bring him into charge, and the assessment must be double in every case.

By 1 and 2 Will. IV., cap. 32, persons licensed to deal in game are to take out a certificate, charged with a duty of £2; but certificated persons may sell game to licensed dealers, if paying a duty of £3 13s 6d.

Note.—By the 3rd Vic., c. 17, sec. 8, an additional duty of 10 per cent. is imposed on all assessments made after the 6th April, 1840, except on carriages let to hire with horses, and chargeable to the duty of £3.

STAGE-COACH DUTIES.

These duties are collected under 2 and 3 Will. IV., c. 120, 3 and 4 Will. IV., c. 48, and 5 and 6 Vict., c. 79.

By the above acts, every stage-carriage is required to be licensed, either at the Stamp Office, or by a distributor of stamps, before it is used.

For every original license £3 3s.

For every supplementary license 5s.

Every stage-carriage is also chargeable with a mileage duty of 1½d.

Duties on Passengers conveyed for hire by Carriages travelling upon Railways.

£5 per cent. on the gross amount of fares.

HACKNEY-CARRIAGE FARES.

All vehicles, whether on two or more wheels, plying for passengers in any part of the metropolis, within five miles of the General Post Office, with the exception of those licensed as stage-coaches, are deemed hackney-carriages within the provisions of the act.

Fares according to Distance.—For every hackney-carriage drawn by two horses any distance not exceeding one mile, one shilling, and sixpence for every additional half-mile, or fractional part of half a mile.

Fares according to Time.—For every hackney-carriage drawn by two horses any time not exceeding half an hour, one shilling, and sixpence for every additional quarter of an hour, or fractional part thereof.

CABRIOLETS.

For every hackney-carriage drawn by one horse only, two-thirds of the rates and fares above-mentioned.

Persons using armorial bearings, and keeping a coach, or other taxable carriage, £2 8s. Persons not keeping such carriage, but charged to the window duty, £1 4s. Persons not keeping such carriage, nor being chargeable to the window duty, 12s.

THE ROYAL FAMILY OF GREAT BRITAIN AND IRELAND.

QUEEN VICTORIA, born May 24, 1819; succeeded June 20, 1837; married, February 10, 1840, to Albert Francis Augustus Charles Emanuel, Duke of Saxe Coburg and Gotha, born August 26, 1819. Issue, Victoria Adelaide Mary Louisa, Princess Royal, born November 21, 1840; Prince of Wales, born November 9th, 1841; Princess Alice, born April 25th, 1843; Prince Alfred Albert Ernest, born August 6th, 1844.

Dowager-Queen Adelaide, born August 13, 1792.

King of Hanover	born June	5, 1771
Duke of Cambridge	Feb.	24, 1774
Duchess of Gloucester	April	25, 1776
Princess Sophia	Nov.	3, 1777
Duchess of Kent	Aug.	17, 1786
Duchess of Cambridge	Mar.	25, 1797
Crown Prince of Hanover	May	27, 1817
Prince George of Cambridge	Mar.	26, 1819
Princess Augusta of Cambridge	July	18, 1822
Princess Mary of Cambridge	Nov.	27, 1833

THE QUEEN'S HOUSEHOLD.

Lord Chamberlain's Department.

Hered. Joint Great Chamberlain of England: Lord Willoughby D'Eresby.

Secretary: Robert Burrell, esq.

Hered. Earl Marshal: Duke of Norfolk.

Secretary: W. A. Blount, esq.

Lord Chamberlain: Earl Delawarr.

Vice-Chamberlain: Lord Ernest Bruce.

Keeper of the Privy Purse: Major-General Sir H. Wheatley, G.C.H.

Groom of the Robes: Capt. Seymour.

Lords in Waiting: Marquis of Ormonde, Earl of Warwick, Earl of Hardwicke, Earl of Morton, Viscount Sydney, Viscount Hawarden, Lord Byron, Lord Rivers.

Grooms in Waiting: Admiral Sir R. Otway, bart., Sir H. Seton, Sir F. Stovin, Hon. Capt. A Duncombe, Hon. Capt. A. N. Hood, Capt. H. Meynell, J. R. O. Gore, esq.

Extra Groom in Waiting: Hon. Col. Berkeley Drummond, Gen. Hon. Sir W. L. Lumley, G.C.B.

Gentlemen Ushers of the Privy Chamber: W. C. Master, esq, Hon. F. Byng, C. Heneage, esq., Lieut. Col. Sir F. Smith, G. Barton, esq., J. Neeld, esq.

Gentlemen Ushers, Daily Waiters: Sir Aug. W. Clifford, (Black Rod) Sir William Martins, T. Ramsden, esq., H. W. Des Voeux, esq.

Grooms of the Privy Chamber: W. Beresford, esq., Capt. Courtenay Boyle, A. Blackwood, esq., Sir T. Noel Harris

Lord Steward's Department.

Lord Steward: Earl of Liverpool.

Treasurer, Earl Jermyn.

Comptroller: Rt. Hon. G. L. Dawson Damer.

Master of the Household: Hon. C. A. Murray.

Sec. to Board of Green Cloth: Sir T. Marrable.

Paymaster: T. Shifner, esq.

Captain of Yeomen of Queen's Guard: Earl of Beverley

Capt. of Hon. Corps of Gentlemen at Arms: Lord Forester.—Lieut.: Hon. Sir Edward Butler:—Ensign: Sir G. Houlton.

Medical Department.

Physicians: Sir J. Clark, bart., M.D., W. F. Chambers, MD., K.C.H.

Physician Accoucheurs: Dr. Locock, Dr. Ferguson.

Surgeon-Accoucheur: R. Blagden, Esq.

Serjeant Surgeons: Sir B. C. Brodie, bart., Robert Keate, esq.

Physician to the Household: Dr. John Forbes.

Surgeon to the Household: C. H. Phillips, esq.

Apothecary to the Person: J. Nussey, esq., and E. D. Moore, esq.

Apothecary to the Household: J. Nussey, esq. and C. Craddock, esq.

Aurist: W. Maule, esq.

Oculist: H. Alexander, esq.

Dentist: C. Dumergue, esq.

Chiropodist: Louis Durlacher, esq.

Cupper: J. Mapleson, esq.

Chemist and Druggist: Mr. Squire

PRINCE ALBERT'S HOUSEHOLD.

Groom of the Stole: Marquis of Exeter

Treasurer and Private Secretary: George Edward Anson, Esq.

Gentlemen of the Bedchamber: Lord G. Lennox and Marquis of Granby

Equerries: Lieutenant-Colonel Bouverie, Lieutenant-Colonel Wylde, and Sir Edward Bowater

Grooms of Bedchamber: Sir G. Anson and Lieutenant F. Seymour

Physicians: Sir James Clark, Dr. Holland, Dr. Forbes

Surgeons: Sir B. C. Brodie, B. Travers, C. Aston Key, Esqs.

Surgeon-Dentist: A. Nasmyth, Esq.

Chemist and Druggist: Mr. Squire

THE QUEEN DOWAGER'S HOUSEHOLD.

Lord Chamberlain: Earl Howe

Ladies of the Bedchamber: Marchioness of Ormonde, Marchioness of Wellesley, Countess of Brownlow, Lady Clinton, Countess of Sheffield, Viscountess Barrington, Marchioness of Ely

Master of the Horse: Earl of Denbigh

Vice-Chamberlain and Treasurer: Honourable W. Ashley

Physicians, W. F. Chambers, M.D., Sir D. Davies

Apothecary: E. D. Moore, Esq.

DUCHESS OF KENT'S HOUSEHOLD.

Comptroller: Colonel Sir G. Couper, Bart.

Physician: Isaac Wilson, M.D.

Surgeon: Richard Blagden, Esq.

THE QUEEN'S MINISTERS.

First Lord of the Treasury—Sir Robert Peel, Bart.

Chancellor of the Exchequer—Right Honourable H. Goulburn

Lord Chancellor—Lord Lyndhurst

Lord President of the Council—Lord Wharncliffe

Lord Privy Seal—Duke of Buccleuch

Home Secretary—Sir J. R. Graham

Foreign Secretary—Earl of Aberdeen

Colonial Secretary—Lord Stanley

First lord of Admiralty—Earl of Haddington

Commander-in-Chief—Duke of Wellington

President of the Board of Control—Earl of Ripon

President of the Board of Trade—Lord Dalhousie

Paymaster-General—Honourable W. B. Baring

Chancellor of the Duchy of Lancaster—Lord G. W. Somerset

Chief Secretary for Ireland—Sir Thos. Freemantle

The above form the Cabinet.

Postmaster-General—Earl Lonsdale

Lord Chamberlain—Earl Delawarr

Lord Steward—Earl of Liverpool

Master of the Horse—Earl of Jersey

President of the Board of Trade—Earl of Dalhousie

First Comptroller of Land Revenue—Earl of Lincoln

Master of the Mint—Sir George Clerk

Secretary at War—Honourable Sidney Herbert

Master-General of Ordnance—Right Honourable Sir G. Murray

Attorney-General—Sir Frederick Thesiger

Solicitor-General—Sir Fitzroy Kelly.

OFFICERS OF STATE IN SCOTLAND.

Hereditary Lord High Constable, and *Knight Marischal*—Earl of Errol

Hereditary Royal Standard Bearer—H. S. Wedderburn

Lord President, and *Lord Justice General*—Right Honourable Duncan Mc Neil

Lord Privy Seal—Viscount Melville

Lord Register—Right Honourable William Dundas

Hereditary Master of Household—Duke of Argyll

Hereditary Standard Bearer—Earl of Lauderdale

Hereditary Armour Bearer—Lady Seton Steuart of Touch-Seton

Hereditary Usher of White Rod—Heirs of the late Sir P. Walker, Knight

Physicians in Ordinary—James Home, M.D., John Thomson, M.D., W. P. Alison, M.D.

Lord High Commissioner to the General Assembly—The Marquis of Bute

Deans of Chapel Royal—John Lee, D.D., Rev. Arch. Bennie, and Norman M'Leod, D.D.

Dean of the Thistle—George Cook, D.D.

Captain-General of Queen's Body-Guard—Duke of Buccleuch

Commander of Forces—Maj.-Gen. Sir Neil Douglas

OFFICERS OF STATE IN IRELAND.

Lord Lieutenant—Lord Heytesbury

Lord High Chancellor—Right Honourable Sir Edward B. Sugden

Chief Secretary, and *Keeper of Privy Seal*—Sir T. Freemantle

Under Secretary—Mr. Pennefather

Private Secretary—H. W. A'Court, Esq.

Lord Almoner—Archbishop of Armagh

State Steward—Captain Francis H. G. Seymour

Keeper of Records, and *Ulster King at Arms*—Sir W. Betham

Chamberlain—G. L'Estrange, Esq.

Dean of the Chapel—Rev. H. W. Tighe

Gentleman Usher—F. Willis, Esq.

Master of the Horse—J. W. Williams, Esq.

Commander of the Forces—Right Honourable Lieutenant-General Sir E. Blakeney, K.C.B.

Military Secretary—Lieutenant-Colonel Greaves

Commander of the Artillery—Colonel A. Munro, K.H.

Commander of the Engineers—Colonel Lewis, C.B

SOVEREIGNS OF EUROPE.

		Born.	Acces.
Austria—Bohemia	Ferdinand I.	1793	1835
Baden	Charles Leopold	1790	1830
Bavaria	Louis Charles	1786	1826
Belgium	Leopold I.	1790	1831
Denmark—Holstein	Christian VIII.	1786	1839
England	Victoria	1819	1837
France	Louis Philippe I.	1773	1830
Greece	Otho	1815	1832
Hanover	Ernest	1771	1837
Hesse Darmstadt	Louis II.	1777	1830
Hesse Cassel	William II.	1777	1821
Lucca	Charles Louis	1799	1824
Modena	Francis IV.	1779	1815
Naples and Sicily	Ferdinand II.	1810	1830
Netherlands	William II.	1792	1840
Parma	Maria Louisa	1791	1814
Portugal	Maria da Gloria	1819	1826
Prussia—Brandenburg	Frederick IV.	1795	1840
Rome	Gregory XVI.	1765	1830
Russia and Poland	Nicholas I.	1796	1825
Sardinia	Charles Albert	1800	1831
Saxony	Frederick Augustus	1797	1836
Spain	Isabella II.	1830	1833
Sweden and Norway	Oscar		1844
Switzerland	Confederate Cantons		—
Turkey	Abdul Medjid	1823	1839
Tuscany	Leopold II.	1797	1824
Wurtemberg	William I.	1781	1816

FOREIGN AMBASSADORS AND CONSULS IN ENGLAND.

UNITED STATES OF AMERICA.

Consulate Office, 1, Bishopsgate-churchyard.

Envoy Extraordinary and Minister Plenipotentiary his Excellency Louis Mc Lane, Esq., 38, Harley-street, Cavendish-square.

Consul, Colonel Thomas Aspinwall, 1, Bishopsgate-churchyard.

Agent for the Legation, Mr. J. Miller, 26, Henrietta-street, Covent-garden.

AUSTRIA.

Ambassador Extraordinary and Plenipotentiary, his Excellency Count Maurice Dietrichstein, Chandos-house.

Consul General, Lionel L. de Rothschild, New-court, St. Swithin's-lane.

BRAZILS.

Minister, Commandeur Jose Marques Lisboa.

Vice Consul in London, Antonio da Costa, 148, Fenchurch-street.

BAVARIA.

Consulate Office, 11, Bury-court, St. Mary Axe.

Envoy Extraordinary and Minister Plenipotentiary, Baron de Cetto, 3, Hill-street, Berkeley-square.

Consul General, Adolphus Frederick Schaezler, Esq.

BADEN.

Consulate, 1, Riches-court, Lime-street.

Consul, John Simson.

BELGIUM.

Consulate Office, 3, Copthall-court, Throgmorton-street.

Envoy Extraordinary and Minister Plenipotentiary, M. Sylvain Van de Weyer, K.C.H., 50, Portland-place.

Consul, H. Castellain.

BUENOS AYRES.

Consular Office, 1, Winchester-buildings, Old Broad-street.

Minister Plenipotentary, Don Manuel Moreno, 23, Upper Wimpole-street, Cavendish-square.

Consul General, G. F. Dickson, 20, Hanover terrace, Regent's park.

DENMARK.

Minister, his Excellency Count Reventlow, 52, Wilton-crescent

Consul General, Fletcher Wilson, 6, Warnford-court, Throgmorton-street

FRANCE

Consulate Office, 3, Copthall-buildings, Throgmorton-street

Ambassador Extraordinary and Minister Plenipotentiary, his Excellency Count St Aulaire

Consul General, Durant St. André, 44, Montague-square

FRANKFORT-ON-THE-MAINE

Consulate Office, 12, Broad-street-buildings.

Consul, John George Behrends

GREECE.

Consulate Office, 25, Finsbury-circus

Consul General, Pandia Ralli, 25, Finsbury circus.

HANOVER.

Consulate Office, 6, Circus, Minories

Minister, Count Kielmannsegge, 44, Grosvenor-place.

Consul General, Sir J Hall, K C H, St Catherine's Dock-house

MEXICO

Consulate Office, 1, Great Winchester street, City

Minister and Envoy Extraordinary, Don Tomas Murphy, 7, Sussex-place, Regent's-place.

NETHERLANDS.

Envoy Extraordinary and Minister Plenipotentiary, M Dedel, 25, Wilton-crescent

Consul General, J. W May, 123, Fenchurch-street.

NEW GRANADA.

Chargé d'Affaires, M M. Mosquera, 52, Baker-street, Portman square

Consul, Im Suens, Esq, 3, Winchester-buildings, Great Winchester-street, Old Broad street

OLDENBURG

Consulate Office, 48, Fenchurch street

Consul General, H F. Tiarks

PORTUGAL.

Consular Office, 5, Jeffrey's-square.

Envoy Extraordinary, Baron da Torre de Moncorvo, 57, Upper Seymour-street

Consul General, F I van Zeller, 40, Dorset-square

PRUSSIA

Consulate Office, 106 Fenchurch street

Envoy Extraordinary and Minister Plenipotentiary Chevalier Bunsen

Consul General for Great Britain and Ireland, Chevalier B Hebeler, K R E, 15, York place, Baker-street.

RUSSIA

Consulate Office, 2, Winchester-buildings, Old Broad street

Ambassador Extraordinary and Plenipotentiary, Baron de Brunow, Ashburnham house, Dover-street, Piccadilly

Consul General, George Krehmer, Esq

SARDINIA

Consulate Office, 31, Old Jewry

Minister, H E the Count de Pollon, 11, Lower Grosvenor-street

Consul General, J B Heath, 66, Russell-square

SAXONY.

Consulate Office, 76, Cornhill

Resident Minister, Baron de Gersdorff, Chester-square, Pimlico

Consul General, James Colquhoun, 12, St. James's-place

HANSEATIC REPUBLICS OF LUBECK, BREMEN, AND HAMBURGH

Diplomatic Agent and Consul General, James Colquhoun, Esq., 12, St James's-place.

Consulate Office, 76, Cornhill

SICILY.

Consulate Office, 15, Cambridge-street, Hyde-park-square

Ambassador Extraordinary, Prince de Castelcicala, 15, Princes-street, Cavendish-square.

Consul General, Henry Swenburn Minasi.

SPAIN.

Envoy Extraordinary and Minister Plenipotentiary, the Duke of Sotomayor, 9, Cavendish-square

Consulate, 37, Old Broad-street

Consul General, Chevalier Don Jose Maria Barriero

SWEDEN AND NORWAY

Consulate Office, 2, Crosby-square

Chargé d'Affaires, Baron de Rehausen, 14, Halkin street West

Consul General, Charles Tottie, Esq, 52, Montague square

SWITZERLAND.

Consul Office, a 24, Gresham street

Agent and Consul General, J L Prevost

Vice Consul, G Prevost

TURKEY

Ambassador Extraordinary, his Excellency Ali Effendi

Consulate Office, 1, Bryanstone-square

Consul General, Edward Zohrab, Esq, 1, Bryanstone-square

TUSCANY

Consulate Office, 15, Angel-court, Throgmorton-street

Consul, James Christian Clement Bell

WURTEMBURG

Consul General, Bernard Hebeler, 15, York-place, Baker-street

Consulate Office, 106 Fenchurch-street

PASSPORT OFFICES

America (United States and Central America) —No passport required

Austria —Embassy, 7, Chandos street, Cavendish square between 1 and 2

Bavaria —The Minister 3, Hill street, Berkeley square when personally known to him, or the Consul, 11, Bury street St Mary axe

Belgium —Legation 9 A, Weymouth street Portland place between 11 and 3 delivered next day between 11 and 2 gratis or the Consul's office, 3, Copthall court, between 10 and 4 fee 5s

Brazil —Legation, 10, York place, Portman-square, between 1 and [illegible] gratis

Denmark Consul's office 6, Warnford court, between 10 and 4 fee 10s 6d

France French passport office 6 Poland street, Oxford street from 11 to 5 delivered next day between 1 and 3 on personal application, gratis also at the Consul's office, 3, Copthall buildings between 12 and 4—fee, 10s

Greece Consul's office, 25, Finsbury circus, between 11 and 4—fee 2s 6d

Hanover Secretary to Embassy, 4, Hobart place Eaton square between 10 and 3 and at the Consul's office, 6, Circus, Minories between 10 and 3 gratis

Mexico —Legation 7 Sussex place, Regent's park, between 12 and 4 delivered following day

Naples and Sicily Passport office, 2, Old Cavendish street, Mondays and Thursdays, between 10 and 12, delivered following day between 2 and 3 gratis, for persons *going by sea*, Consul's office 15, Cambridge street, Hyde Park square, between 10 and 12 fee, 10s

Portugal Embassy 57 Upper Seymour street Bryanstone square between 11 and 4, delivered following day, also at Consul's office 1 St Mary axe

Prussia —Consul's office, 106, Fenchurch-street, between 10 and [illegible] fee 7s

Russia Consul's office, 2, Winchester buildings, between 10 and 4 delivered following day fee, 6s 4d

Spain —Visas to Foreign Office Passports to British subjects at the Legation between 11 and 3, gratis, passports to natives at the same time and place

Sweden and Norway —Embassy 66, Mount street, Berkeley square, between 9 and 1, delivered following day—fee 7s

Turkey.—Embassy, 1 Bryanstone square between 12 and 3 every day except Friday and Sunday gratis

Tuscany —Consul's office 15, Angel court, Throgmorton street, between 10 and 4, gratis

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PUBLIC DEPARTMENTS

HOME OFFICE

Secretary of State Right Honourable Sir James Graham

Under Secretaries —S. M Phillips, Esq., Honourable H M Sutton

Chief Clerk T H Plasket Esq

Private Secretary—Captain O'Brien

FOREIGN OFFICE.

Secretary of State Earl of Aberdeen

Under Secretaries—Viscount Canning, H U. Addington, Esq

Chief Clerk T. Bidwell, Esq

Private Secretary —C G. Dawkins, Esq.

COLONIAL OFFICE

Secretary of State Lord Stanley

Under Secretaries—G W Hope, Esq, James Stephen, Esq

Chief Clerk —Peter Smith, Esq

Private Secretary—Colonel the Honourable E B. Wilbraham

ADMIRALTY

Lords Commissioners - Earl of Haddington, Honourable Sir G. Cockburn, Bart, Sir W. H Gage, Admiral W. Bowles, Honourable W. Gordon, Honourable Henry Fitzroy

Secretaries —Honourable H. T L. Corry, [illegible] Bart.

Private Secretary—Captain Hamilton, [illegible]

Chief Clerk—H F Amedroz, Esq

Hydrograph—Captain Francis Beaufort

Assistant—M Walker, Esq

Civil Architect—Captain Brandreth

Astronomer Royal—G B Airy, Esq.

Assistant—Reverend R Main, M.A.

WAR OFFICE.

Secretary at War—Honourable Sidney [illegible]

Deputy—L Sulivan Esq

Examiner —L Marshall, Esq.

First Clerk—T Borrow, Esq.

Senior Clerks—H Milton, R C. [illegible] E Crooms, I Kimpton, G White, [illegible] Esqs

Private Secretary—Captain R. B. W[illegible]

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Commander in Chief—Duke of W[illegible]

Private Secretary—Algernon Greville [illegible]

Military Secretary—Lieutenant [illegible]

Aide-de-Camp—Colonel Honourable [illegible] Colonel Marquis of Douro, Cornet [illegible] Marquis of Worcester

Assistants to Military Secretary—[illegible] Ferguson, Esq

BOARD OF ORDNANCE.

Master General Sir G. Murray

Surveyor General—Colonel J Peel

Clerk —Lord Arthur Lennox

Storekeeper—Sir Thomas Hastings

Secretary to Master General—Major-General Sir [illegible]

Secretary to Board—R Byam Esq

Aide de-camp —Captain H W Paget

GENERAL POST OFFICE.

Postmaster General— Earl St Germains

Secretary Colonel Maberly

Assistant Secretary T Lawrence, Esq.

Surv of M Co— G Stow, Esq

Supervisor of Foreign and India Offices—W. Bockenham, Esq

Accountant General—Charles T Court, Esq.

Solicitor—M B Peacock, Esq

POOR LAW COMMISSION.

Commissioners —G Nichols, Esq, G C. Lewis, Esq Sir E W Head, Bart

Secretary E Chadwick, Esq

Assistant Secretaries—G. Coode, Esq W G Lumley, Esq

Assistant Commissioners—E Gulson Esq., Alfred Power, Esq, W H T. Hawley, Esq, W J Gilbert, Esq, *R Hall, M D, R Weale, Esq, E C Tuffnel Esq Sir J Walsham, Bart, E Senior, Esq, *Honourable C S Clements, *W. J Hancock, Esq, *J O Donoghue Esq, *R M Muggeridge, Esq *C G Otway, Esq, *J Burke, Esq, E T B. Twisleton, Colonel Thomas Francis Wade

Chief Clerk—* A Moore, Esq

Those distinguished by a * are serving in Ireland

BOARD OF SUPERVISION FOR THE RELIEF OF THE POOR IN SCOTLAND

Commissioners—Sir J M Neill, Henry Home Drummond, Esq, Sir J Macpherson Grant

Secretary—W. Smythe, Esq

GENERAL REGISTER OFFICE

Register General G Graham, Esq

Chief Clerk Thomas Mann, Esq

First Clerk of Record—F Edwards, Esq

Courts of Law.

ENGLAND.

COURT OF CHANCERY

Lord High Chancellor—Lord Lyndhurst

Chief Secretary—H J Perry, Esq

Secretary of Bankrupts Richard Clarke, Esq

Master of the Rolls Lord Langdale

Chief Secretary—G W Sanders, Esq.

Under Secretary— J A Murray Esq

Vice Chancellor of England— Right Hon. Sir L Shadwell

Vice-Chancellors—Right Hon. Sir J. L. Knight Bruce, Right Hon Sir James Wigram.

Accountant-General—William Russell, Esq.

Masters in Chancery—J E Dowdeswell, Esq, William Wingfield, Esq, J. W Farrer, Esq, Sir Giffin Wilson, William Brougham, Esq, N W Senior, Esq, A H Lynch, Esq, Samuel Duckworth Esq, Sir William Horne, Sir George Rose, and Richard Richards Esq

COURTS OF LAW.

Queen's Bench— Lord Chief Justice, Lord Denman, Judges, Sir J Patteson, Sir J. Williams, Sir J. T. Coleridge, and Sir William Wightman

Common Pleas—Lord Chief Justice, Right Hon. Sir N C. Tindal, Judges, Sir Thomas Coltman, Sir W. H Maule, Sir C Cresswell and Sir W Erle

Exchequer—Lord Chief Baron, Right Hon Sir Frederick Pollock, Barons, Right Hon Sir James Parke, Sir E. H, Alderson, Sir R M Rolfe, Sir T J. Platt.

Cursitor Baron—G Bankes, Esq.

Queen's Remembrancer—H W. Vincent, Esq.

LAW OFFICERS.

Attorney General—Sir Frederick Thesiger.

Solicitor General—Sir Fitzroy Kelly.

ECCLESIASTICAL COURTS

Vicar General's Office —Vicar General S B Burnaby, Dean of Peculiars Sir H Jenner Fust, Registrar, F. H. Dyke, Esq

Court of Arches—Official Principal, Right Hon. Sir H. Jenner Fust, Registrar, William Townsend, Esq.

Prerogative Court—Master, Right Hon. Sir H. Jenner Fust,

[illegible] G. Moore and Rev. R. Moore; Deputy [illegible] Dyneley, John Iggulden, and W. F. [illegible]

[illegible]—Master, Sir John Dodson, D.C.L.; Regis[illegible]nterbury; Deputies, Philip Charles Moore [illegible], Esqs.

[illegible]—Judge, Right Hon. S. Lushington, D.C.L.; [illegible] Rd. Watson, M.A.; Deputy-Registrar, J. [illegible]

[illegible] ADMIRALTY COURT.

[illegible]miralty—Right Hon. S. Lushington, D.C.L.
[illegible]-General—Sir J. Dodson, D.C.L.
[illegible]cate—J. Phillimore, D.C.L.
[illegible] and Navy—R. Godson, Esq.
[illegible]—H. B. Swabey, Esq.
[illegible], Esq.

[illegible] OF BANKRUPTCY.

[illegible]ancellor Bruce.
[illegible] Serjeant Edward Lawes.
[illegible]vans, J. S. M. Fonblanque, R. G. C. [illegible], Mr. Serjeant Goulburn, and H. J. [illegible]

[illegible] Commissioners.

[illegible], Q.C., and E. R. Daniell, Esqs.
[illegible]ephen and R. Stevenson, Esq.
[illegible]re, Esq.
[illegible] Esq., and ———
[illegible]ant Ludlow and C. Phillips, Esq.
[illegible]ow, Q.C., and W. T. Jemmett, Esq.
[illegible], Esq.

[illegible]T DEBTORS COURT.

[illegible]—H. R. Reynolds, Esq.
[illegible]G. Harris, William J. Law, and D. [illegible]
[illegible]—S. Sturgis, Esq.
[illegible]y, Esq.
[illegible]—C. V. White, Esq.

[illegible]EA AND PALACE COURTS.

[illegible]—Sir Charles M. Lamb, Bart.
[illegible]ourt—W. Brent Brent, Esq.
[illegible]—William Corrie, Esq.
[illegible]—Sir H. F. Campbell.
[illegible] Hewlitt, Esq.

COURTS OF REQUESTS.

City, near Guildhall—Court days, Wednesday and Saturday, at 11; office hours on other days, 10 till 1.

Southwark, Swan-street, Trinity-square—Court-days, Tuesday and Friday, at 10, other days 9 till 2.

Tower Hamlets, Osborne-street, Whitechapel—Court-days, Tuesday and Friday, at 11, other days 9 till 3.

Westminster, Castle-street, Leicester-square — Court-days, Tuesday and Thursday, at 3, other days at 10.

Middlesex (Ossulstone Hundred), Kingsgate-street, Holborn—Court-days, Thursday and Friday, at 9.

METROPOLITAN POLICE COURTS.

City { Mansion House—Lord Mayor.
Guildhall—An Alderman.
Bow-street—T. J. Hall, S. Twyford, and D. Jardine, Esqs.
Queen-square—J. P. Burrell, Esq. and — Bond, Esq.
Marlborough-street—E. H. Maltby and J. Hardwick, Esqs.
Marylebone—John Rawlinson and George Long, Esqs.
Clerkenwell—J. Greenwood and Boyce Combe, Esqs.
Worship-street—R. E. Broughton and P. Bingham, Esqs.
Lambeth—Hon. G. C. Norton, and T. Henry, Esq.
Southwark—J. Traill and J. Cottingham, Esqs.
Thames Police—W. J. Broderip and W. Ballantine, Esqs.
Greenwich and Woolwich—H. Jeremy and W. Grove, Esqs.
Wandsworth—G. Clive, Esq.
Kensington—T. Paynter, Esq.

N.B—The City Police is under the controul of the City authorities, and directed by D. W. Harvey, Esq.; and the Metropolitan Police under that of the Commissioners, Lieut.-Col Rowan and Richard Mayne, Esq., whose office is in Scotland-yard, Charing-cross.

SCOTLAND.

COURT OF SESSION.

Inner House—First Division.

† The Lord President—Right Hon. David Boyle.

† J. H. Mackenzie, Lord Mackenzie; J. Fullerton, Lord Fullerton; Francis Jeffrey, Lord Jeffrey.

Principal Clerks—Macvey Napier, and James Walker, Esqs.

Jury Clerks—W. Clerk, and Joseph Murray.

Second Division.

† The Lord Justice Clerk—Right Hon. John Hope.

† J. H. Forbes, Lord Medwyn; † Sir J. W. Moncreiff, Bart., Lord Moncreiff; † H. Cockburn, Lord Cockburn.

Outer House.

Permanent Ordinaries attached equally to both Divisions of the Court—J. Cuninghame, Lord Cuninghame; Sir J. A. Murray, Lord Murray; James Ivory, Lord Ivory; Alexander Wood, Lord Wood; Patrick Robertson, Lord Robertson.

Principal Clerks—Thomas Thomson, and John Russell, Esqs.

N.B.—The Jury Court, erected in 1815, is now abolished, and merged in the Court of Session, by 1 Will. IV., c. 69.

The judges marked thus † are Lords of the Justiciary or chief criminal court.

COURT OF EXCHEQUER.

Judges from 12th August, 1845, to 12th August, 1846—Lords Jeffrey and Cuninghame; from 12th August, 1846, to 12th August, 1847—Lords Fullerton and Robertson.

Queen's Remembrancer—J. Henderson.

Auditor—Hon. G. Murray.

LAW OFFICERS.

Lord Advocate—Duncan M'Neill.

Solicitor General—Adam Anderson.

Advocates-Depute—David Milne, David Mure, John Inglis, and Charles Baillie.

Crown Agent—James Tytler, Esq.

Clerk of Justiciary—Patrick Boyle.

Scotland is divided into three Circuits—namely, the South, West, and North, which take place in spring and autumn, and an additional West Circuit at Christmas.

IRELAND.

COURT OF CHANCERY.

Lord Chancellor—Right Hon. Sir Edw. Sugden, Knt.
Secretary—H. Sugden, Esq.
Master of the Rolls—Right Hon. Francis Blackburne.
Deputy—Robert Wogan, Esq.
Masters in Chancery—W. Henn, J. S. Townsend, Thomas Goold, and Edw. Litton, Esqs.
Accomptant-General—Samuel Barrington, Esq.
Clerk of the Crown and Hanaper—C. Fitzsimon, Esq.

COURT OF QUEEN'S BENCH.

Lord Chief Justice—Right Hon. F. Pennefather.
Judges—Charles Burton, P. C. Crampton, Right Hon. Louis Perrin.
Clerk of the Crown—Walter Bourne, Esq.

COURT OF COMMON PLEAS

Lord Chief Justice—Right Hon. John Doherty.
Judges—Robert Torrens, Right Hon. Nicholas Ball, J. D. Jackson.

COURT OF EXCHEQUER.

Lord Chief Baron—Right Hon. Maziere Brady.
Barons—R. Pennefather, Right Hon. John Richards, Right Hon. Thomas Lefroy.
Chief Remembrancer—A. Lyle, Esq.
Second Remembrancer—W. T. Hamilton, Esq.
Accountant-General—P. K. Mahony, Esq.

ECCLESIASTICAL COURTS.

Vicar-General of the Consistorial Court—Jos. Radcliffe, LL.D.
Judge of the Prerogative Court—Right Hon. R. Keatinge, LL.D.
Registrar of the Consistorial Court—Rev. C. C. Beresford, A.M.
Registrar of the Prerogative Court—W. Stuart, Esq.

COURT OF ADMIRALTY.

Judge—Joseph Stock, LL.D., M.P.
Surrogate—Joseph Radcliffe, LL.D.
Queen's Advocate-General—Sir T. Staples, Bart.
Registrar—John Anster, LL.D.

INSOLVENT DEBTORS' COURT.

Commissioners—Richard Farrell, Q.C., and W. H. Curran, Esqs.
Chief Clerk—P. Burrowes, Esq.

BANKRUPTCY COURT.

Commissioners—John Macan, Esq., Q.C., and Hon. P. Plunket.
Registrars—Barry Collins, and John O'Donnoghue, Esqs.

LAW OFFICERS.

Attorney-General—Right Hon. T. B. C. Smith.
Solicitor-General—R. W. Greene, Esq.
Sergeants—Joseph Stock, LL.D., M.P., R. B. Warren Esq., Q.C., and John Howley, Esq., Q.C.

BANK DIRECTORS.*

Governor—John Benjamin Heath, Esq.

Deputy—Wm. R. Robinson, Esq.

Directors—Edward Henry Chapman, Esq., William Cotton, Esq., Charles Pascoe Grenfell, Esq., Abel Lewes Gower, Esq., John Oliver Hanson, Esq., Kirkman Daniel Hodgson, Esq; Henry Lancelot Holland, Esq., John Gellibrand Hubbard, Esq., Thos. Newman Hunt, Esq., Chas. Fred. Huth, Esq., Alfred Latham, Esq., Wm. Little, Esq., James Malcolmson, Esq., James Morris, Esq., George Warde Norman, Esq., James Pattison, Esq., Christ. Pearse, Esq., Sir John Henry Pelly, Bart., David Powell, Esq., Sir John Rae Reid, Bart., Thos. Chas. Smith, Esq., Ald. Wm. Thompson, Thos. Matthias Wequelin, Esq., Francis Wilson, Esq.

Secretary—John Knight, Esq.

Deputy Secretary—John Watts, Esq.

EAST INDIA COMPANY.*

Six Directors go out by rotation every year. The figure prefixed denotes the number of years they have each to serve.

Directors.

Chairman—3 Sir Henry Willock.

Deputy Chairman—3 Jas. Weir Hogg, Esq., M.P.

2 Henry Alexander, Esq., 1 Wm. Astell, Esq., M.P., 1 Wm. Butterworth Bailey, Esq., 3 Sir Rob. Campbell, Bart., 1 Russell Ellice, Esq., 1 Major-gen. Archibald Galloway, 1 Sir Richard Jenkins, 4 Major-gen. Sir Jas. Law Lushington, 4 George Lyall, Esq., M.P., 4 Elliot Macnaghten, Esq., 1 John Masterman, Esq., M.P., 2 Hon. Wm. Henry Leslie Melville, 4 John Petty Muspratt, Esq., 2 Major Jas. Oliphant, 3 Major-gen. Archibald Robertson, 2 John Shepherd Esq., 4 Martin Tucker Smith, Esq., 3 Lieut-col. William Henry Sykes, 2 Francis Warden, Esq., 3 John Clarmont Whiteman, Esq., 4 Wm. Wigram, Esq., 2 Sir Wm. Young, Bart.

Secretary—Jas. Cosmo Melville, Esq.

Deputy Secretary—John D. Dickinson, Esq.

BANKERS IN LONDON.

Bank of Australasia, 8, Austin Friars
Bank of British North America, 7, St. Helen's-place
Barclay, Bevan, Tritton, and Co., 54, Lombard-street
Barnard, Barnard, and Dimsdale, 50, Cornhill.
Barnett, Hoares, and Co., 62, Lombard-street
Biggerstaffs, W. and [illegible], West Smithfield
Bosanquet, Franks, and Whatman, 73, Lombard-street
Bouverie, Norman, and Murdoch, 11, Haymarket
British Colonial Bank and Loan Company, 50, Moorgate-street
Brown, Janson, and Co, 32, Abchurch-lane
Call (Sir W. P., Bart.), Marten and Co., 25, Old Bond-street
Child and Co., 1, Fleet-street
Cockburns and Co., 4, Whitehall
Cocks, Biddulph, Biddulph, and Co., 43, Charing Cross
Commercial Bank of London, Lothbury, and 6, Henrietta-street, Covent Garden
Colonial Bank, 13, Bishopsgate Within
Coutts and Co., 59, Strand
Cunliffes, Brooks, Cunliffe, and Co., 24, Lombard-street
Cunliffe, Roger, 24, Bucklersbury
Currie and Co., 29, Cornhill
Davies, R. and Co., 187, Shoreditch
Denison, Heywood, Kennards, and Co., 4, Lombard-street
Dixon, Brooks, and Dixon, 25, Chancery-lane
Drewett and Fowler, 4, Princess-street, Mansion House
Drummond, Messrs., 49, Charing-cross
Fullers and Co., Moorgate street
Glyn, Hallifax, Mills, and Co., 67, Lombard-street
Goslings and Sharpe, 19, Fleet-street
Hanburys, Taylor, and Lloyd, 60, Lombard-street
Hankey and Co., 7, Fenchurch-street
Herries, Farquhar, Davidson, Chapman, and Co., 17, St. James's-street
Hill and Sons, 17, West Smithfield
Hoare, Messrs., 37, Fleet-street
Hopkinson, Chas., and Co., 3, Regent-street
Ionian Bank, 6, Winchester-street
Johnston, H., J. and Co., 15, Bush-street
Jones, Loyd, and Co., 43, Lothbury
Jones and Son, 41, West Smithfield
London and County Bank, 21, Lombard-street, and 37, West Smithfield.
London and Dublin Bank, 46, Piccadilly
London and Westminster Bank, Lothbury; Charles-street, St. James-square; 3, Wellington-street, Borough; 213, High Holborn, 87, High-street, Whitechapel; and Stratford-place, Oxford-street
London Joint Stock Bank, 5, Princes-street, Mansion House, and 69, Pall Mall
Lubbock (Sir J. W., Bart.), Forster, and Co., 11, Mansion House-street
Martin, Stone, and Co., 68, Lombard street
Masterman, Peters, Mildred, Masterman, and Co., 35, Nicholas lane, Lombard-street
National Provincial Bank of England, 112, Bishopsgate-street Within
National Bank of Ireland, 13, Old Broad-street
Oriental Bank, 7, Walbrook
Pocklington and Lacy, 60, West Smithfield
Praeds, Fane, Praed, and Johnston, 189, Fleet-street
Prescott, Grote, Cave, Ames, and Cave, 62, Threadneedle-street
Price (Sir C.), Marryat, and Price, King William-street
Provincial Bank of Ireland, 42, Old Broad street
Puget, Bainbridges, and Co., 12, St. Paul's Churchyard
Ransom and Co., 1, Pall Mall East
Robarts, Curtis, Robarts, Curtis, and Co., 15, Lombard-street
Rogers, Olding, Sharpe, and Boycott, 29, Clement's-lane, Lombard-street
Royal Bank of Australia, 2, Moorgate-street
Sapte, Banbury, Muspratt, and Co., 77, Lombard-street
Scott (Sir Claude, Bart.), and Co., 1, Cavendish-square
Smith, Payne, and Smiths, 1, Lombard-street
South Australian Banking Company, 54, Old Broad-street
Spooner, Attwoods, and Co., 27, Gracechurch-street
Stevenson, Salt, and Sons, 20, Lombard-street
Strahan, Paul (Sir J. D., Bt.), and Paul (J. D.), 217, Strand
Twining, Richard, and Co., 215, Strand
Union Bank of Australia, 38, Old Broad-street
Union Bank of London, 12, Princes-street, Bank; Argyll-place, Regent-street; and 4, Pall Mall East
Weston and Young, 6, Wellington street, London Bridge
Williams, Deacon, Labouchere, Thornton, and Co., 20, Birchin lane
Willis, Percival, and Co., 76, Lombard-street

* The alterations in the Bank Directions, and in that of the East India Company, take place in April.

ARMY AGENTS.

Atkinson, John, Ely Place, Dublin
Barron and Smith, 4, Upper Charles-street, Westminster
Sir E. R. Borough, Armit, and Co., Leinster-street, Dublin
Cane, Richard, and Co., Dawson-street, Dublin
Collyer, George Samuel, 9, Park-place, St. James's
Cox and Co., Craig's-court, Charing-cross
Downes, C., and Son, 14, Warwick-street, Charing-cross
Hopkinson, Chas. and Co., 3, Regent-street, Waterloo-place
Kirkland, Sir John, 80, Pall Mall
Lawrie, John, 10, Charles-street, St. James's-square
Price, W. F. and Son, 34, Craven-street, Strand
M'Grigor, C. K., 17, Charles-street, St. James's-square

NAVY AGENTS.

Barwis, W. H. B., 1, New Boswell-court, Carey-street
Chard, W. and E., 3, Clifford's Inn, Fleet-street
Chippendale, John, 10, John-street, Adelphi
Collier Thomas, and John Adolphus Snee, 3, Brick-court, Temple
Copland and Burnett, 22, Surrey-street, Strand
Cox and Son (for Royal Marines), 44, Hatton-garden
Dufaur, Fred., 13, Clement's Inn, Strand
Goode and Lawrence, 15, Surrey-street, Strand
Halford and Co., 41, Norfolk street, Strand
Hallet and Robinson, 14, Great George-street
Hinxman, J., 34, Soho-square
Holmes and Folkard, 3, Lyon's Inn, Strand
Loudonsack and Case, 1, James-street, Adelphi
Muspratt, John P., 34, Abchurch lane
Ommanney, Sir F. M., Son, and Co., 29, Norfolk-street
Pettet, W. G. Newton, 10, Lancaster-place
Slade, Wm. 21, Cecil-street, Strand
Stilwell, Thomas, John, and Thomas, 22, Arundel-street Strand
Woodhead, Joseph, 1, James-street, Adelphi

, There are also twenty-three Agents for Petty Officers and Seamen, who are licensed for a period of three years—for whose addresses see the Navy Lists.

LIFE ASSURANCE.

Companies in which the Assured do not participate in the Profits.

Argus—39, Throgmorton street
Asylum—70, Cornhill, and 5, Waterloo-place, Pall-mall
Farmers' and General—346, Strand
General Reversionary—5, Whitehall
Globe—49, Pall-mall, and 5 and 6, Cornhill
Yorkshire—46, Watling-street

Companies in which the Assured and the Proprietary participate in the Profits.

Alliance—1, Bartholomew-lane, Bank
Atlas—92, Cheapside, corner of King-street
Crown—33, Bridge-street, Blackfriars
Eagle, United Empire—3, Crescent, Bridge-street, Blackfriars
European—10, Chatham-place, Bridge-street, Blackfriars
Guardian—11, Lombard-street
Hope—1, Furnival's-inn, Holborn
Law Life Assurance—187, Fleet-street
Norwich Union—6, Crescent, Bridge-street, Blackfriars
Rock—14, Bridge-street, Blackfriars
Royal Exchange—29, Pall-mall, and 8, Royal Exchange
Sun—Corner of Threadneedle-street, Craig's-court, Charing-cross, and 65, Welbeck-street.
Universal—1, King William-street.
University—24, Suffolk-street, Pall Mall East.
Westminster—429, Strand.
West of England—20, Bridge street, Blackfriars.

Companies in which participation or non-participation in the Profits is optional with the Assured.

Albion—42, Bridge-street, Blackfriars.
Alfred—7, Lothbury.
Amicable—Serjeants'-inn, Fleet-street.
Anchor—30, Sackville-street, Piccadilly.
Australasian—126, Bishopsgate-street.
Britannia—1, Princes-street, Bank.
British Commercial—35, Cornhill.
Caledonian—27, Moorgate-street.
Church of England—Lothbury. (One-tenth of profits set aside for the benefit of Clergy assuring).
City of Glasgow—120, Pall Mall.
Clerical, Medical, &c.—78, Great Russell-street, Bloomsbury.
Commercial and General—112, Cheapside.
Dissenters' and General—62, King William-street. (One-tenth of profits set aside for reducing premiums, or otherwise for the benefit of Dissenting Ministers assuring).
Edinburgh—11, King William-street.
English and Scottish Law—12, Waterloo place.
Equity and Law—26, Lincoln's Inn-fields.
Experience—58, King William-street.
Family Endowment—12, Chatham-place, Bridge-street, Blackfriars.
Freemasons'—11, Waterloo-place, Pall Mall.
Hand-in-Hand—1, Bridge-street, Blackfriars.
Imperial—Sun-court, Cornhill, and 16, Pall-mall.
Legal and General—10, Fleet-street.
Licensed Victuallers'—4, Adelaide-place, London-Bridge, and 444, West Strand.
London Assurance—7, Royal Exchange, and 10, Regent-st.
London, Edinburgh, and Dublin—3, Charlotte-row, Poultry, and 10, Chancery-lane
Mariners' and General—Arthur-street East, London-bridge.
Medical, Invalid, and General—25, Pall Mall.
Minerva—84, King William-street.
National—2, King-William street.
National Loan Fund—26, Cornhill.
National and Mercantile—Arthur street West, London-bridge.
National of Scotland—7, Old Jewry.
North British—4, New Bank Buildings, and 10, Pall Mall East.
North of Scotland—1, Moorgate-street.
Palladium—7, Waterloo-place, Regent-street.
Pelican—70, Lombard-street, and 57, Charing-cross.
Promoter—9, Chatham-place, Bridge-street, Blackfriars.
Protector—35, Old Jewry.
Provident—50, Quadrant, Regent-street.
Royal Naval, Military, and East India—13, Waterloo-place, Pall Mall.
Scottish Union—37, Cornhill.
Scottish Widows' Fund—7, Pall Mall West.
Sovereign—5, St. James's-street.
Standard—82, King William-street.
Star—44, Moorgate-street.
Union—81, Cornhill, and 70, Baker-street, Portman-square.
United Kingdom—8, Waterloo-place, and 2, Charlotte-row, Mansion House.
Victoria—18, King William-street.
Western—3, Parliament-street, Westminster.
Westminster and General—27, King-street, Covent-garden.
York and London—5, George-yard, Lombard-street.

Companies in which there is no Proprietary, and where the Contributors are consequently Mutual Assurers.

British Mutual—17, New Bridge-street, Blackfriars.
Clergy Mutual—41, Parliament street
Economic—6, New Bridge-street, Blackfriars.
Equitable—26, and 27, Bridge-street, Blackfriars.
General Annuity Endowment—40, King William-street.
General Benefit—4, Farringdon-street.
Great Britain Mutual—17, Waterloo-place, Pall Mall.*
London Life Association—81, King William-street.*
Merchant Tradesmen's and General Mutual—3, Chatham-place.
Metropolitan—3, Princes-street, Bank*
Mutual—31, Old Jewry.
National Provident—48, Gracechurch-street.
Provident Clerks—42, Moorgate-street,
Reliance—71, King William-street
Scottish Equitable—61 A, Moorgate-street.*
Temperance Provident—39, Moorgate-street.
Widows' National and General—3, Adelaide place, London-bridge.

* In these the mutual assurers also assure other parties who do not participate in the profits.

GENERAL POST OFFICE, LONDON.

EVENING MAILS.

The Receiving Houses are open for general post letters till half past five, and at St. Martin's-le-Grand and the Branch Offices at Charing-cross, Old Cavendish street, Blackman-street, Southwark, and Lombard-street, till six, without fee; at the three first Branch Offices till a quarter to seven; and at Lombard-street and the General Post Office, St. Martin's-le Grand, till seven, paying 1d each; the extra penny on all inland letters to be paid by a stamp, but upon foreign, colonial, or ship letters the penny must be paid in money.

General post letters are charged by weight, as follows:—

Letters not exceeding ½ oz., one postage
Do. 1 oz., two postages
Do. 2 oz., four postages
Do. 3 oz., six postages

and so on, adding two postages for every ounce up to 16 ounces, beyond which no packet subject to postage will be received; but parliamentary papers are an exception. The price of a postage is one penny, which must be prepaid, either by money or the use of a stamp, or it will be charged double, and if the weight of the letter should exceed the value of the stamps attached, the excess will be charged double: thus, a letter weighing more than half an ounce, but not exceeding an ounce, if bearing one penny stamp only, will be charged an additional twopence on delivery. Stamped envelopes are to be purchased at every post office, as well as at most stationers, at the rate of 1s 1½d per doz. of penny and 2s 2d per doz. of two-penny envelopes, and this rate is most rigidly ordered to be observed in all fractional parts of the dozen.

Newspapers, to go the same day, must be put into the General Post Office before six o'clock; but those put in before half-past seven o'clock will go the same evening by paying a halfpenny with each. In the branch offices they must be put in before five. They must be sent in covers, open at the sides, and no words or communication must be printed on such paper after the same shall have been published, nor any writing or marks upon such printed paper, or the cover thereof, other than the name and address of the person to whom it is sent. If addressed to persons who have removed, they may be re-directed, and sent free of extra charge. Such papers may be examined by the Post Office officers; and, if there be any breach of the above regulations, the packet shall be charged with treble letter postage; and, if it shall appear not to have been duly stamped, shall be stopped and sent to the Commissioners of Stamps.

British newspapers sent to foreign countries (where they are permitted to go free through the foreign post) go free: but if otherwise, they are charged a British postage of 2d each, or a rate equivalent to the foreign rate. French newspapers are subject to a postage in England of one halfpenny. English papers pay in France a postage of 5 centimes.

Newspapers to and from the Colonies are transmitted free (unless sent by private ships), and must be posted within a week of their publication.

MORNING MAILS.

The following is a list of the morning mails which leave the General Post office, London:—List of post towns to which letters and newspapers are transmitted by the morning mails, viz., Abingdon, Accrington, Alnwick, Andover-road, Appleby, Ashford, Attleborough, Banbury, Bangor, Bath, Barnsley, Basingstoke, Battle, Beaumaris, Belford, Belper, Berwick, Berkhampstead, Bilston, Birmingham, Bishop's Stortford, Blackburn, Bolton, Bradford (Yorkshire), Brackley, Brandon, Bridgwater, Brentwood, Bristol, Brough, Buckingham, Burnley, Bury (Suffolk), Cambridge, Canterbury, Carlisle, Carnarvon, Chatham, Chepstow, Cheltenham, Chester, Chesterfield, Chippenham, Chelmsford, Chester-le-street, Cirencester, Clitheroe, Cockermouth, Chorley, Colchester, Conway, Coventry, Cowes, Cranbrook, Cuckfield, Darlington, Dartford, Daventry, Derby, Dorking, Dover, Dunmow, Dursley, Durham, Ely, Exeter, Farnham, Fairford, Farringdon, Felton, Fenny Stratford, Feversham, Folkstone, Gateshead, Godalming, Gloucester, Gosport, Grantham, Gravesend, Guildford, Guernsey, Halifax, Hastings, Hemel Hempstead, Hertford, Highworth, Hoddesdon, Holyhead, Holywell, Huddersfield, Hurst Green, Hythe, Jersey, Ipswich, Kendal, Kelvedon, Kenilworth, Lancaster, Leeds, Leamington, Leicester, Lechlade, Leighton Buzzard, Lewes, Liverpool, Loughborough, Maidenhead, Maidstone, Manchester, Margate, Maryport, Melton Mowbray, Milnethorpe, Mold, Monmouth, Morpeth, Newcastle (Stafford), Newcastle-on-Tyne, Newmarket, Newport (I. W.), Newport Pagnel, North Shields, Northampton, Nottingham, Norwich, Oxford, Penkridge, Penrith, Portsmouth, Preston, Preston Brook, Pwllheli, Ramsgate, Reading, Reigate, Rickmansworth, Rochdale, Rochester, Rotherham, Rugby, Ryde, Saffron Walden, Sevenoaks, Sheffield, Shiffnall, Sittingbourne, Shoreham, Shrewsbury, Slough, Sunderland, South Shields, Southampton, Staplehurst, St. Asaph, St. Alban's, St. Leonard's, Stafford, Stockport, Stone, Stroud, Stony Stratford, Stratford-on-Avon, Swinton, Tenterden, Taunton, Thirsk, Tetbury, Thetford, Towcester, Tring, Tunbridge, Tunbridge Wells, Ulverston, Uxbridge, Wakefield, Wallingford, Walsall, Ware, Warrington, Warwick, Watford, Wednesbury, Weedon, West Bromwich, Wellington (Salop), Wellington (Somerset), Whitehaven, Wigan, Witham, Wigton, Winchester, Windsor, Wolverhampton, Workington, Worthing, Wootton-under-Edge, Wymondham, Yarmouth, York, and all Ireland and Scotland. For all the above places the letter boxes at the receiving house will be open until seven o'clock, a. m., for newspapers, and eight o'clock for letters; and at the branch offices Charing-cross, Cavendish-street, and the Borough, until half-past seven for newspapers, and eight o'clock, a. m., for letters; and at the General Post-office and branch in Lombard-street, until a quarter to eight for newspapers, and half-past eight, a. m., for letters.

No person will be permitted hereafter to send or receive letters free of postage. Members however of either House of Parliament will be entitled to receive, free of charge, petitions addressed to either House of Parliament, provided they are sent without covers, or in covers open at the sides, and do not exceed the weight of thirty-two ounces. Addresses to her Majesty will likewise go free of postage.

The rates on newspapers and letters of soldiers and sailors will remain unaltered, with the exception, however, that the privilege now given to soldiers' and sailors' letters will be restricted to the cases in which they shall not exceed half an ounce in weight.

Letters and packets exceeding sixteen ounces in weight, with the exception of those classes mentioned below, cannot be forwarded to their destination, but will be sent to the Dead Letter Office.

The following are the exceptions to this rule:—Parliamentary Petitions and Addresses to Her Majesty, Parliamentary proceedings, letters and packets addressed to or received from places beyond sea, letters and packets to and from Public Departments, and to and from Public Officers; Deeds, if transmitted under such regulations as the Postmaster-General may consider necessary. The rate of postage for Parliamentary Papers is one penny for every four ounces.

Letters containing coin or articles of value are recommended to be registered. Such letters and any others may be registered at any of the receiving-houses in London till five o'clock, for the evening mail, and at any post-office in the country until within half an hour of the closing of the bag to the place for which they are directed. The registration only extends, if a foreign letter, to the port of despatch, except to France. The fee in any case in Great Britain is a shilling and the postage, and to France a shilling and double the French postage. Such letters bearing a sufficient number of stamps will pass as paid letters, but the registration fee must in every case be paid in money.

Money orders for sums under £5 are granted by every post-town upon every other post-town in the United Kingdom, on application at the various offices; and also by and upon certain offices in the metropolis, of which the postmasters are furnished with a list, for which a commission of 3d for £2, and 6d for any sum above £2 and not exceeding £5, is charged. Post Office Orders are recommended for small sums; and, if neither that nor registration be adopted, that all bills, notes, &c., be cut in halves, and sent by different posts; the numbers, dates, &c., should also be carefully taken.

SUPPLY OF MEDICINES IN THE MERCANTILE SHIPPING.

The Lords Commissioners of Her Majesty's Treasury having had under their consideration a representation of the Commissioners of the Customs, relative to the evasion of the clause in the Merchant Seamen's Act, requiring merchant vessels to take on board and have in store certain quantities and descriptions of medicines, and their Lordships have communicated to the Lords Commissioners of the Admiralty on the subject, have approved of the suggestion of the Board, that vessels required to carry medicines by the act 7 and 8 Victoria, chap. 112, are to be occasionally boarded or visited by the revenue officers for the purpose of ascertaining the quantities of medicines, &c., shipped for the use of the crew; and directions have been issued to the principal officers of the revenue at the several ports of the United Kingdom, and other places traded to by British vessels, to take care that their Lordships' orders are duly carried into effect from the present time. The 18th section of the act alluded to directs that every ship navigating between the United Kingdom, and any place out the same, shall have and keep constantly on board a sufficient supply of medicines and medicaments suitable to accidents and diseases arising on sea voyages, in accordance with the scale which shall, from time to time, or at any time, be issued by the Admiralty; and every ship (except those bound to European ports, or to ports in the Mediterranean Sea) is also to have on board a sufficient quantity of lime or lemon-juice, sugar, and vinegar, the same being served out to the crew whenever they shall have been consuming salt provisions for ten days: the lime or lemon-juice and sugar daily, after the rate of half an ounce each per day, and the vinegar weekly, at the rate of half-a-pint per week to each person, so long as the consumption of salt provisions is continued; and in case of default in keeping the articles mentioned in store, the owner of the vessel incurs a penalty in each instance of £20; and in default of serving them out as stated, a penalty in each instance of £5; and in case the master or any seaman receives any hurt or injury in the service of the ship, the expense of providing the necessary surgical and medical advice, with attendance and medicines, and for his subsistence until cured or brought back to some port of the United Kingdom, is, together with the costs of his conveyance home, to be defrayed by the owner of the ship, without any deduction whatever on that account from the wages of the master or seaman.

To make this regulation more valuable, no vessel should be allowed to leave England for a longer voyage than within the four seas, without carrying an experienced surgeon. It is but of little use providing the tools, unless the master be there to use them.

PATENT MEDICINE LICENCES.

If a general practitioner, chemist and druggist, or other person, sell patent or proprietary medicines without having a licence, he is liable to a fine of £20; if there be not also a stamp so affixed to the article that it cannot readily be removed, he will forfeit £10. The licence will cost £2, if the medicines are sold within the cities of London and Westminster, the borough of Southwark, and the limits of the Two-penny Post; £1 in any other city, 10s in a borough, and 5s for towns and villages.

TO SUBSCRIBERS OF THE MEDICAL TIMES.

The ALMANACK is this year published as a substitute, not as an accompaniment, of the ordinary number. The next number will be paged from that of last week.

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